Department of Health and Human Services
Office of Inspector General
Office of Evaluation and Inspections

DATA SNAPSHOT

January 2026| OEI-09-25-00330

# Total Medicare Part B Spending on Lab Tests Rose in 2024, Driven by Increased Spending on Genetic Tests

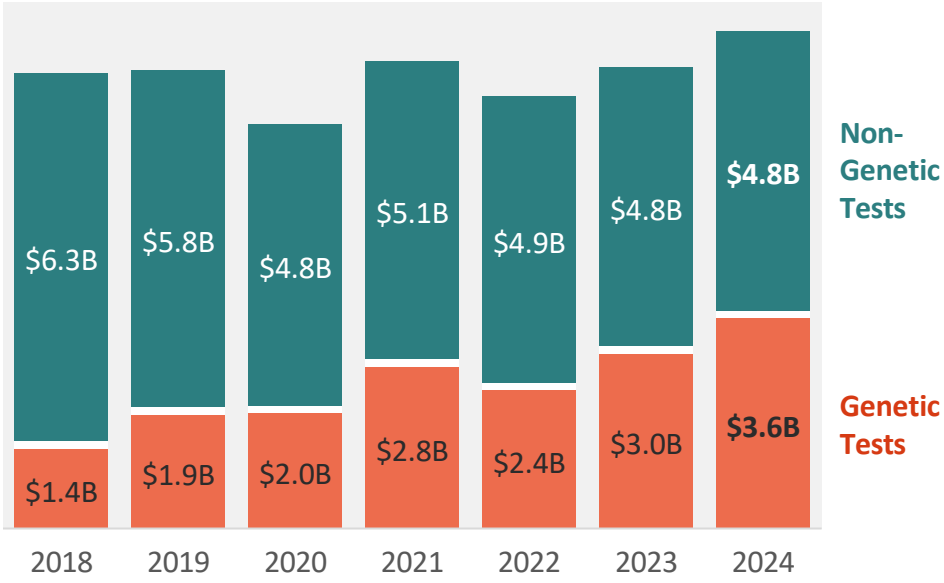
HHS Office of Inspector General
HIGHLIGHTS

January 2026 | OEI-09-25-00330

# Total Medicare Part B Spending on Lab Tests Rose in 2024, Driven by Increased Spending on Genetic Tests

## Key Takeaways

- In 2024, Medicare Part B spending on clinical diagnostic laboratory tests (lab tests) totaled $8.4 billion—a 5-percent increase over the previous year. Spending on lab tests is climbing even as the number of Part B enrollees with lab tests is decreasing.
- Part B spending on lab tests has been shifting increasingly toward genetic tests, including tests related to cancer, infections, and epilepsy. Although genetic tests represented only 5 percent of lab tests paid under Part B in 2024, they accounted for 43 percent ($3.6 billion) of Part B lab spending.




Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

- Overall, Medicare Part B spending for non-genetic tests, including metabolic panels, lipid panels, and complete blood cell (CBC) counts, has been generally declining since 2021, dropping to $4.8 billion in 2024.
- In 2024, the top 25 lab tests accounted for almost half of all Part B lab spending, with expenditures exceeding $4.1 billion. The test with the highest expenditures was a genetic test with a median payment amount of $447 per claim.

## Why OIG Did This Review

This review is part of an ongoing effort to control Medicare Part B spending on lab tests. The Protecting Access to Medicare Act of 2014 (PAMA) changed the way Medicare Part B pays for lab tests, effective 2018.[1,2] To monitor changes to Part B lab test spending and provide oversight, PAMA also mandated that OIG publicly release an annual analysis of the top 25 lab tests by expenditures and conduct analyses that OIG determines appropriate.[3] This data snapshot provides an analysis of Medicare Part B payments for lab tests in 2024, including an analysis of the 25 tests that cost Part B the most money.

## What OIG Did

We analyzed Medicare Part B claims data for lab tests covered under the Medicare Clinical Laboratory Fee Schedule[4] (fee schedule) in 2024. We identified key metrics and trends for Medicare Part B spending on lab tests, including the 25 lab tests with the highest Medicare Part B expenditures.

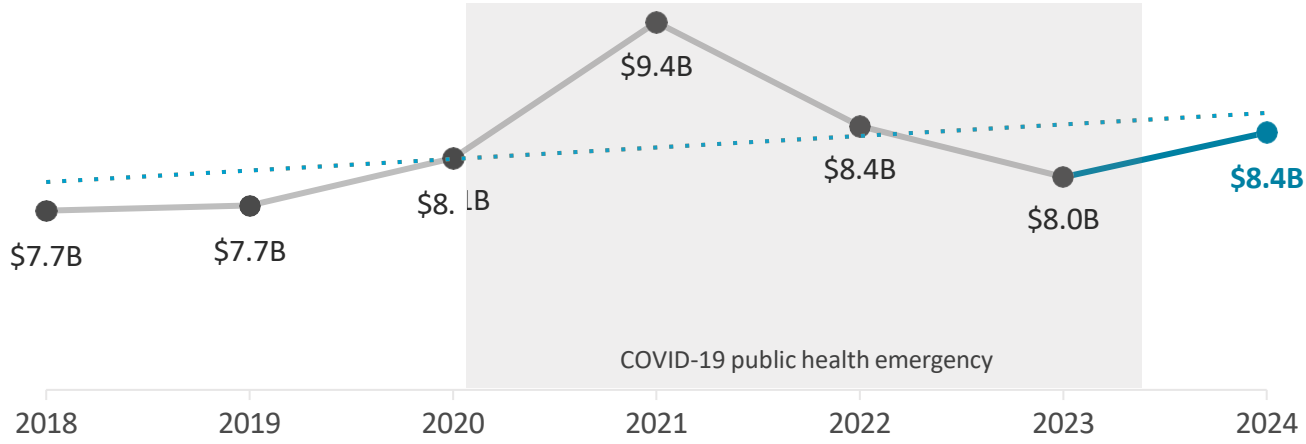
## Medicare Part B Lab Tests: 2024 At a Glance

