



# Gender Inequities in Urology Reimbursement: Trends Across Payers, Code, and States

Baylor  
College of  
Medicine



<sup>1</sup> Texas Tech University Health Sciences Center School of Medicine, Lubbock, TX, USA; <sup>2</sup> Trek Health, San Mateo, CA, USA; <sup>3</sup> Baylor College of Medicine, Scott Department of Urology, Houston, TX, USA; <sup>4</sup> University of Texas Southwestern, Department of Urology, Dallas, TX, USA

UT Southwestern  
Medical Center

## Background

- Gender-based salary differentials have been well documented across medical specialties after controlling for field and productivity.
- However, commercial payer reimbursement rates have historically been confidential and negotiated on a separate basis from physician contracts.
- Even less is known about whether recent reimbursement growth trends perpetuate or mitigate inequities for female urologists.

## Objective

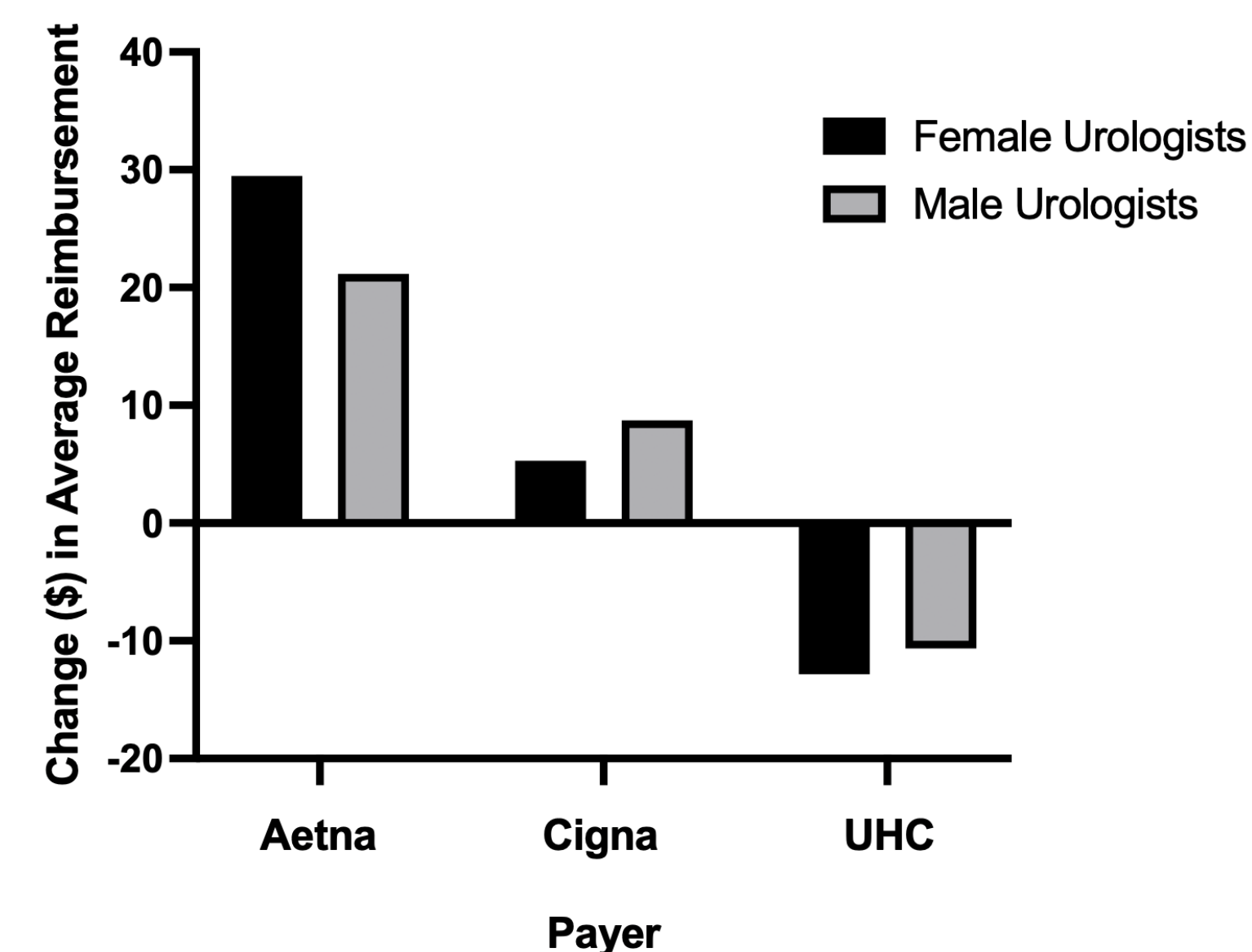
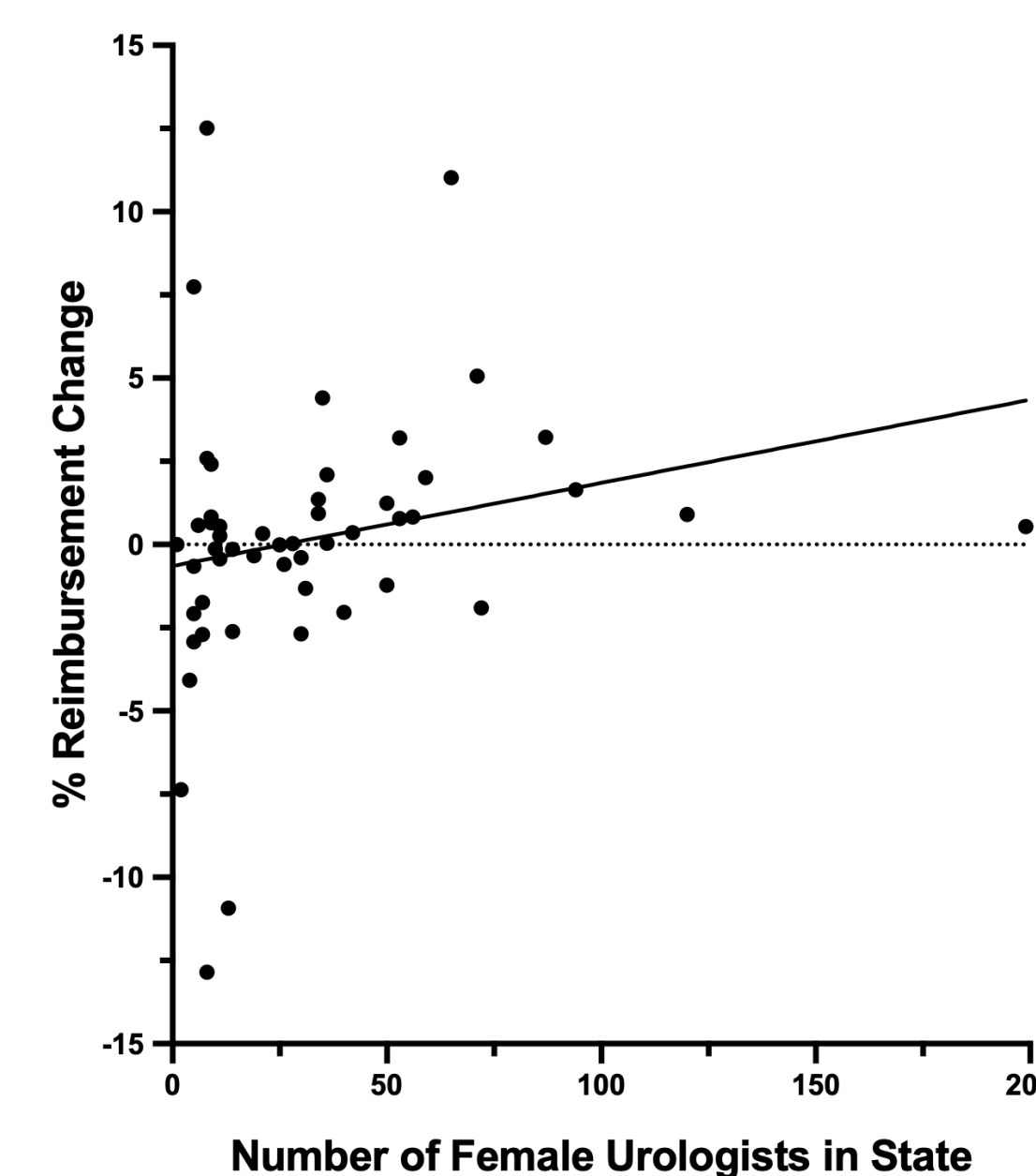
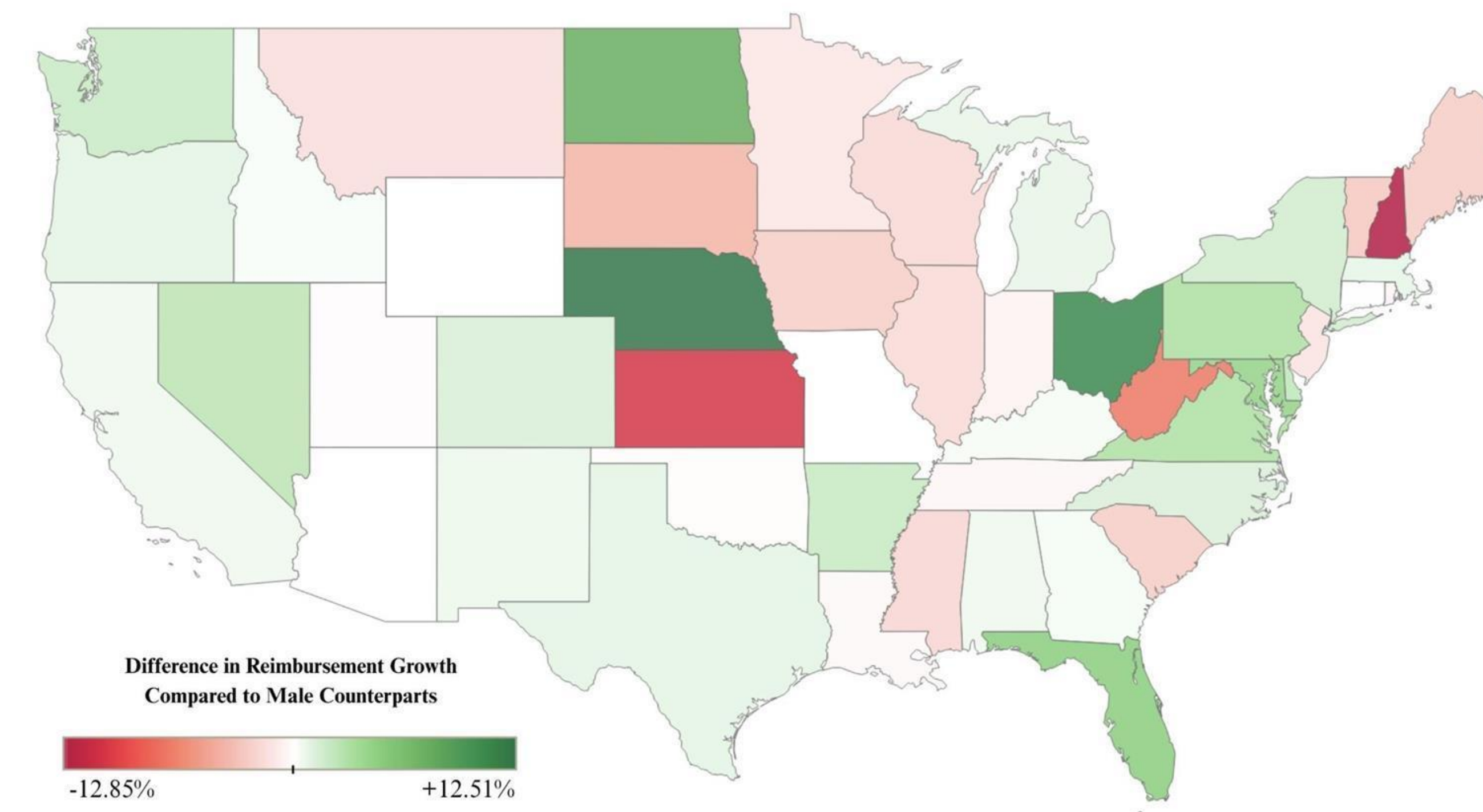
- Understanding these differences across payers, geography, and billing codes is essential for advancing equity in urology.

