

# Medicare continues to undervalue lifesaving stroke surgery

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Despite thrombectomy's high success rate in saving the lives of stroke patients, Medicare is paying lower rates over time for the procedure, according to research presented today at the [Society of NeuroInterventional Surgery's \(SNIS\) 21st Annual Meeting](#).

Three studies, "The Price of Progress—Evaluating Medicare's Valuation of Stroke Treatment," "Fiscal Clots in the Stream of Stroke Care: The Mechanical Thrombectomy Reimbursement Dilemma," and "From Coast to Coast—the Uneven Spread of Lifesaving Stroke Interventions" highlight worsening Medicare reimbursement rates and their potential impact on the availability of [thrombectomy](#).

The first two studies analyzed publicly available data from 34,696 thrombectomy procedures performed between 2016—when the procedure was widely proven safe and effective—and 2021.

"The Price of Progress—Evaluating Medicare's Valuation of Stroke Treatment" reveals that although thrombectomy has saved the U.S. hundreds of millions of dollars in health and social care costs for people who have experienced acute ischemic stroke, Medicare doesn't pay nearly the total cost of each procedure, which is estimated at \$13,000. The average charge for thrombectomy submitted to Medicare during the studied time ranged from \$3,083.11 to \$3,783.53, but Medicare's reimbursements averaged from \$620.80 to \$686.81—only 18.15% to 21.845% of what was submitted.

"Fiscal Clots in the Stream of Stroke Care: The Mechanical Thrombectomy Reimbursement Dilemma" demonstrates that these reimbursement decreases happened despite thrombectomy procedures nearly tripling during the studied timeframe, from 2,466 in 2016 to 7,210 in 2021. Further, while Medicare's reimbursement for thrombectomy was decreasing, overall Medicare expenditures were increasing—from \$670 billion in 2016 to \$829 billion in 2021.

"From Coast to Coast—the Uneven Spread of Lifesaving Stroke Interventions" suggests that inadequate Medicare reimbursement rates in specific regions may disincentivize hospitals from offering thrombectomy services, particularly for Medicare-eligible patients.

"Thrombectomy isn't just the gold standard for treating [acute ischemic stroke](#)—it's a lifeline that swiftly restores blood flow to the brain, dramatically improving patient outcomes. Yet, alarmingly, as its efficacy soars, Medicare reimbursement plummets," said Sneha Sai Mannam, primary author of the studies and a medical student at the University of Pennsylvania, who conducted this research in the NeuroVERT lab under the guidance of Visish Srinivasan, MD.

"It is crucial that Medicare's policies evolve to accurately value this essential procedure and ensure universal access, regardless of a patient's financial situation. We cannot allow financial considerations to compromise optimal patient care."

Provided by Society of NeuroInterventional Surgery

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