| $8.4B | 380M | 16 | $358 | 300K | 810K |
|---|---|---|---|---|---|
| Total Payments | Tests | Tests Per Enrollee | Average Payment Per Enrollee | Laboratories | Providers Who Ordered Tests |

Source: OIG analysis of 2024 Medicare Part B claims, 2025. Per-enrollee amounts represent averages for enrollees in 2024.

## Medicare Part B spent $8.4 billion on lab tests in 2024, a 5-percent increase from 2023.

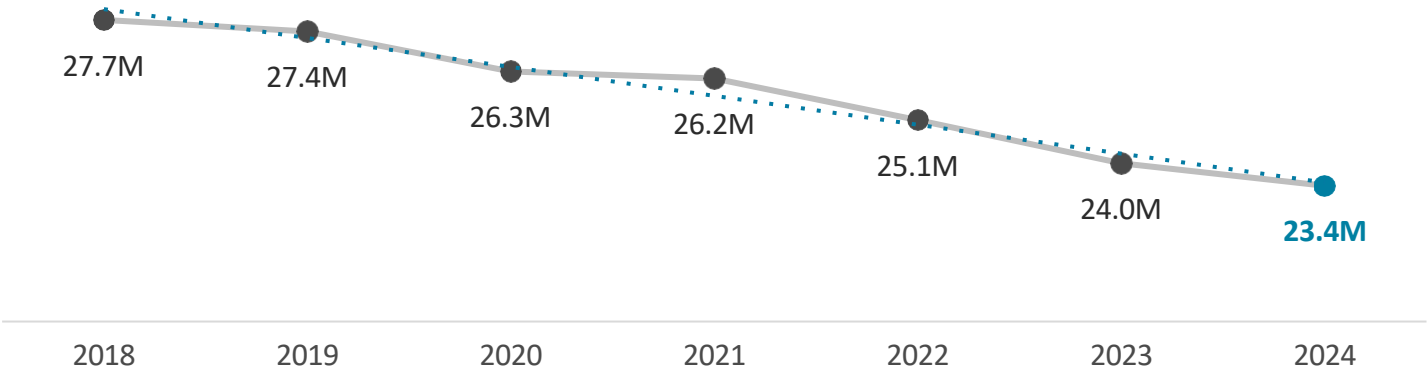
**Spending for lab tests is once again trending upward** after falling from a 2021 peak during the COVID-19 public health emergency.[5] These changes in spending have not been driven by changes in fee schedule rates, which have remained the same since 2020.[6]




Source: OIG analysis of 2018-2024 Medicare Part B claims data, 2025.

## As lab test spending is climbing, the number of Part B enrollees with lab tests is declining.

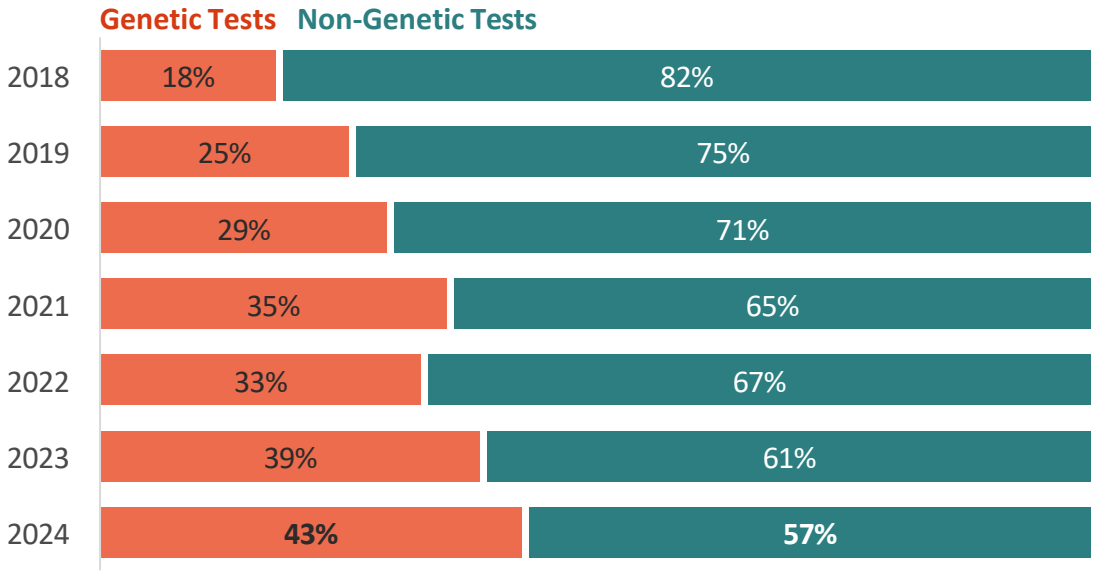
**Although Part B spending for lab tests is on the rise, the number of Medicare enrollees who received lab tests has been steadily decreasing**, dropping by 15 percent between 2018 and 2024. This may reflect a broader shift from enrollment in Medicare Part B to enrollment in Medicare managed care (Part C).[7]




Source: OIG analysis of 2018-2024 Medicare Part B claims data, 2025.

