AETNA SLASHES ITS LAB FEE SCHEDULE

Effective July 1, 2013, Aetna is lowering its standard lab fee schedule—the Aetna National Contract Default (ANCD)—for all of its health plans to rates that are equal to only 45% or 50% of the Medicare clinical lab and pathology fees. Aetna says that it calculated its new rates based on “industry standard methodologies and sources.” However, all of its clinical lab, Pap test and anatomic pathology reimbursement rates are set at exactly 45% or 50% of Medicare’s Clinical Lab Fee Schedule or Physician Fee Schedule.

For example, Aetna’s new rate for Vitamin D testing (CPT 82306) is $18.32, which is equal to 45% of the Medicare national rate of $40.70.

Global Reimbursement Rate Comparison

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Aetna National Rate</th>
<th>Medicare National Rate</th>
<th>Aetna % of Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>80048</td>
<td>Metabolic panel</td>
<td>$5.23</td>
<td>$11.63</td>
<td>45%</td>
</tr>
<tr>
<td>80053</td>
<td>Comprehensive metabolic panel</td>
<td>6.54</td>
<td>14.53</td>
<td>45%</td>
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<tr>
<td>80076</td>
<td>Hepatic function panel</td>
<td>5.62</td>
<td>11.23</td>
<td>50%</td>
</tr>
<tr>
<td>81001</td>
<td>Urinalysis auto w/scope</td>
<td>1.96</td>
<td>4.35</td>
<td>45%</td>
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<tr>
<td>81003</td>
<td>Urinalysis auto w/o scope</td>
<td>1.55</td>
<td>3.09</td>
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</tr>
<tr>
<td>82306</td>
<td>Vitamin D 25 hydroxy</td>
<td>18.32</td>
<td>40.70</td>
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</tr>
<tr>
<td>82607</td>
<td>Vitamin B12</td>
<td>9.32</td>
<td>20.72</td>
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<tr>
<td>84153</td>
<td>PSA total</td>
<td>11.38</td>
<td>25.29</td>
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<tr>
<td>84403</td>
<td>Total testosterone</td>
<td>15.97</td>
<td>35.49</td>
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<tr>
<td>85027</td>
<td>Complete CBC automated</td>
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<td>85610</td>
<td>Prothrombin time</td>
<td>2.43</td>
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<td>86003</td>
<td>Allergen specific IgE</td>
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<td>86140</td>
<td>C-reactive protein</td>
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<td>7.11</td>
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<tr>
<td>86703</td>
<td>HIV-1/HIV-2 antibody</td>
<td>9.43</td>
<td>18.85</td>
<td>50%</td>
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<tr>
<td>87491</td>
<td>Chylmd trach dna amp probe</td>
<td>24.12</td>
<td>48.24</td>
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<tr>
<td>87591</td>
<td>N. gonorrhoeae dna amp probe</td>
<td>21.71</td>
<td>48.24</td>
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<td>87621</td>
<td>HPV dna amp probe</td>
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<tr>
<td>88142</td>
<td>Cytopath c/v thin layer</td>
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<td>88185</td>
<td>Flow cytometry</td>
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<tr>
<td>88304</td>
<td>Level III surgical pathology</td>
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<td>Level IV surgical pathology</td>
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<td>Level V surgical pathology</td>
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<td>88313</td>
<td>Special stains</td>
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<td>67.71</td>
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<td>88342</td>
<td>Immunohistochemistry</td>
<td>57.67</td>
<td>115.34</td>
<td>50%</td>
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</tbody>
</table>

Source: Laboratory Economics from Aetna letter to lab providers (March 26, 2013)