

THE INSURANCE PAYER PERSPECTIVE ON MANAGEMENT OPTIONS FOR EARLY PREGNANCY LOSS IN THE US

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Introduction

- Vacuum aspiration is the current standard for surgical management of early pregnancy loss (EPL).¹
- Traditionally performed in the hospital, no reductions in efficacy and safety have been reported in lower-acuity settings.^{2,3}
- We analyzed how shifting the site of service for surgical management of EPL from the hospital to the non-facility office might impact payer budgets.

Methods

- A decision tree model (**Fig. 1**) with a time horizon of 30 days estimated the budget impact of surgical management of EPL performed in different settings: hospital, ambulatory surgical center (ASC), and non-facility office, from the insurance payer perspective.
- All patients were diagnosed with EPL and the treatment decision was surgical management; high-risk patients were excluded.
- Charges were taken from the Medicare Physician Fee Schedule and Medicare procedure prices in 2023 USD (**Tab. 1**) and model inputs (**Tab. 2**) were identified through a structured literature review.

Tab. 1 Insurance charges related to EPL management⁴

Parameter	Value ⁴	CPT code ⁵
Procedure		
Hospital (Facility+ physician)	\$3,166.35	CPT 59820
Non-facility office	\$451.04	CPT 59820
ASC (Facility + physician)	\$1,833.58	CPT 59820
Ultrasound		
Hospital (Facility+ physician)	\$152.18	CPT 76801
Non-facility office	\$119.96	CPT 76801
ASC (Facility + physician)	\$103.09	CPT 76801
Anesthesiology		
Local (hospital)	\$22.00	CPT 64435
Local (Non-facility office)	\$82.00	CPT 64435
General	\$85.00	CPT 01965
ER visits	\$713.70	CPT 99285

EPL: Early pregnancy loss, CPT: Current procedural terminology, ASC: Ambulatory surgical center, ER: Emergency room.