## Spending on genetic tests has increased while spending on other lab tests has decreased.

**Medicare Part B spending on lab tests has been shifting increasingly toward genetic tests**, including tests relating to cancer, fungal infections, and epilepsy. In 2018, genetic tests accounted for only 18 percent of Medicare Part B's total spending on lab tests. By 2024, genetic tests accounted for 43 percent of all Part B spending ($3.6 billion). Non-genetic tests, such as metabolic panels, lipid panels, thyroid tests, and CBC counts, accounted for the remaining 57 percent of 2024 lab test spending ($4.8 billion).



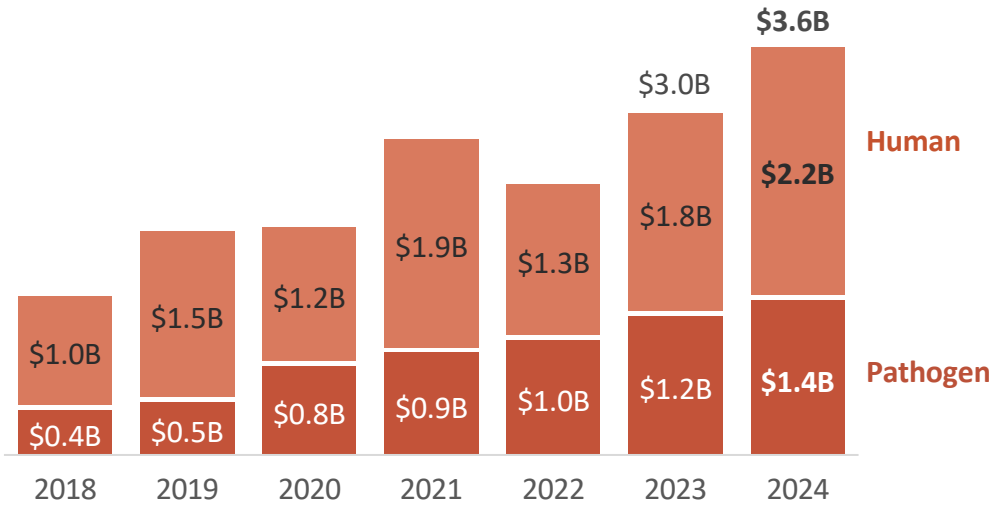

Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

## Medicare Part B spending for genetic tests rose 20 percent between 2023 and 2024, climbing from $3 billion to $3.6 billion.

**Between 2023 and 2024, Medicare Part B spending for genetic tests increased by more than half a billion dollars.** Genetic tests can analyze genetic material from humans or pathogens. Spending for both types of tests has generally been increasing over time, with testing on human genetic material accounting for more than 60 percent of genetic test spending in 2024.[8]

Genetic tests can analyze genetic material from **humans** to identify genetic variations, mutations, or other markers that may be associated with disease or hereditary risk (e.g., Cologuard®).

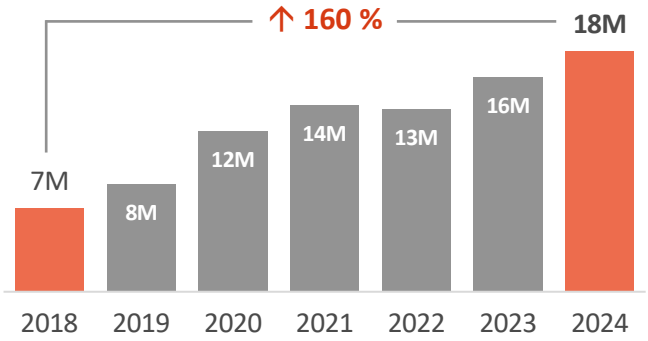
Genetic tests can also analyze genetic material from **pathogens**, such as bacteria or viruses, to identify a specific infectious organism (e.g., Influenza A).




Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025. Because of rounding, spending for human and pathogen genetic tests may not sum to spending for genetic tests as a whole.

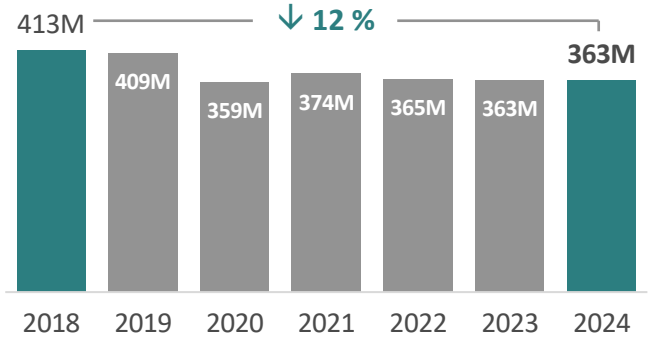
**Trends in Medicare Part B lab spending appear to be driven by changes in utilization, the number of enrollees receiving services, and per-enrollee payments.**

The number of **genetic tests** paid under Part B has been increasing.



