PNPL provides Practice Profiles as well as State Reports from the Medicare Database to its Members.

We have also prepared a national report extracting Pathology data based on HCPCS codes from the 2019 Medicare Database.

1. Included are 88 codes with a total volume of 40,025,772 units. These are the codes with a professional component as defined by work relative value units (wRVUs).

2. An analysis of this data reveals the following highlights, including some startling findings in relation to Fee Transparency:

   a. Medicare payments for Pathology services with a professional component in 2019 totaled ~ $1.6 billion.

   b. Facility place of service accounts for 45% of total wRVUs. Facility payments, however, account for only 33% of total reimbursements as most are professional component only. Higher global payments account for more dollars in the Non-Facility category.
c. Nearly all (96%) Facility units, wRVUs, and payments fall under the Pathology Specialty. Clinical Laboratory is a distant second. By a much closer margin, Clinical Laboratory is the top provider of Non-Facility units, wRVUs and payments.

d. The top 4 CPT codes (88305, -307, -341, -342) account for 68% of Facility Pathology payments.

e. Facility fees for the top code (88305) range from $38 to $1,094, with a median of $175 and a 75th percentile (prevailing) fee of $220.

f. There are similar disparities in professional fees for the other 3 codes (88307, 88341, 88342).

g. In addition, we sampled fees charged for the top 2 codes by 7 Pathology departments around the country and also found a wide range.