

# Overcharging Common in Hospital EDs, Says Study

Published 6/23/2017

Payment for emergency department (ED) services can vary by as much as 12 times compared with what Medicare would pay for the same procedure, according to a May 30, 2017, [original investigation](#) in *JAMA-Internal Medicine*. The authors conducted a retrospective analysis on Medicare billing records from 2,707 U.S. hospitals for 2013. They found that different EDs charged anywhere from 1.0 to 12.6 times what Medicare pays for specific services. These increased charges appeared more frequently when services were performed by an ED physician than when performed by an internal medicine physician. The average bill for services performed by an emergency physician on an adult was as much as 340% more expensive than what Medicare pays for care, the authors said. Higher markups were associated with for-profit hospitals, hospitals that see a greater percentage of uninsured patients, and hospitals located in the Southeast and Midwest. These facilities also tend to treat more patients who are uninsured or minorities, according to a [June 2, 2017, article](#) in *MedlinePlus*. One of the study's authors noted in *MedlinePlus* that this trend requires regulation at state and federal levels. "Patients really have no way of protecting themselves from these pricing practices," he said.

---

## TOPICS AND METADATA



### Topics

[Laws, Regulations, Standards; Administrative and Support Services](#)

### Clinical Specialty

[Emergency Medicine](#)

### Roles

[Clinical Laboratory Personnel; Corporate Compliance Officer; Healthcare Executive; Legal Affairs; Patient Safety Officer; Risk Manager](#)

### Information Type

[News](#)

### Publication History

Published June 23, 2017