

Self-referrals for anatomic pathology services very costly

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(HealthDay)—Health care providers who self-refer for anatomic pathology services cost Medicare about \$69 million in 2010, according to a report published by the U.S. Government Accountability Office (GAO).

Researchers from the GAO examined the prevalence of anatomic self-referral (referral to an entity in which the provider or their family members have a financial interest) and its effect on Medicare spending. GAO assessed trends using Medicare Part B claims data from 2004 through 2010.

According to the report, from 2004 to 2010, self-referred anatomic pathology services increased at a faster rate than non-self-referred

services. The number of self-referred anatomic pathology services more than doubled, from 1.06 million to 2.26 million, compared with a 38 percent increase in non-self-referred services. Ninety percent of referrals for self-referred anatomic pathology services in 2010 were accounted for by three provider specialties (dermatology, [gastroenterology](#), and urology). In 2010, an estimated 918,000 more referrals for anatomic pathology services were made than would have been expected if they were not self-referring. These additional referrals are estimated to have cost Medicare about \$69 million.

"GAO issued a report today with irrefutable evidence that physician self-referral is a national problem," Gene Herbek, M.D., the president-elect of the College of American Pathologists, said in a statement. "It contributes to widespread abuses, increased [medical costs](#) and over utilization, and it allows physicians to exploit a loophole that permits them to bill Medicare for certain additional services they provide to patients at the time of the office visit."

More information: [College of American Pathologists](#)
[GAO Report](#)

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