hemorrhage, remote site of intraparenchymal hemorrhage outside the area of infarction, and other positive findings.

**Results**
A total of 168 patients were included for analysis, of which a third were Hispanic. With exception of ethnicity, there were no differences in patient demographics or stroke location/severity between groups (table 1). Clinical and radiographic outcome variables were comparable between groups (table 2).

**Conclusion**
In this prospective, multi-center stroke consortium study, IV TNK in comparison to tPA prior to MT for ischemic stroke resulted in non-inferior outcomes related to angiographic reperfusion and functional status at discharge. These findings compliment the current literature and include a large Hispanic US cohort. Further analysis will include expansion of contributing centers and use of propensity scoring.

Disclosures
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TRENDS IN REIMBURSEMENT AND VOLUMES FOR DIAGNOSTIC CEREBROVASCULAR ANGIOGRAPHY: A MEDICARE DATA ANALYSIS FROM 2013 TO 2020

**Background**
Digital Subtraction Angiography (DSA) is the primary diagnostic modality for evaluating vascular issues of the brain and spine, being considered the gold standard for cerebral aneurysms. However, recent non-invasive modalities such as computed tomography angiogram (CTA) and magnetic resonance angiogram (MRA) have been developed. There is minimal data regarding the usage and reimbursement of these diagnostic procedures. This study aims to analyze the monetary and procedural trends of diagnostic angiograms, CTA, and MRA from 2013 to 2021.

**Methods**
The Medicare Part B National Summary Data files from 2013-2020 on all billed services to Medicare were investigated. Annual procedure volume, physician Medicare charges, and reimbursements by Current Procedural Terminology (CPT) code were identified. The CTA codes 70496 and 70498, the MRA codes 70544-70549, and the DSA codes 36221-36228 were used. The total allowed charges and actual payments for each CPT code were identified from the data set for every year. The total allowed charges and actual payments for the year were then divided by the total allowed services to discover the trends of the allowed charges and actual payment for each service rendered. Inflation-adjusted charges and reimbursement were computed utilizing the U.S. City Average Consumer Price Index for Medical Services.

**Results**
A total of 169,383 procedures were conducted in 2020, with DSA being the most common (49.1%), followed by MRA (31.1%) and CTA (19.8%). The total number of procedures decreased by 2.9% throughout the study period (p=0.069). Annual procedural volume by type of imaging revealed a 4.63% decrease in DSAs (p=0.007), a 3.15% increase in CTA (p=0.004), and a 2.94% decrease in MRA (p=0.081). All diagnostic modalities saw decreases in total annual reimbursement, adjusted for inflation; however, they were significant only for DSA and MRA (-4.1%, p=0.007; -9.1%, p<0.001, respectively; table 1, figure 1).

**Conclusions**
This study found that the use and payment for DSA, CTA, and MRA has decreased over the past eight years. Identifying these trends can further promote research into the cost of diagnostic modalities and resource allocation.

**Table 1**
Annual total reimbursement to physicians by procedure type from 2013 to 2020, adjusted for inflation

<table>
<thead>
<tr>
<th>Year</th>
<th>DSA</th>
<th>CTA</th>
<th>MRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$40,343,724.4</td>
<td>$11,113,223.7</td>
<td>$31,022,567.7</td>
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<tr>
<td>2020</td>
<td>$29,645,485.8</td>
<td>$8,649,541.51</td>
<td>$15,132,136</td>
</tr>
<tr>
<td>Annual average</td>
<td>$1,528,319.8 (-4.12%)</td>
<td>$351,954.6 (-2.77%)</td>
<td>$1,745,316.6 (-9.06%)</td>
</tr>
<tr>
<td>P-value</td>
<td>0.007</td>
<td>0.458</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

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