



Alerts

OIG Scrutinizes Ambulance Billing Practices

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Health Law Alert

Increased scrutiny of billing practices for ambulance transports may be on the way as a result of a report just released by the Department of Health and Human Services Office of Inspector General (the "OIG") ominously titled "[Inappropriate Payments and Questionable Billing for Medicare Part B Ambulance Transports.](#)"

In its report, the OIG explains that it analyzed data for 7.3 million ambulance transports during the first half of 2012 and found that Medicare paid \$24 million for ambulance transports that did not meet program requirements to justify payment. This included transports to or from non-covered destinations such as physicians' offices and transports for which the beneficiaries did not receive Medicare services at the pick-up or drop-off locations. It further found that about one in five suppliers had questionable billings, such as unusually high average mileage.

As a result of its findings, the OIG has recommended, and the Centers for Medicare & Medicaid Services ("CMS") has agreed, that CMS should enhance its existing fraud and abuse safeguards with respect to ambulance transports. In addition to other action items, CMS intends to increase its monitoring of ambulance billing. It also intends to require ambulance suppliers to include the National Provider Identifier of the certifying physician on transport claims that require certification.

Ambulance suppliers would be well advised to review their billing practices with this OIG report in mind, to ensure they are meeting program requirements when billing Medicare.

For more information, please contact [Lora L. Zimmer](#), or your regular [Hinshaw attorney](#).