

Exhibit 4: Medicare Part B spent \$4.99 billion on the top 25 lab tests in 2020, including 4 new COVID-19 tests.

| Test Description (Procedure Code) | 2020 payment rate | 2020 volume (millions) | Volume change from 2019 | 2020 spending (millions) |
|---|-------------------|------------------------|-------------------------|--------------------------|
| 1 COVID-19 test: Infectious agent detection by nucleic acid for COVID-19, high-throughput (U0003) | \$100 | 10.2 | New | \$1,017.0 |
| 2 Blood test, comprehensive group of blood chemicals (80053) | \$10.56 | 37.8 | ↓ -10% | \$402.7 |
| 3 Blood test, lipids (80061) | \$13.39 | 25.2 | ↓ -12% | \$336.2 |
| 4 Blood test, thyroid stimulating hormone (84443) | \$16.80 | 18.9 | ↓ -12% | \$315.4 |
| 5 Complete blood cell count, automated test (85025) | \$7.77 | 36.7 | ↓ -11% | \$288.5 |
| 6 COVID-19 test: Any technique, high-throughput technologies (U0004) | \$100 | 2.4 | New | \$243.4 |
| 7 Vitamin D-3 level (82306) | \$29.60 | 8.1 | ↓ -9% | \$237.6 |
| 8 Drug test(s), definitive, 22 or more drug class(es) (G0483) | \$246.92 | 0.9 | ↓ -29% | \$221.9 |
| 9 Gene analysis (colorectal cancer) (81528) | \$508.87 | 0.4 | ↓ -14% | \$208.1 |
| 10 Molecular pathology procedure level 9 (81408) | \$2,000 | 0.1 | ↓ -31% | \$205.4 |
| 11 Detection test for organism (87798) | \$35.09 | 5.2 | ↑ 92% | \$183.5 |
| 12 Hemoglobin A1C level (83036) | \$9.71 | 17.6 | ↓ -12% | \$170.9 |
| 13 Testing for presence of drug (80307) | \$62.14 | 2.6 | ↓ -24% | \$161.0 |
| 14 Drug test(s), definitive, 15-21 drug class(es) (G0482) | \$198.74 | 0.7 | ↓ -20% | \$127.7 |
| 15 Parathormone (parathyroid hormone) level (83970) | \$41.28 | 2.3 | ↓ -8% | \$92.8 |
| 16 Blood test, basic group of blood chemicals (80048) | \$8.46 | 10.3 | ↓ -18% | \$89.6 |
| 17 Drug test(s), definitive, 1-7 drug class(es) (G0480) | \$114.43 | 0.8 | ↓ -26% | \$87.8 |
| 18 Gene analysis (breast cancer 1 and 2) (81162) | \$1,824.88 | 0.05 | ↓ -21% | \$86.7 |
| 19 Drug test(s), definitive, 8-14 drug class(es) (G0481) | \$156.59 | 0.5 | ↓ -17% | \$80.5 |
| 20 Cyanocobalamin (vitamin B-12) level (82607) | \$15.08 | 5.2 | ↓ -11% | \$78.4 |
| 21 DNA gene analysis of 324 genes in solid organ tumor tissue (0037U) | \$3,500 | 0.02 | ↓ -3% | \$76.8 |
| 22 Test for detecting genes associated with breast cancer (81519) | \$3,873 | 0.02 | ↓ -9% | \$76.6 |
| 23 PSA (prostate specific antigen) measurement (84153) | \$18.39 | 4.0 | ↓ -8% | \$73.8 |
| 24 COVID-19 test: Amplified probe technique (87635) | - | 1.4 | New | \$70.8 |
| 25 COVID-19 test: Any technique (U0002) | - | 1.2 | New | \$60.7 |
| Total 2020 spending on the top 25 tests: \$4.99 billion | | | | |

Sources: OIG analysis of 2019–2020 spending on lab tests in Medicare Part B, 2021. Payment rates are from the 2020 CLFS. Local Medicare Administrative Contractors are responsible for developing the payment amount for claims they receive for some newly created procedure codes until Medicare establishes national payment rates.

Labs bill for each test on the CLFS using a Healthcare Common Procedure Coding System (HCPCS) code, which we refer to as a “procedure code.” The HCPCS is divided into two systems, referred to as Level I and Level II. Level I HCPCS codes are composed of CPT codes. **The five character codes and descriptions included in this study are obtained from Current Procedural Terminology (CPT®), copyright 2018 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures. Any use of CPT outside of this study should refer to the most current version of the Current Procedural Terminology available from AMA. Applicable FARS/DFARS apply.** Level II HCPCS codes are established by CMS primarily for items, supplies, and non-physician services not covered by CPT codes.