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# OIG Identifies Seven Measures of Telehealth Billing That May Pose High Risk to Medicare

By Nina Youngstrom

The HHS Office of Inspector General (OIG) has developed seven measures of telehealth billing that may point to fraud, waste or abuse and in the process identified 1,714 providers who checked at least one of the boxes, according to a new data brief.[1] The measures include billing a telehealth service at the highest level every time and billing telehealth services for many beneficiaries.

Although the data brief is designed to help CMS and Congress improve Medicare telehealth program integrity oversight, it doubles as a guide to what potential audits and investigations may target, said attorney Kyle Gotchy, with King & Spalding in Sacramento, California. "We have a limited number of tea leaves, so to help forecast what will attract scrutiny, providers need to draw on reports like this to identify emerging risk areas."

Providers will get more intelligence from forthcoming OIG reports on telehealth, but meanwhile, "add this to your quiver, get smarter about the issues that could be the focus of program integrity activities and take a hard look at your own billing practices to determine whether adjustments are necessary to control your risk," Gotchy said.

The data brief, from the Office of Evaluations and Inspections, chronicles provider billing for telehealth services during the first year of the pandemic and identifies ways to safeguard Medicare from telehealth fraud, waste and abuse. It's based on an analysis of Medicare fee-for-service (FFS) claims data and Medicare Advantage encounter data from March 1, 2020, to Feb. 28, 2021. OIG focused on about 742,000 providers who billed for a telehealth service and developed seven measures that "focus on different types of billing that providers may use to inappropriately bill for telehealth services."