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## Utilization Trends and Medicare Part B Billing for Office-Based Peripheral Vascular Procedures Raise Questions About Program Integrity

### Why OIG Did This Review

- Medicare Part B paid over \$1 billion in 2022 for peripheral vascular procedures (i.e., angioplasty, stenting, and atherectomy) that are intended to relieve leg pain due to the narrowing or blockage of arteries.
- For years, interest holders have raised concerns about potential overuse of these procedures when professional guidelines recommend that conservative treatments, such as medication and lifestyle changes, be tried first.<sup>1, 2, 3, 4</sup>
- Medicare Part B payments to physicians are higher when they perform peripheral vascular procedures in office-based laboratories (OBLs) compared to other settings.
- Overuse of these procedures may lead to Medicare paying for medically unnecessary services and risks for patients, such as amputation.<sup>5, 6</sup>
- This data snapshot describes utilization trends for these procedures and flags billing patterns that warrant further scrutiny.

### What OIG Found

#### From 2019 through 2023:

- While the overall rate and Medicare Part B payment for peripheral vascular procedures decreased, physicians' use of these procedures shifted from hospital outpatient departments to OBLs.

#### In 2023:

- Despite routine use of atherectomy and tibial artery procedures being controversial due to potential complication risks and poor outcomes, physicians used these procedures often in OBLs (75 percent and 47 percent of procedures, respectively).
- Of payments made to physicians for peripheral vascular procedures performed in OBLs, \$105 million may indicate billing for medically unnecessary procedures.
- 26 OBL physicians accounted for 61 percent of the concerning payments we identified.

### What OIG Recommends

OIG recommends that [CMS](#):

1. Monitor billing to identify peripheral vascular procedures that may be medically unnecessary, which may indicate fraud, waste, or abuse.
2. Follow up on the physicians OIG identified with concerning billing for peripheral vascular procedures.

CMS concurred with both recommendations.