## Methods

- Insurance reimbursement rate change from 2024-2025 for common urologic billing codes were recorded across three major payers (Aetna, Cigna, UnitedHealthcare).
- Gender was assigned to each physician based on self-identification on the NPI registry and used to create a count of female urologists per state.
- Descriptive statistics were employed to summarize payer- and code-specific differences; logistic regression was used to assess the impact of female workforce representation on reimbursement growth.
- Analyses were performed using GraphPad Prism and R Software.

**While payer and geographic variability persist, greater female workforce representation is associated with more equitable reimbursement growth.**

**Figure 1: Heatmap Depicting Difference in Reimbursement Growth Compared to Male Counterparts**



## Results

- Results revealed substantial variability. Aetna showed modest rate change advantages for women on several codes and Cigna more often disadvantaged women over time.
- UnitedHealthcare exhibited declining reimbursements across genders.
- Geographic variation ranged from states where women were ahead by +12.5% to states where they lagged by -12.9%.
- Logistic regression demonstrated that greater female workforce representation within a state was associated with increased likelihood of positive reimbursement growth for women (Odds Ratio: 1.04,  $p = .014$ ).

## Conclusions

- Despite variability by code, insurer, and state, we found no consistent pattern of lower reimbursement for female providers.
- However, persistent salary gaps suggest downstream structural inequities.
- Greater female workforce representation correlates with more equitable reimbursement outcomes.
- These findings highlight both persistent inequities and opportunities for advocacy, collective bargaining, and policy reform to ensure equitable reimbursement growth for women in urology
- Due to this opaque pay structure and magnitude of variation in reimbursement, transparency in payer contracts is essential to attain a sustainable physician workforce.