

Payment for laboratory tests set to reduce starting Jan. 1, 2018

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(HealthDay)—The Centers for Medicare & Medicaid Services (CMS)

has released the Clinical Laboratory Fee Schedule, which is set to reduce payments for testing services conducted in physician office-based laboratories, according to a report published by the American Medical Association (AMA).

The new rates, which take effect Jan. 1, 2018, will result in significant reductions in payments for testing services that are carried out in [physician](#) office-based labs. In 2018, the initial reductions will be capped at 10 percent, but rates are expected to continue decreasing for multiple years, to reach reductions of 35 to 45 percent.

Concerns relating to the new rates include that they were established using inaccurate data in a process lacking transparency; according to the AMA, even the highest-resourced and most-prepared clinical laboratories struggled to meet the requirements of retrospectively submitting six months' worth of data. The AMA has asked the CMS to issue an interim rule holding 2017 lab rates in place until the agency can conduct a targeted market survey to ensure the rates set are appropriate.

"The AMA and many other state and specialty societies told CMS that, if [payment](#) for physician office-based testing falls below the cost to provide them, patients may need to visit an outside lab for such common tests as influenza, infectious diseases, cholesterol screening, pregnancy and cardiac diagnostics," according to the report. "This would create significant burdens for vulnerable patients or those in rural areas with no nearby labs."

More information: [More Information](#)

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