

Background

Angioplasty (AP), stenting (ST), and atherectomy (AT) are common revascularization procedures used in the treatment of lower extremity peripheral arterial disease (PAD). AT in particular has seen a larger increase in utilization compared to other modalities,¹ despite inconclusive evidence regarding benefits over stenting²⁻⁶. The higher reimbursement of AT leading to potential overuse has been characterized among vascular surgeons in the outpatient setting¹, which has been recently highlighted in the press⁷. We aim to characterize and understand Medicare trends in PAD treatment usage and payments across different sites of service among physicians from 2011-2022.

Methods

Physician/Supplier Procedure Summary Files

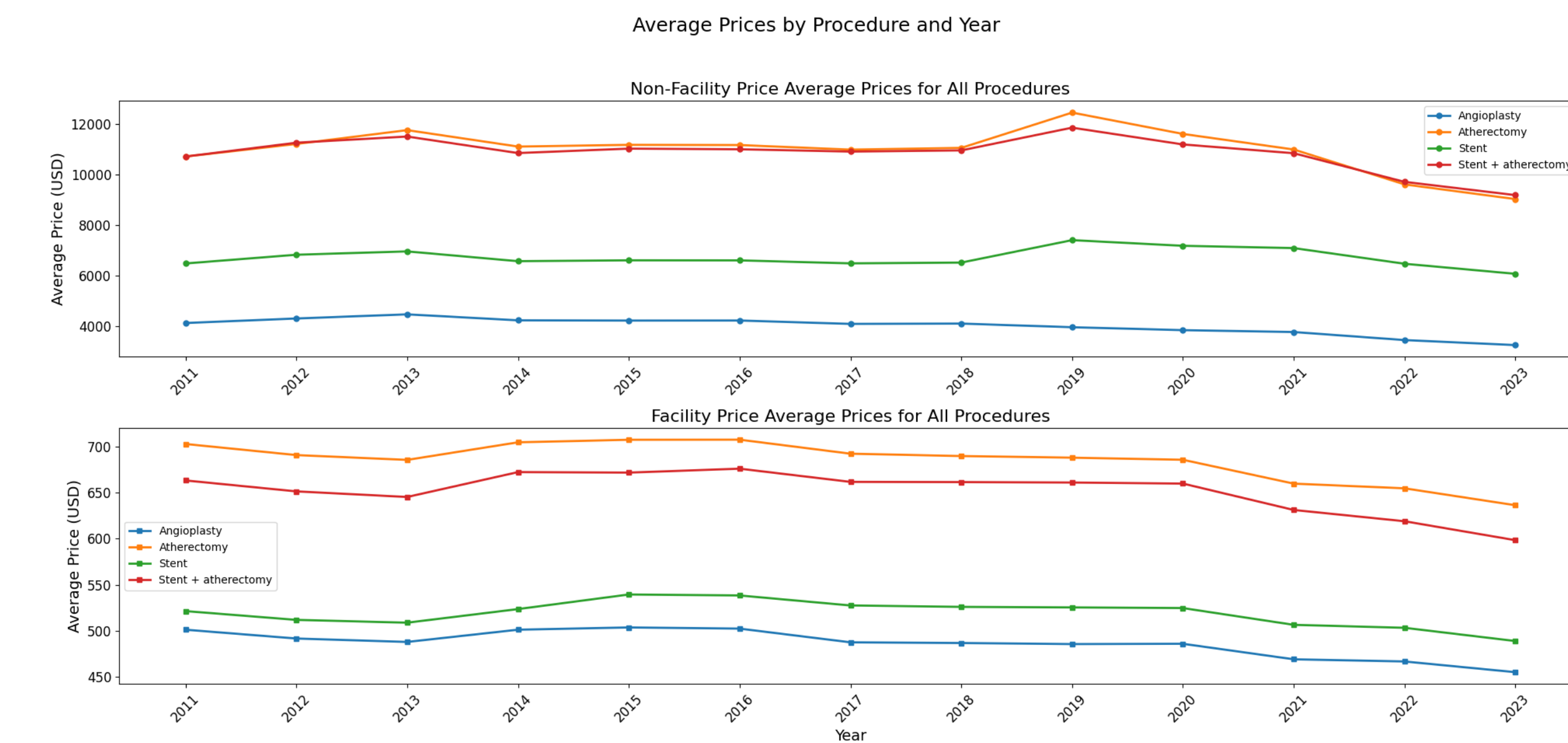
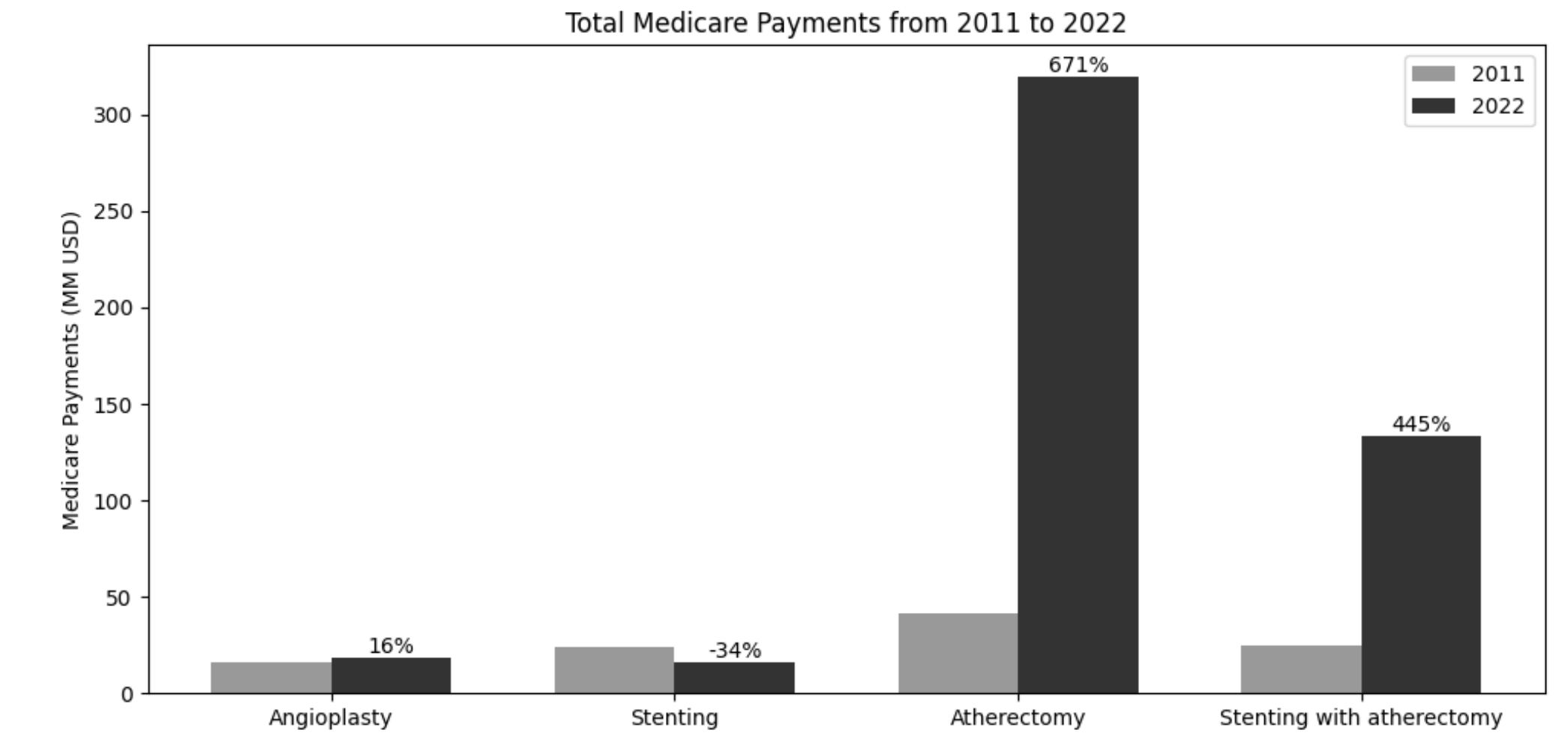
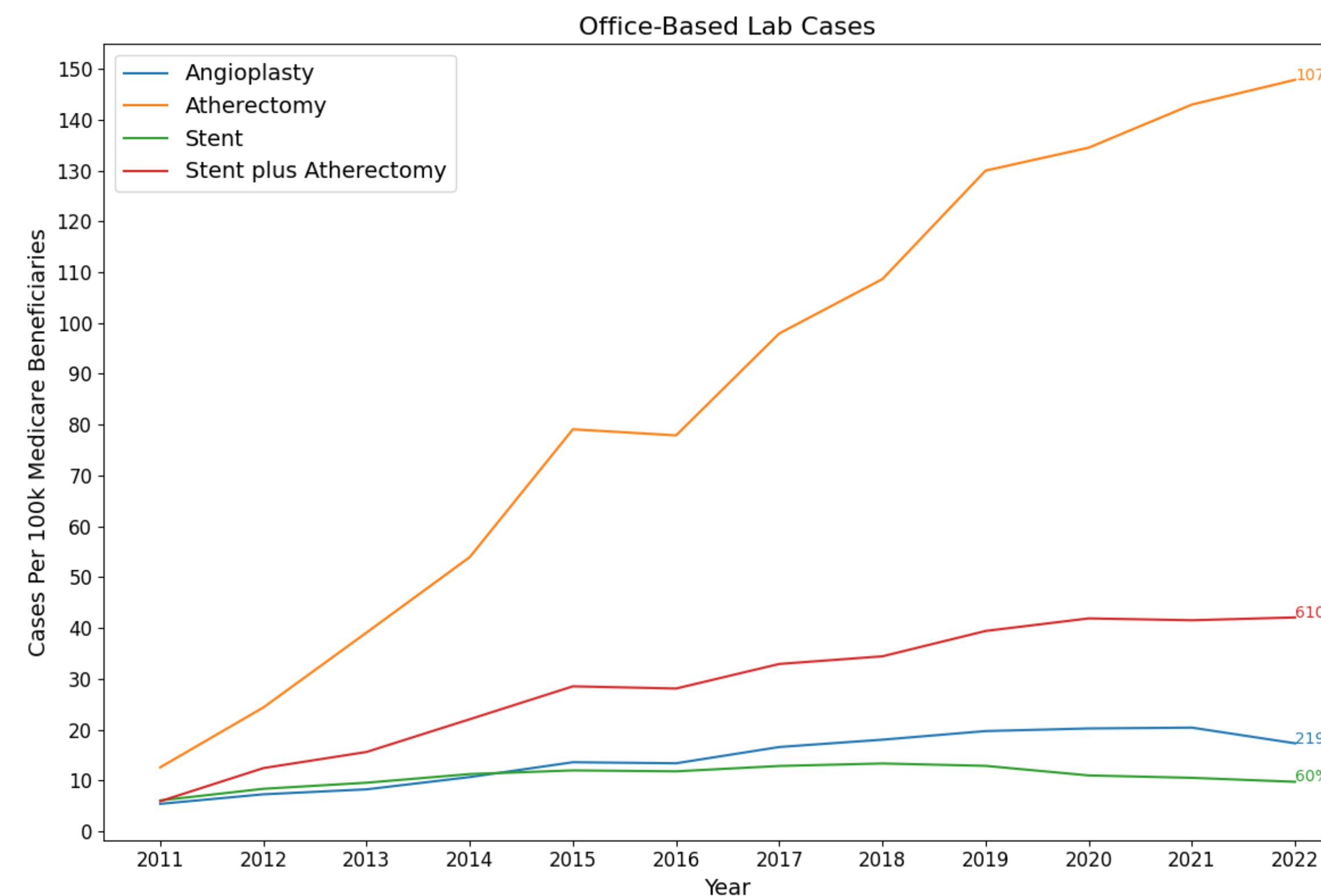
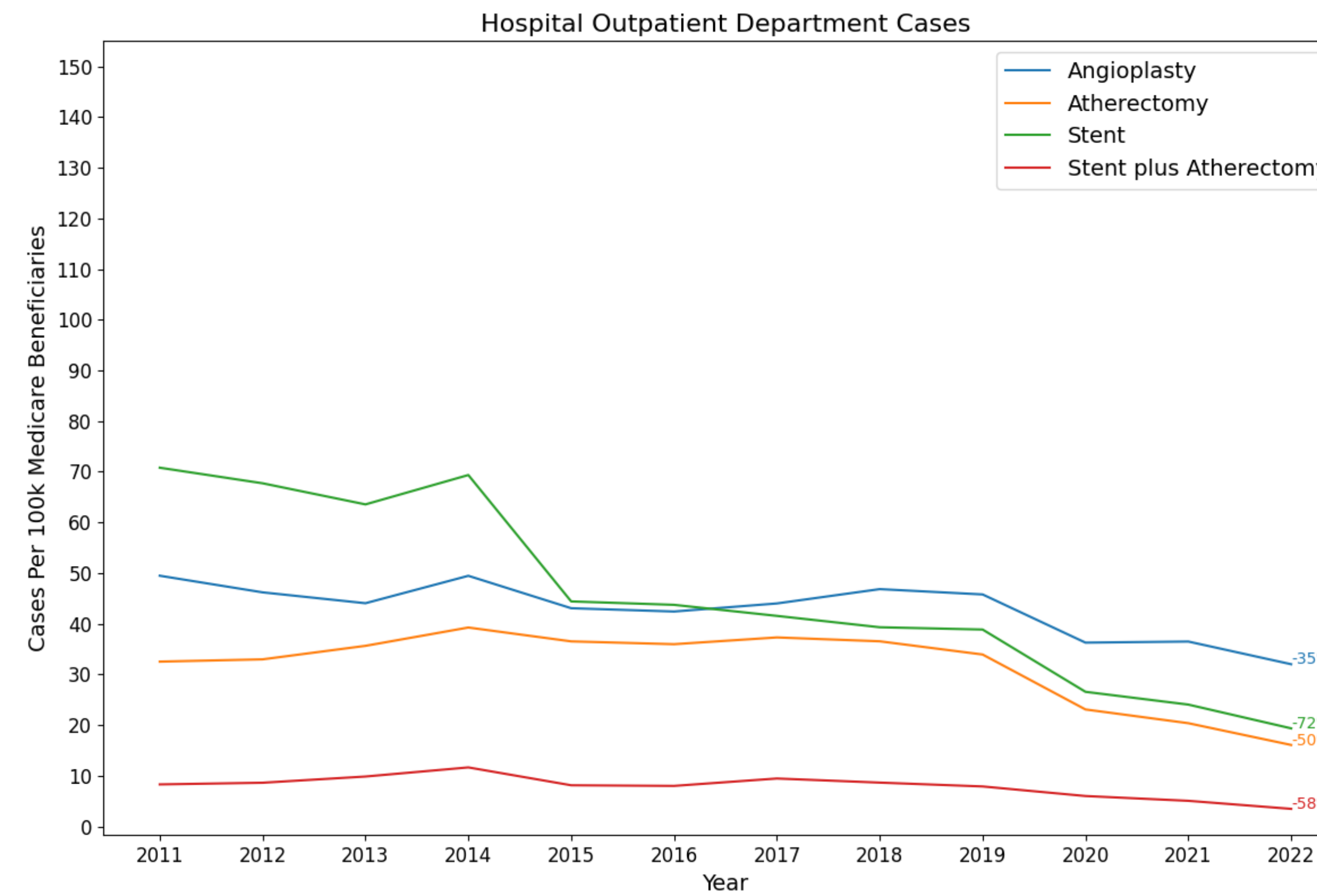
Tally values per 100,000 Medicare beneficiaries

Exclude entries with fewer than 11 cases to ensure consistency

Aggregate global and professional fees

Analyze data across different sites of service (OBL, hospital outpatient)

Results



Discussion/Conclusions

AT rates have grown exponentially over other PAD treatments, and overall PAD work is shifting from the HOPD to the OBL. With clear financial incentive to perform AT over other competing modalities, and the sometimes questionable clinical benefit of AT vs ST, reimbursement may be a driving force behind these trends, especially given that PAD incidence has remained stable. AT has thus resulted in considerable Medicare costs compared to alternatives.

References

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- Thousands of Patients May Be Undergoing Vascular Procedures Too Soon or Unnecessarily — ProPublica. <https://www.propublica.org/article/thousands-of-patients-may-be-undergoing-vascular-procedure-unnecessarily>.