INCREASED COST FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATOR IMPLANTS DUE TO MEDICARE AND MEDICAID SERVICES SEDATION POLICY

ACC Moderated Poster Contributions
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Authors: Osama Abdel-Hafez, Dan Sorajja, Richard Kovacs, William Groh, Indiana University School of Medicine, Indianapolis, IN, USA

Background: In February 2010, Centers of Medicare and Medicaid Services (CMS) updated its Guidelines for Anesthesia Services stating that practitioners providing deep sedation must be independent from the practitioner performing the invasive procedure. Our study was to determine if these policy changes affected the procedural-related costs for implantable cardioverter-defibrillators (ICD).

Methods: We reviewed ICD implants performed between February 4, 2009 - February 4, 2010 (pre-policy change group) and those implanted between February 5, 2010 - February 5, 2011 (post-policy change group) at one tertiary care center. We compared the costs and type of sedation used including Anesthesiologist Administered Sedation (AAS), Proceduralist Directed Deep Sedation (PDDS), and Additional Cardiologist-Administered Deep Sedation (ACADS) between pre-policy change and post-policy change groups.

Results: A total of 431 patients were studied. The pre-policy group was comprised of 243 patients (mean age 61.0 years, 66.7% male, inpatient cases 49%). The post-policy group was comprised of 188 patients (mean age 61.0 years, 63.8% male, inpatient cases 53%). Prior to CMS policy change, 225 cases (92.6%) were done under PDDS, 18 cases (7.4%) were done under AAS, and no cases were done under ACADS. Following the change in CMS policy, 6 cases (3.3%) were done under PDDS, 94 cases (51.1%) were done under AAS, and 84 cases (45.7%) were done under ACADS. The post-policy group had significantly more cases done under AAS and ACADS, and fewer cases done under PDDS (P= <0.001). The post-policy group showed a trend for longer length of stay (mean 4.1 days vs. 2.9 days, P=0.051). Mean cost per case increased by $843.67 in the post-policy group (P=0.297) or an additional $158,609.96 overall. Among patients who had procedures performed under AAS, mean cost per case increased by $1812.8 (P=0.046).

Conclusion: For ICD implantation procedures, CMS policy changes resulted in increased numbers of procedures with anesthesiologists or additional cardiologists administering sedation, longer duration of stay, and more than $150,000 in overall costs at one tertiary care center.