



Topic of Interest for Members

Micro Highlight #6

2019 National Medicare Extract for Pathologists

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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.**