

# Neurology patients faced with rising out-of-pocket costs for tests, office visits

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Just like with drug costs, the amount of money people pay out-of-pocket for diagnostic tests and office visits for neurologic conditions has risen over 15 years, according to a new study published in the December 23, 2020, online issue of *Neurology*, the medical journal of the American Academy of Neurology. The study, funded by the American Academy of Neurology, found that people enrolled in high-deductible health plans were more likely to have high out-of-pocket costs than people in other types of plans.

"This trend of increased out-of-pocket [costs](#) could be harmful, as people may forgo diagnostic evaluation due to costs, or those who complete diagnostic testing may be put in a position of financial hardship before they can even start to treat their condition," said study author Chloe E. Hill, MD, MS, of the University of Michigan in Ann Arbor and a member of the American Academy of Neurology. "What's more, right now neurologists and patients may not have individualized information available regarding what the out-of-pocket costs might be to make informed decisions about use of care."

For the study, researchers examined out-of-pocket costs for visits to a neurologist and diagnostic tests ordered by a neurologist over a 15-year period using a large private insurance claims database. Costs for more than 3.7 million people were included.

The study found an increasing number of people were paying out-of-pocket costs for diagnostic tests and office visits over the years. The out-of-pocket costs are rising and vary greatly across patients and tests, Hill said.

For patients who had out-of-pocket costs for [diagnostic tests](#), average inflation-adjusted out-of-pocket costs rose by as much as 190% over the study period. Average out-of-pocket costs for electroencephalogram (EEG) tests, which can be

used to diagnose conditions such as epilepsy, increased from \$39 to \$112. For MRI scans, they increased from \$84 to \$242. Office visits increased from an average of \$18 to \$52.

Including both tests and office visits, people who paid out-of-pocket costs paid on average an increasing amount of the total cost of the service. For example, people paid on average 7% of the cost of an MRI scan at the beginning of the study, compared to 15% of the cost by the end of the study.

The percentage of people who paid out-of-pocket costs for tests varied by test, but all increased over the years. For MRIs, 24% of people paid out of pocket in 2001, compared to 70% in 2016.

People with high-deductible health plans were more likely to have out-of-pocket costs on tests and to have higher out-of-pocket costs. In 2001, none of the people in the study were enrolled in high-deductible health plans. By 2016, 11% of people were enrolled in these plans.

The researchers also found that out-of-pocket costs varied considerably. For an MRI in 2016, the people paying the median amount paid \$103, while the people with the top 5% of costs paid \$875.

"This study adds further weight to earlier studies from the American Academy of Neurology showing that out-of-pocket costs for neurologic medications are rising sharply, making people less likely to take their medications as often as their doctors prescribed," said James C. Stevens, MD, FAAN, President of the American Academy of Neurology. "Costs have risen to the point where systematic changes are needed. These changes could include legislative action to place a cap on out-of-pocket costs. The American Academy of Neurology is advocating for such caps on out-of-pocket [drug costs](#) in Washington, D.C."

A limitation of the study is that costs were examined for only one insurer, so the results may not reflect other private insurers or Medicaid.

Provided by American Academy of Neurology  
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