Comparison of Actual Hospital Costs versus DRG Revenues for In-Patient Treatment of Febrile Neutropenia during Adjuvant Anthracycline plus/minus Taxane-Based Chemotherapy for Primary Breast Cancer

Background: In flat-rate reimbursement systems, the hospital's own costs should not exceed its revenues. In a cohort of primary breast cancer (pBC) patients, costs and reimbursement for febrile neutropenia (FN) were compared to verify cost coverage. Methods: A prospective, observational study in pBC patients receiving adjuvant anthracycline ± taxane-based chemotherapy calculated the costs per in-patient FN episode. The correlating revenues were retrospectively analyzed from diagnosis-related group (DRG) invoices. The actual costs of the therapies were compared to the individual DRG revenues, and the results are presented from the provider’s perspective. Results: In 50 patients, n = 11 patients were treated for FN as in-patients. The hospital’s overall treatment costs were €18,288, on average (Ø) €1663 per case (range €1139–2344); the overall DRG revenues were €23,593, Ø €2145 per case (range €1266–2660). In n = 8 cases, the DRGs were cost covering, and in n = 3 cases, a loss was observed, but overall resulting in a gain of Ø €482 per case and thus being cost covering for the provider. Inadequate DRG coding (n = 4/11; 36.4%) resulted in a preventable loss of Ø €1069/case. Conclusions: The costs of
FN treatment vary substantially and DRG reimbursements do not necessarily reflect the provider's costs. Surprisingly, the in-patient treatment of FN here is overall more than cost covering if adequately coded. The main reasons are asymmetrical costs for this FN low-risk pBC group. These results emphasize the importance of correct medical coding to avoid potential losses.

Stichworte: Economics; Chemotherapy; Febrile neutropenia; Cost-revenue calculation; DRG reimbursement

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