Understanding & Preventing Fraud in the Ambulance Billing Services

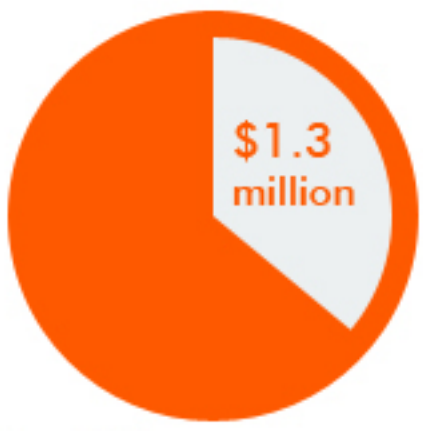
Fraud in Ambulance Billing is common and has a big hand in affecting Revenue for the service.

According to CMS, $350 million in ambulance services is lost or there is fraud committed by a host of people, every year!

IN 2012

Total of **5.8 billion** of Medicare payments for Ambulance

Total of **14.9 billion** transports offered to Medicare beneficiaries



claims get paid

$3.5 million fraudulent claims submitted to Medicare & Medicaid

Fraud Happens when

- Medicare beneficiaries are recruited for travel unnecessarily
- Creating false reports
- Paying illegal kickbacks
- Overbilling Medicare by misrepresenting services provided

Preventive measures to Fraud in ambulance billing services

Certification:
Include National Provider Identifier of the certifying physician on claims that without which Medicare will not accept the bills.

Monitor:
A comprehensive plan will help monitor and ensure that claims are documented and filed appropriately.

Review Claim policies & procedures:
Instil in your workers & billers dedication and vigilance to stem fraud.

Audit:
Annual reviews & audits conducted by an external entity will help assess the accuracy of claims.

Choose a partner who can raise the red flag before fraud, negligence occurs!

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