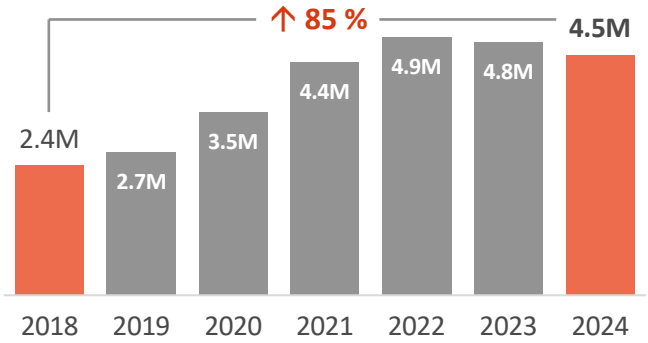

Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

The number of **non-genetic tests** paid under Part B has been decreasing.



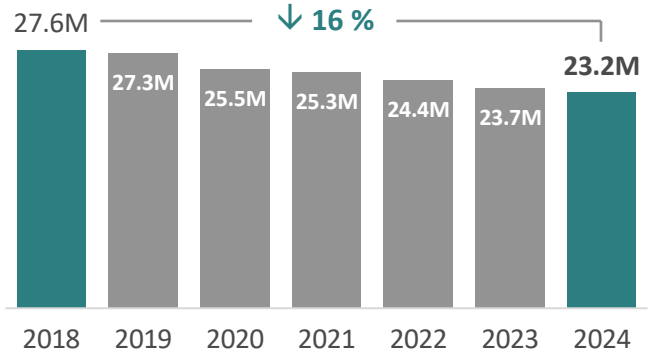

Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

The **number of Part B enrollees** that had at least one **genetic test** has generally been increasing.




Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

The **number of Part B enrollees** that had at least one **non-genetic test** has been decreasing.

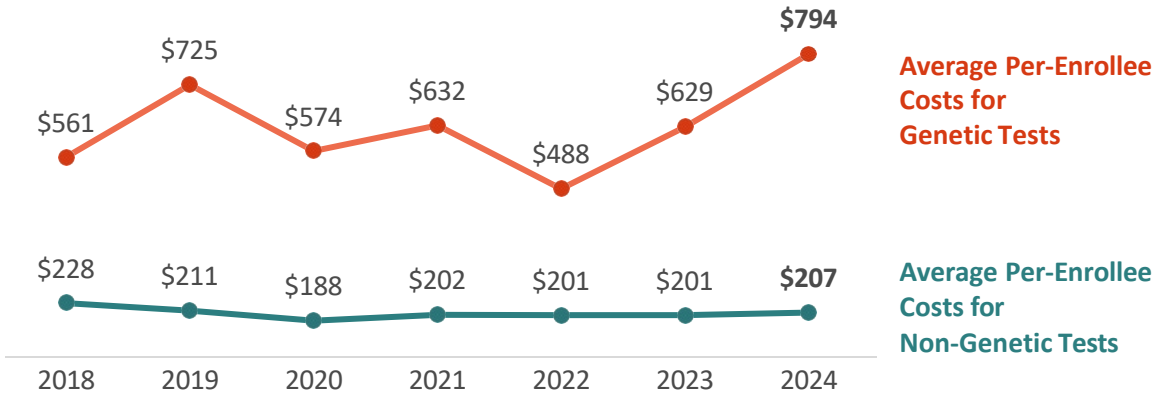



Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

In 2024, the **average amount that Medicare Part B paid per enrollee** for genetic tests **approached $800**, a 26-percent increase over 2023. Meanwhile, average per-enrollee costs for non-genetic tests, which are lower than per-enrollee costs for genetic tests, have remained relatively stable.