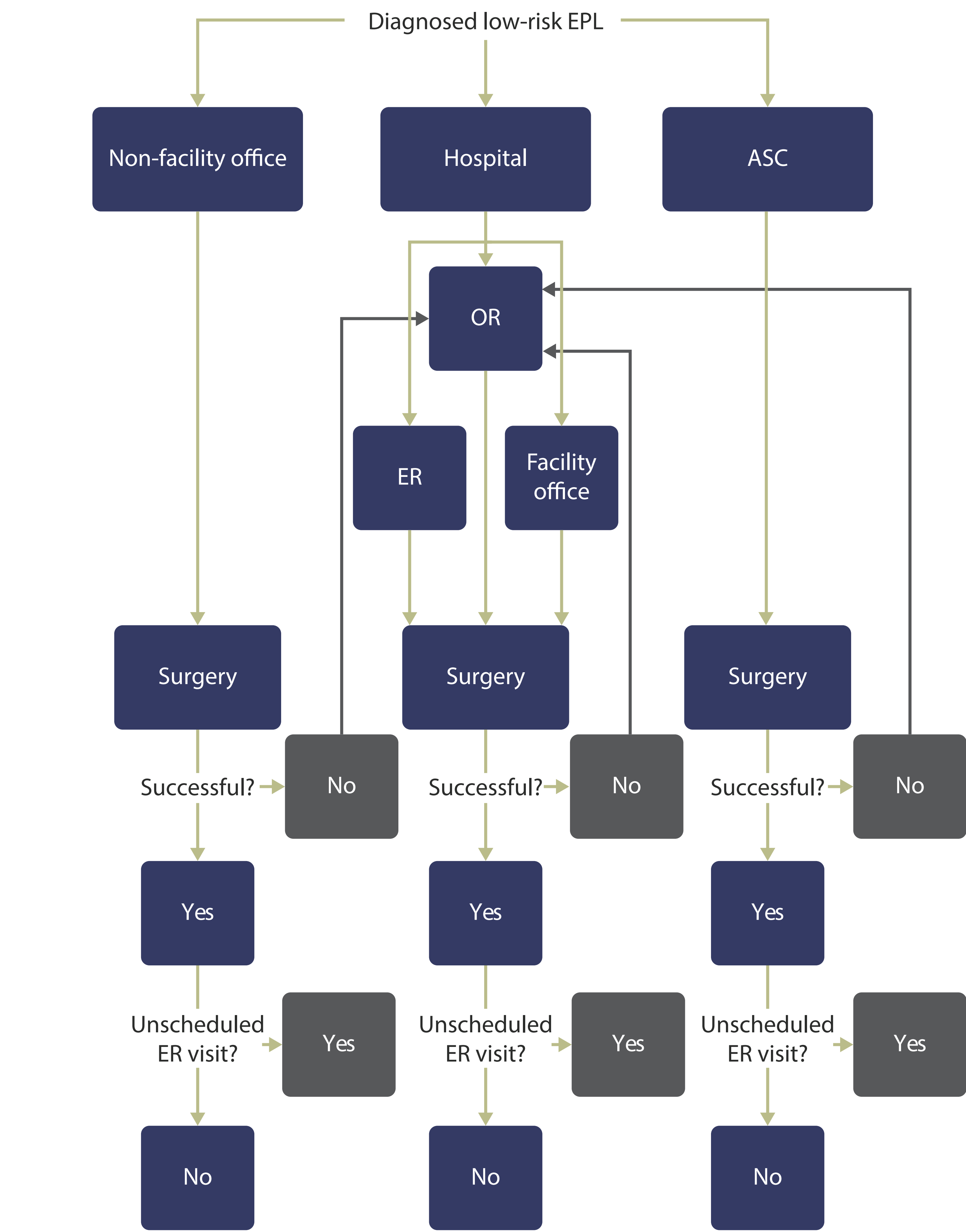


Fig. 1 Decision tree of the surgical management of EPL. EPL: Early pregnancy loss, ASC: Ambulatory surgical center, OR: operating room, ER: Emergency room

- Two key assumptions were made:
 - Repeat surgeries take place in the hospital OR regardless of the location of the first surgery and are reimbursed at 50% (+- 50%) of the original charge if previously performed in the hospital.
 - Surgical management of EPL takes place on the same day at the ER, on a scheduled day at the ASC and both on the same day and scheduled at the OR and office (facility and non-facility) settings.

Tab. 2 Key inputs from the literature

Parameter	Value
Women of reproductive age (15-49)	23.1% ^{6,7}
Annual fertility rate in the US	5.6% ⁸
Incidence of EPL	10.0% ¹
Surgical management in outpatient setting	18.0% ⁹

EPL: Early pregnancy loss

- Results are presented as charges per patient and per member per month (PMPM) charges for each setting.
- Sensitivity analysis included 1,000 Monte Carlo simulations to estimate a 95% credible interval (CrI).

Results

- The mean charges per patient were (**Fig. 2**):
 - \$3,474** [95% CrI 3,389; 3,996] for the **hospital**
 - \$832** [95% CrI 674; 1,498] for the **non-facility office**
 - \$2,182** [95% CrI 2,131; 2,230] for the **ASC**

