

Proposed Clinical Lab Fee Schedule for FY2018 Published

CMS published the proposed 2018 Clinical Lab Fee Schedule (CLFS) today. The CMS website (at the link below) has the proposed rates, as well as data showing the weighted median and likely cuts for future years. There is also a summary with some top line data. An initial analysis suggests the cuts go far beyond the intent of Congress.

CMS reports that the Weighted Median of Private Payor Rates is 24.6% below the 2017 National Limiting Amount (what CMS paid in 2017) for the top 25 CHPCS Codes by volume. The data on the top 25 codes are included in the summary, which you can find at

<http://www.asclswa.org/Documents/Govt/CY2018-CLFS-Payment-System-Summary-Data.pdf>

There are limits in the initial year of implementation to reduce each code no more than 10%. It appears that virtually all the high volume codes will be down the full limit beginning in January.

There is a lot of information here to review. The ASCLS Government Affairs Committee will be meeting next week to determine next steps, which are likely to include seeking a legislative remedy from Congress.

ASCLS will need those with access to their data to begin looking at the likely impact to their institutions. In addition to Medicare, pay close attention to your volumes for private payors whose contracted rates are tied to the CLFS.

To influence Congress, we will need to describe how institutions are likely to address these cuts.

- Will services be cut? If so, to what communities?
- Will the menu of tests or availability of tests be limited? What will be the impact on care?
- Will there be job losses? If so, how many?
- Will there be a reduction in capital expenditures? If so, to what degree?

ASCLS will alert you in the future on how best to report this information for inclusion in any outreach to Congress. Please do not report this information now.

As we learn more, we will pass it along as soon as possible.

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