

## **Medicare Fails to Compensate the Additional Time and Effort Associated with Revision Arthroplasty: Is Patient Access to Care at Risk?**

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**Introduction:** The future demand for primary and revision arthroplasty procedures will likely exceed the supply of fellowship-trained surgeons. The purpose of this study was to assess the relative time and effort employed for primary and revision hip and knee arthroplasty procedures and to determine if current Medicare reimbursement rates compensate the additional time and effort associated with revision arthroplasty.

**Methods:** Using our institutional database, we analyzed all hip and knee arthroplasty procedures performed by a single fellowship-trained surgeon over a 2-year period. Data collected included procedure performed, surgical time, length of stay, and repeat procedures within 90 days of the index procedure.

**Results:** When comparing 246 primary and 113 revision knee arthroplasty procedures, the surgical time was 1.8 fold greater for all revisions and 2.4 fold greater for complex revisions. These revisions were also associated with 1.2 days greater length of stay and an 8.5% higher rate of repeat surgery within 90 days. When comparing 216 primary and 124 revision hip arthroplasty procedures, the surgical time was 1.8 fold greater for all revisions and 2.3 fold greater for complex revisions. These revisions were also associated with 1.1 days greater length of stay and a 3.4% higher rate of repeat surgery within 90 days. Assuming current Medicare rates and a fixed number of operating hours, each 10% increase in a surgeon's revision practice results in a commensurate 7% decline in reimbursement for knees and 5% decline in reimbursement for hips.

**Discussion and Conclusions:** Currently, Medicare reimbursement rates do not reward the additional time and effort spent by surgeons willing to perform revision hip and knee arthroplasty procedures. Given the elective nature of revision and primary arthroplasty, and the expected excess future supply of primary arthroplasties, patient access to physicians willing to perform revision arthroplasty may soon be at risk.

