



Topic of Interest for Members

Micro Highlight #3

2018 National Medicare Extract for Pathologists

for release - Thursday, May 20, 2021

1. PNPL has committed to providing practice profiles as well as state reports from the 2018 Medicare Database to its **Founding Members**.
2. In prior years, this information was released by CMS mid-year. However, with the influx of other government reports on provider relief and PPP loans, this was delayed until November 2020.
3. PNPL anticipates that the calendar year 2019 data will be available in the summer.
4. Jeff Maze, statistician, and CEO at Quinsite, will be collaborating with PNPL. He has a long-standing relationship with the **Radiology Business Managers Association (RBMA)** and has also been engaged by **Strategic Radiology** (30 private practices with 1,300 radiologists) to support their data requirements.
5. For the first time, PNPL prepared a report that presents pathology data for the entire country. Here are the highlights:
 - a. 41,365,000 CPT codes are included and represent 27,572,000 wRVUs at an average of .67 per CPT. (88305 = .75)
 - b. Activities have been broken down between the facility code representing the professional component and other services categorized as O.
 - c. The professional component codes were further distributed by submitting provider. 96% were from pathologists.



d. 68% of the 2018 Medicare payments were for the following codes:

88305	39.3%
88307	12.2%
88341	9.8%
88342	6.4%

e. The top 10 codes represent 82.5% of the total income paid to pathologists of \$502,878,000.

f. The submitted charges have been calculated for the top 10 codes by percentile. For 88305 the results are:

25%tile	\$130
50%tile	\$175
75%tile	\$215
90%tile	\$261

g. At the inception of the Medicare program, the 75%tile was known as the “prevailing” rate.

h. The highest codes show the following range of charges:

88305	\$33 - \$935
88307	\$82 - \$1,280
88341	\$21 - \$777
88342	\$34 - \$1,033

i. PNPL also extracted professional fees charged by some of the prominent pathology groups in the U.S. for code 88305 and 88307. Fees were derived by using specific pathologists within each of the groups, which may have included the current Chair.

In the era of fee transparency, this information should be of value.