**4**
Average Genetic Tests Per Enrollee

**16**
Average Non-Genetic Tests Per Enrollee



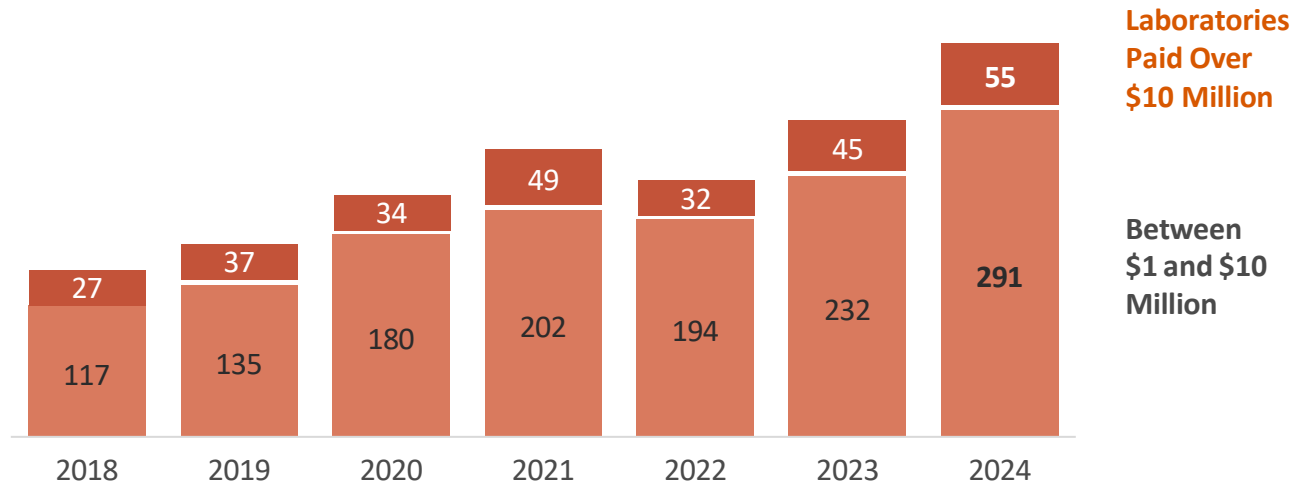

**Average Per-Enrollee Costs for Genetic Tests**

**Average Per-Enrollee Costs for Non-Genetic Tests**

Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

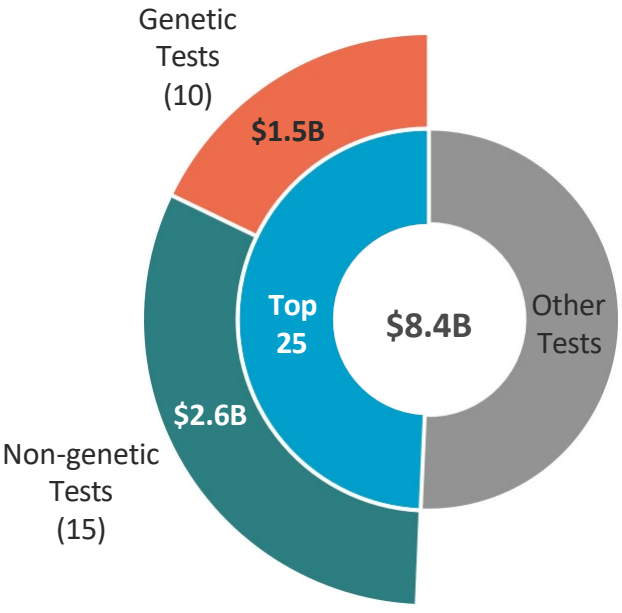
## The number of laboratories receiving more than $1 million in Medicare Part B payments for genetic tests has been steadily increasing.

**In 2024, 346 laboratories were each paid more than $1 million for genetic tests.** Of these, 55 received more than $10 million in Part B payments for genetic tests.




Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

## TOP 25 The top 25 lab tests accounted for almost half of all Medicare Part B lab spending in 2024.




**In 2024, Medicare Part B spent over $4.1 billion for the 25 lab tests with the highest spending.**

Of the top 25 lab test procedure codes, 10 represent genetic tests, with Part B expenditures totaling $1.5 billion. These include tests for cancer, including colon, breast, and prostate cancer, as well as tests to detect infectious organisms such as Candida or Influenza A.

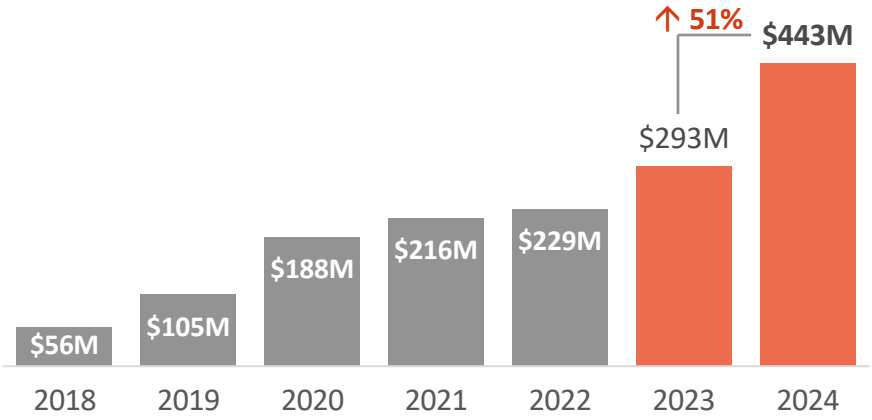
The remaining 15 lab test procedure codes represent non-genetic tests, with spending totaling $2.6 billion. These include the most common lab tests in 2024, such as comprehensive metabolic panels, lipid panels, CBC counts, thyroid hormone tests, and A1C tests. Health care providers routinely use these tests to monitor the health of patients.

Source: OIG analysis of 2024 Medicare Part B claims, 2025.

## TOP 25 Medicare Part B spending for most genetic tests in the top 25 increased, while spending for most non-genetic tests in the top 25 decreased.

For most (6 of 10) genetic tests in the top 25, Medicare Part B spending jumped by at least 30 percent compared to the previous year. One of these tests, represented by procedure code 87798, had the highest Part B spending for any lab test in 2024. **Spending for procedure code 87798 totaled $443 million in 2024, a 51-percent increase from 2023, when it was ranked fifth.**

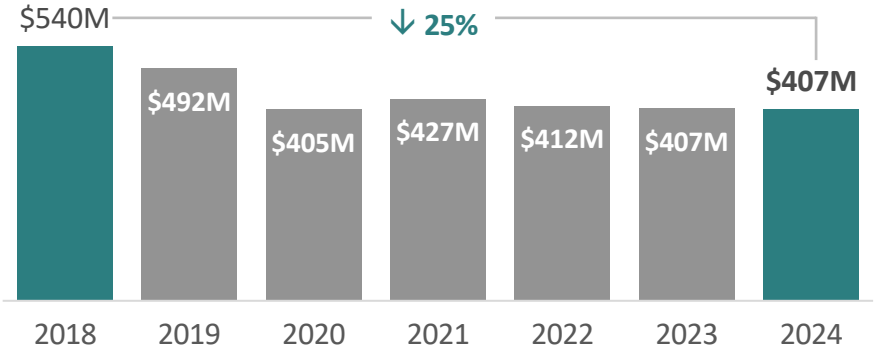
Procedure code 87798 represents the type of genetic test that uses genetic material from a pathogen. Specifically, this code is used to bill for detection of an infectious organism when no other, more specific procedure code exists for the organism being tested.




Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

Among genetic tests in the top 25, procedure code 81419 (ranked 24th) had the highest percentage increase compared to the previous year. Expenditures for this code, which represents a panel test to evaluate genes associated with epilepsy, increased fivefold between 2023 and 2024.

Unlike spending for most genetic tests in the top 25, Medicare Part B spending for non-genetic tests in the top 25 declined or remained stable in comparison to the prior year. For example, **spending for procedure code 80053—a comprehensive metabolic panel with a median payment amount of $10—has dropped 25 percent since 2018**, likely due to reductions in the payment amount and the number of enrollees receiving the test. Ranked as the number one test by expenditures in 2023, code 80053 dropped to second place in 2024.




Source: OIG analysis of 2018-2024 Medicare Part B claims, 2025.

## TOP 25 Lab Tests with the Highest Part B Spending in 2024

| | Procedure Code | Test Description | Spending, 2024 | Spending, Change from 2023 | Number of Tests, 2024 | Number of Tests, Change from 2023 | Median Payment Per Test, 2024 |
|---|---|---|---|---|---|---|---|
| 1 | 87798 Genetic | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism | $442.5M | 51% ↑ | 1,487,627 | 35% | $447.05 |
| 2 | 80053 | Comprehensive metabolic panel | $406.7M | 0% | 38,648,917 | 0% | $10.35 |
| 3 | 80061 | Lipid panel (includes total cholesterol, HDL, and triglycerides) | $330.0M | -1% ↓ | 25,129,171 | -1% | $13.12 |
| 4 | 84443 | Thyroid stimulating hormone (TSH) | $314.5M | -1% ↓ | 19,091,839 | -1% | $16.46 |
| 5 | 81528 Genetic | Oncology (colorectal) screening, DNA markers and fecal hemoglobin, utilizing stool (Cologuard®) | $311.8M | 4% ↑ | 625,389 | 4% | $498.69 |
| 6 | 85025 | Blood count; complete (CBC) with automated differential white | $281.7M | -1% ↓ | 36,362,076 | -1% | |
| | | $7.61 blood cell count | | | | | |
| 7 | 82306 | Vitamin D; 25 hydroxy | $256.8M | 2% ↑ | 8,874,679 | 2% | $29.01 |
| 8 | 83036 | Hemoglobin; glycosylated (A1C) | $181.6M | 3% ↑ | 18,998,926 | 3% | $9.52 |
| 9 | G0483 | Drug test(s), definitive, 22 or more drug classes | $142.0M | -3% ↓ | 589,846 | -3% | $241.98 |
| 10 | 80307 | Drug test(s), presumptive; by instrument chemistry analyzers | $124.7M | -4% ↓ | 2,055,797 | -4% | $60.90 |
| 11 | 83970 | Parathormone (parathyroid hormone) | $106.2M | 3% ↑ | 2,639,072 | 3% | $40.45 |
| 12 | 87481 Genetic | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique | $101.8M | 47% ↑ | 1,077,239 | 30% | $68.78 |
| 13 | 0242U Genetic | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes (Guardant360® CDx) | $98.9M | -6% ↓ | 20,210 | -6% | $4,900.00 |
| 14 | G0482 | Drug test(s), definitive, 15-21 drug classes | $96.9M | -13% ↓ | 501,148 | -13% | $194.77 |
| 15 | 0326U Genetic | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes (Guardant360®) | $96.4M | 62% ↑ | 19,694 | 17% | $4,900.00 |
| 16 | 82607 | Cyanocobalamin (Vitamin B-12) | $95.4M | 3% ↑ | 6,453,679 | 3% | $14.78 |
| 17 | 81542 Genetic | Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes (Decipher® Prostate) | $94.9M | 32% ↑ | 25,068 | 32% | $3,795.54 |
| 18 | 0340U Genetic | Oncology (pan-cancer), analysis of minimal residual disease (MRD), with DNA assays (Signatera®) | $94.7M | 58% ↑ | 26,936 | 72% | $3,518.20 |
| 19 | 81519 Genetic | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes (Oncotype DX®) | $93.9M | -1% ↓ | 24,824 | -1% | $3,795.54 |
| 20 | 0241U Genetic | Detection of viral respiratory tract infection, pathogen-specific RNA, 4 targets (Xpert® Xpress) | $87.5M | 7% ↑ | 627,831 | 7% | $139.78 |
| 21 | 84153 | Prostate-specific antigen (PSA); total | $78.2M | 2% ↑ | 4,342,250 | 2% | $18.02 |
| 22 | 80048 | Basic metabolic panel | $76.6M | -4% ↓ | 8,972,109 | -4% | $8.29 |
| 23 | G0480 | Drug test(s), definitive, 1-7 drug class(es) | $76.0M | -3% ↓ | 692,009 | -2% | $112.14 |
| 24 | 81419 Genetic | Epilepsy genomic sequence analysis panel | $72.8M | 392% ↑ | 30,348 | 392% | $2,399.59 |
| 25 | G0481 | Drug test(s), definitive, 8-14 drug classes | $72.7M | 3% ↑ | 476,314 | 3% | $153.46 |

## Methodology

### Data Sources

**Fee schedules**. For 2024, we downloaded the quarterly fee schedules from CMS's web site and identified all procedure codes representing lab tests during that year. For 2018 through 2023, we identified the procedure codes that were included in each of OIG's previous annual reports on lab tests, respectively.