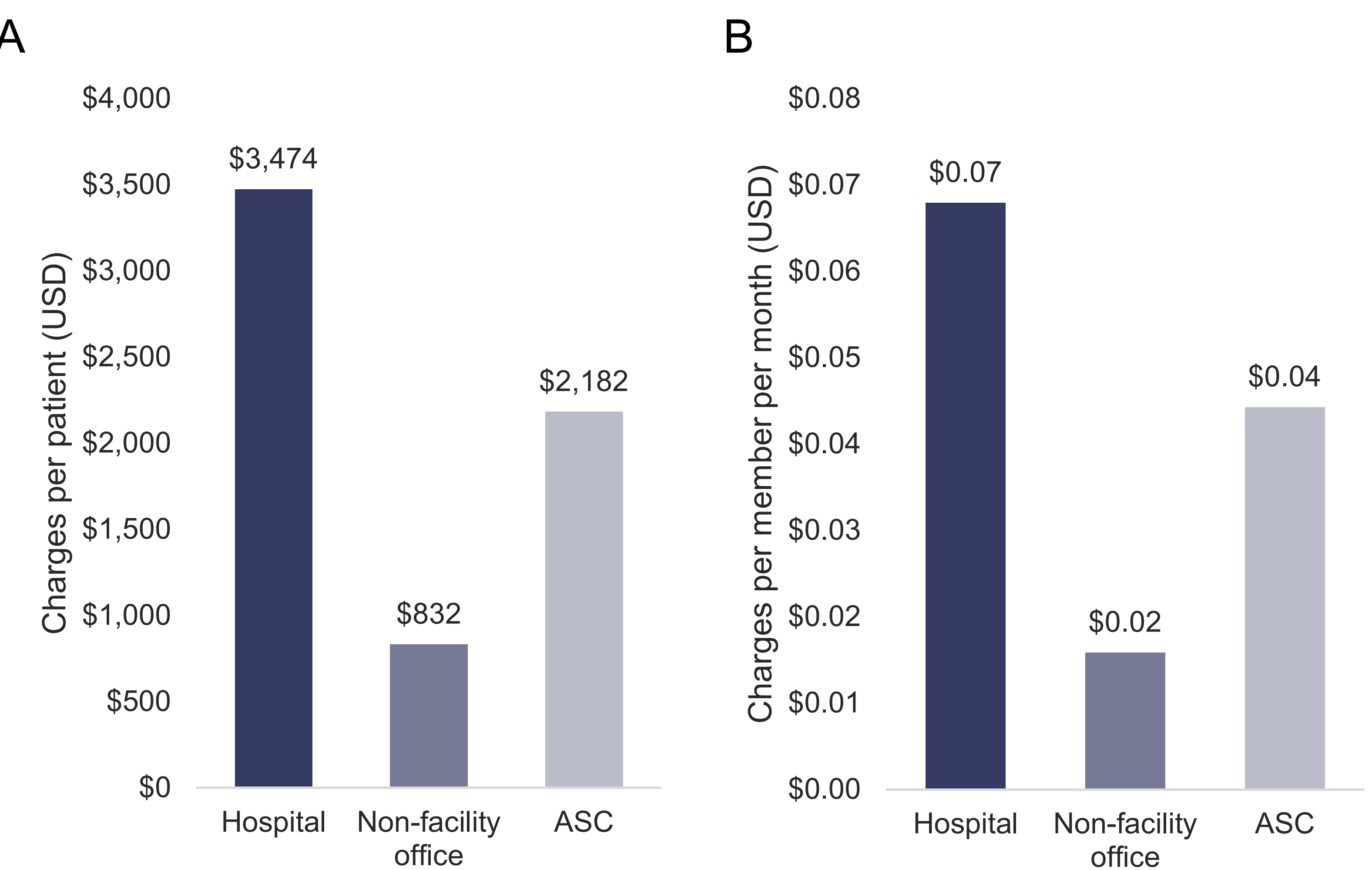
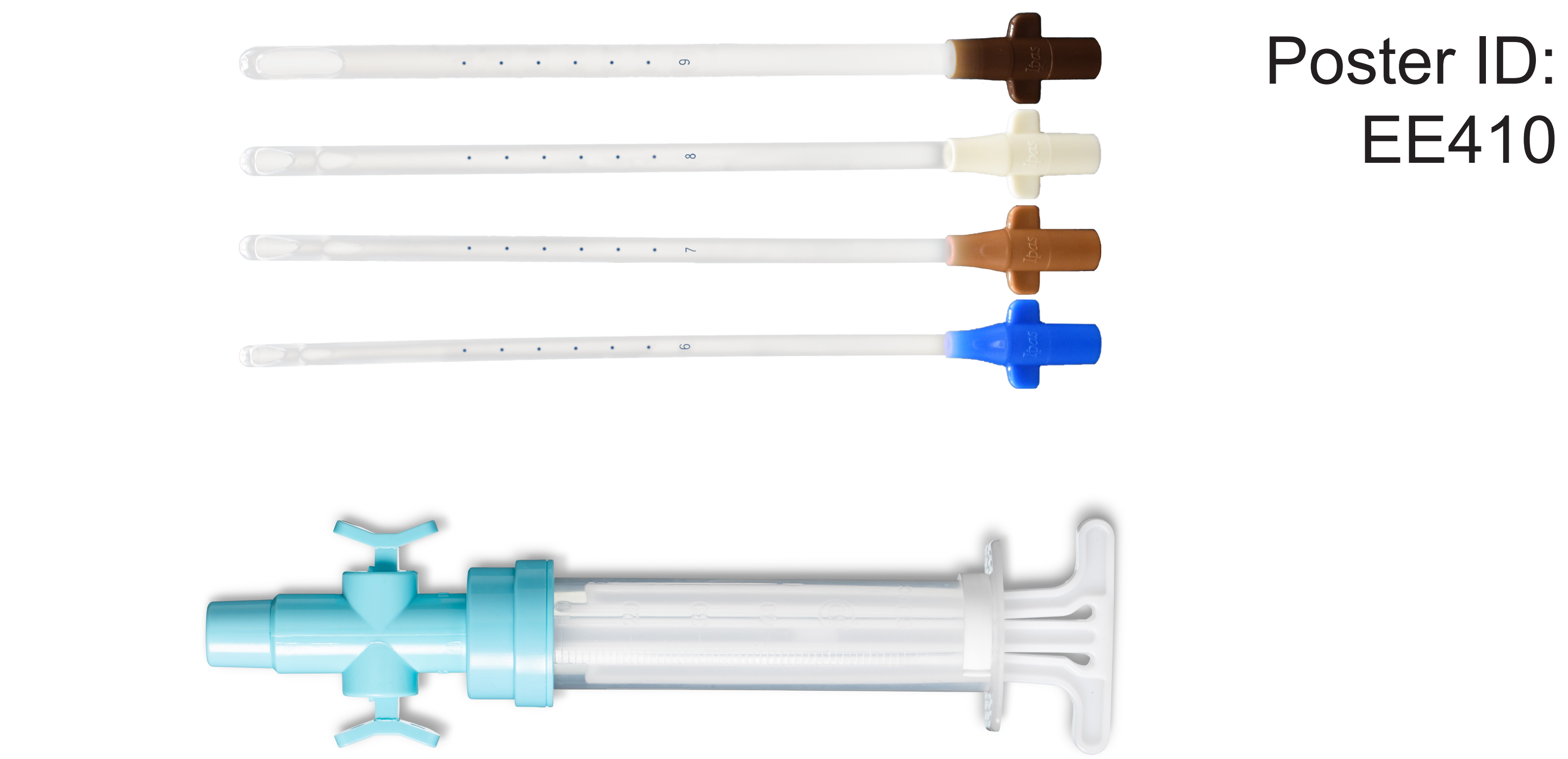


Fig. 2 Charges for each setting **A** Mean charges per patient eligible for surgical management of EPL. **B** Per member per month charge for all insured members. ASC: Ambulatory surgical center, EPL: Early pregnancy loss.



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CONCLUSION

- Given the substantial potential decrease in charges for the non-facility office setting, insurance payers might benefit from increasing their reimbursement to encourage more non-facility care.
- Increasing the non-facility charge will incentivize out of hospital management of EPL, while still providing overall cost savings and relieving hospitals from performing low-risk procedures.
- The PMPM rates for surgical management of EPL were (**Fig. 2**):
 - \$0.07** [95% CrI 0.033; 0.120] for the **hospital**
 - \$0.02** [95% CrI 0.007; 0.041] for the **non-facility office**
 - \$0.04** [95% CrI 0.021; 0.074] for the **ASC**
- A 50% increase to the current physician charge for non-facility office setting (from \$451 to \$677) was shown to still provide a cost-saving of \$2,415 in charges per patient when compared to the hospital setting.

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Disclosure

US, SJS, MC, and JH are employees and RS is the owner of Coreva Scientific GmbH & Co KG, all of whom received consultancy fees for this research. The research was funded by HPSRx Enterprises™.