Medicare Payments

The following table includes information about payments made by Medicare for the procedures included in this *Common Procedures Report* – spinal fusion, total hip replacement and total knee replacement. This analysis is based on data from January 1, 2023 through December 31, 2023. Displayed are the average amounts paid by Medicare fee-for-service for inpatient hospitalizations of Pennsylvania residents only. Payments from Medicare Advantage plans (e.g., Medicare HMOs) are not included, nor are patient liabilities (e.g., coinsurance and deductible dollar amounts).

The average Medicare fee-for-service payment is calculated using the claim payment amount based on data provided by the Centers for Medicare and Medicaid Services. The average payment is calculated by summing the payment amounts for the cases in a particular procedure group and dividing the sum by the number of cases in that procedure group.

The procedure groups included in this report are defined using ICD-10-PCS (International Classification of Diseases, Tenth Revision, Procedure Coding System) procedure codes, with a secondary requirement that they be limited to particular MS-DRGs (Medicare Severity Diagnosis-Related Groups) and MDC (Major Diagnostic Category) where appropriate – information available from the discharge data that PHC4 receives from Pennsylvania hospitals. Technical Notes relevant to this report provide additional detail. They are posted to PHC4's website at www.phc4.org.

In this section, average payments by MS-DRGs are displayed for the procedures included in this report. While these procedures have been defined using ICD-10-PCS codes that represent a clinically cohesive population, the payment data is displayed by the individual MS-DRGs included within each procedure to account for variations in case mix.

Common Procedures Report
October 1, 2023 through September 30, 2024 Data

Medicare Fee-for-Service Payments - CY 2023 Statewide Data *For the procedures included in this Common Procedures Report*			
MS-DRG	**MS-DRG Title**	**Number of Cases**	**Average Payment**
Spinal Fusion		**2,599**	**$34,243**
453	Combined Anterior and Posterior Spinal Fusion with MCC	65	$76,149
454	Combined Anterior and Posterior Spinal Fusion with CC	490	$48,031
455	Combined Anterior and Posterior Spinal Fusion without CC/MCC	381	$36,110
456	Spinal Fusion Except Cervical with Spinal Curvature, Malignancy, Infection or Extensive Fusions with MCC	NR	NR
457	Spinal Fusion Except Cervical with Spinal Curvature, Malignancy, Infection or Extensive Fusions with CC	53	$46,886
458	Spinal Fusion Except Cervical with Spinal Curvature, Malignancy, Infection or Extensive Fusions without CC/MCC	NR	NR
459	Spinal Fusion Except Cervical with MCC	50	$46,980
460	Spinal Fusion Except Cervical without MCC	917	$27,896
471	Cervical Spinal Fusion with MCC	58	$40,929
472	Cervical Spinal Fusion with CC	400	$23,309
473	Cervical Spinal Fusion without CC/MCC	139	$19,017
Total Hip Replacement		**1,133**	**$13,360**
003	ECMO or Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. Procedures	NR	NR
461	Bilateral or Multiple Major Joint Procedures of Lower Extremity with MCC	NR	NR
462	Bilateral or Multiple Major Joint Procedures of Lower Extremity without MCC	NR	NR
469	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity with MCC or Total Ankle Replacement	39	$23,435
470	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity without MCC	1,081	$12,882
Total Knee Replacement		**2,277**	**$13,415**
003	ECMO or Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. Procedures	NR	NR
461	Bilateral or Multiple Major Joint Procedures of Lower Extremity with MCC	NR	NR
462	Bilateral or Multiple Major Joint Procedures of Lower Extremity without MCC	136	$20,770
469	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity with MCC or Total Ankle Replacement	NR	NR
470	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity without MCC	2,064	$12,478

CC - Complication or Comorbidity
MCC - Major Complication or Comorbidity
NR - Not reported due to low volume