**Medicare Part B professional and outpatient claims**. For each year between 2018 and 2024, we extracted and summarized Medicare Part B professional and outpatient claim lines for lab test procedure codes covered under the fee schedule. Part B professional claims data includes lab tests provided by independent and physician-based labs. Outpatient claims data includes lab tests provided by hospital-based labs. Our analysis included only lab tests reimbursed under the fee schedule, which sets reimbursement for 95 percent of all claim lines for lab tests covered under Medicare Part B.[9]

### Analysis

Using the Medicare Part B claims data for lab tests, we analyzed key metrics for each year between 2018 and 2024, including:

- Total Medicare spending
- Number of tests (as identified by the number of claim lines)
- Number of enrollees
- Average amount paid per enrollee
- Number of laboratories (as identified by National Provider Identifiers)
- Number of ordering providers (as identified by National Provider Identifiers)

**Genetic and non-genetic tests**. We analyzed key metrics for subsets of procedure codes representing genetic and non-genetic tests.[10] To identify procedure codes for genetic tests, we used a list developed by the U.S. Department of Justice and updated regularly by OIG. This list includes tests that examine genetic material from pathogens as well as humans. (This approach differs from previous OIG reports on Part B lab spending, which identified procedure codes for genetic tests using a methodology that focused on tests that use genetic material from humans.) To identify procedure codes for non-genetic tests, we selected all procedure codes on the fee schedule that did not include testing of genetic material from humans or pathogens.

Using Part B claims data, we analyzed trends for genetic and non-genetic tests between 2018 and 2024, including changes in Medicare spending, utilization, payments per enrollee, and the number of laboratories with payments totaling at least $1 million. Because we used a revised methodology for identifying genetic tests, the trends for genetic tests presented in this report may differ from those presented in prior OIG annual reports on lab test spending.

**Top 25 lab tests**. We identified the 25 lab test procedure codes with the highest Medicare Part B spending in 2024. For each of these tests, we calculated the percent changes in spending and utilization between 2023 and 2024 as well as the median amount paid per test in 2024, which indicates the central tendency of amounts paid to providers for claim lines with that procedure code.

### Limitations

This analysis is based on Medicare claims data obtained from CMS in November 2025; the data are updated regularly and are therefore subject to change.

### Standards

We conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued in 2020 by the Council of the Inspectors General on Integrity and Efficiency.

## OIG Work Related to Lab Testing

| | | |
|---|---|---|
| National Health Care Fraud Takedown Results in 324 Defendants Charged in Connection with Over $14.6 Billion in Alleged Fraud | --- | June 2025 |
| Lab Operator Convicted of $4M Medicare Fraud Scheme | --- | February 2025 |
| LabCorp and University Health System Agree To Pay $388,667 To Resolve Alleged False Claims Act Violations | --- | January 2025 |
| Total Medicare Part B Spending on Lab Tests Decreased in 2023, Driven in Part by Less Spending on COVID-19 Tests | OEI-09-24-00350 | December 2024 |
| CMS Could Improve Its Procedures for Setting Medicare Clinical Diagnostic Laboratory Test Rates Under the Clinical Laboratory Fee Schedule for Future Public Health Emergencies | A-01-21-00506 | April 2024 |
| Medicare Part B Spending on Clinical Diagnostic Laboratory Tests in 2022 | OEI-09-23-00350 | December 2023 |
| CMS's Oversight of Medicare Payments for the Highest Paid Molecular Pathology Genetic Test Was Not Adequate To Reduce the Risk of up to $888 Million in Improper Payments | A-09-22-03010 | June 2023 |
| Fraud Alert: COVID-19 Scams | | February 2023 |
| Medicare Could Have Saved up to $216 Million Over 5 Years if Program Safeguards Had Prevented At-Risk Payments for Definitive Drug Testing Services | A-09-21-03006 | February 2023 |
| Labs With Questionably High Billing for Additional Tests Alongside COVID-19 Tests Warrant Further Scrutiny | OEI-09-20-00510 | December 2022 |
| Medicare Part B Spending on Lab Tests Increased in 2021, Driven By Higher Volume of COVID-19 Tests, Genetic Tests, and Chemistry Tests | OEI-09-22-00400 | December 2022 |
| COVID-19 Tests Drove an Increase in Total Medicare Part B Spending on Lab Tests in 2020, While Use of Non-COVID-19 Tests Decreased Significantly | OEI-09-21-00240 | December 2021 |
| Trends in Genetic Tests Provided Under Medicare Part B Indicate Areas of Possible Concern | A-09-20-03027 | December 2021 |
| Opportunities Exist for CMS and Its Medicare Contractors To Strengthen Program Safeguards To Prevent and Detect Improper Payments for Drug Testing Services | A-09-20-03017 | June 2021 |
| Medicare Could Have Saved up to $20 Million Over 5 Years if CMS Oversight Had Been Adequate To Prevent Payments for 2021 Medically Unnecessary Cholesterol Blood Tests | A-09-19-03027 | May |

## OIG Work Related to Lab Testing

| | | |
|---|---|---|
| Despite Savings on Many Lab Tests in 2019, Total Medicare Spending Increased Slightly Because of Increased Utilization for Certain High-Priced Tests | OEI-09-20-00450 | December 2020 |
| Medicare Laboratory Test Expenditures Increased in 2018, Despite New Rate Reductions | OEI-09-19-00100 | August 2020 |
| Fraud Alert: Genetic Testing Scam | --- | September 2019 |
| Federal Law Enforcement Action Involving Fraudulent Genetic Testing Results in Charges Against 35 Individuals Responsible for Over $2.1 Billion in Losses in One of the Largest Health Care Fraud Schemes Ever Charged | --- | September 2019 |
| Medicare Payments for Clinical Diagnostic Laboratory Tests in 2017: Year 4 of Baseline Data | OEI-09-18-00410 | September 2018 |
| Setting Medicare Payment Rates for Clinical Diagnostic Laboratory Tests: Strategies To Ensure Data Quality | OEI-09-17-00050 | July 2018 |
| Medicare Payments for Clinical Diagnostic Laboratory Tests in 2017 2016: Year 3 of Baseline Data | OEI-09-17-00140 | September |
| Changing How Medicare Pays for Clinical Diagnostic Laboratory Tests: An Update on CMS's Progress | OEI-09-16-00100 | September 2016 |
| Medicare Payments for Clinical Diagnostic Laboratory Tests in 2016 2015: Year 2 of Baseline Data | OEI-09-16-00040 | September |
| Medicare Payments for Clinical Laboratory Tests in 2014: Baseline Data | OEI-09-15-00210 | September 2015 |
| Comparing Lab Test Payment Rates: Medicare Could Achieve Substantial Savings | OEI-07-11-00010 | June 2013 |
| Variation in the Clinical Laboratory Fee Schedule | OEI-05-08-00400 | July 2009 |

## Endnotes

[1] PAMA, P.L. No. 113-93 (April 2014), § 216(a). See also 42 CFR 414.507(a).

[2] Under PAMA, new payment amounts that took effect in 2018 were based on private payer rates collected by labs during the first 6 months of 2016 and reported to CMS in 2017. CMS intended that labs report updated rates every 3 years; however, delays have pushed reporting requirements such that fee schedule amounts continue to be based on private payer rates collected in 2016. PAMA specified a phased approach to reductions resulting from the new payment methodology. Between 2018 and 2020, fee schedule amounts in each year could not be reduced by more than 10 percent in comparison to the fee schedule amounts in the previous year. Because of subsequent legislative action, payment amounts in effect between 2021 and 2025 could not be reduced further and therefore remained consistent with amounts paid in 2020. CMS, *Clinical Laboratory Fee Schedule.* Accessed at Clinical Laboratory Fee Schedule | CMS on December 10, 2025. For information on CLFS reporting, see CMS, *CLFS Reporting.* Accessed at CLFS Reporting | CMS on December 10, 2025.

[3] PAMA, P.L. No. 113-93 (April 2014), § 216(c)(2).

[4] Lab tests on the fee schedule are represented by procedure codes. Procedure codes are derived from two systems—one composed of Current Procedural Terminology (CPT®) codes, and another composed of codes established by CMS primarily for items, supplies, and services not covered by CPT codes.

[5] The COVID-19 public health emergency was effective from January 31, 2020, to May 11, 2023.

[6] As part of private-payer rate implementation, fee schedule amounts in each year between 2018 and 2020 could not be reduced by more than 10 percent in comparison to the previous year. Because payment amounts in effect between 2021 and 2025 could not be reduced at all, fee schedule amounts in those years remained the same as the amounts paid in 2020. Therefore, lab tests payment amounts in 2018 and 2019 may be higher than those from 2020 through 2024.

[7] Kaiser Family Foundation, "Medicare Advantage in 2025: Enrollment Update and Key Trends" (July 28, 2025). Accessed on December 10, 2025.

[8] For this report, we identified procedure codes for genetic tests using a different method from that in previous OIG reports and extracted claims data for all years using that modified set of codes. Therefore, the trends for genetic tests presented in this report may differ from those presented in prior OIG annual reports on lab test spending.

[9] In each year under review, we excluded about 5 percent of lab test claim lines covered under Medicare Part B, almost all of which were billed by critical access hospitals and reimbursed at 101 percent of the reasonable cost rather than at the fee schedule rate.

[10] For our analyses of genetic and non-genetic test subsets, we excluded five procedure codes (U0003, U0004, U0005, G2023, and G2024) that were created during the COVID-19 public health emergency to support expanded COVID-19 testing. When the public health emergency ended, CMS terminated these five procedure codes, which were no longer payable after May 11, 2023. (See CMS, *Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment*. Accessed at https://www.cms.gov/files/ document/r12021cp.pdf on November 7, 2025.) Between 2020 and 2022, Medicare Part B payments for these five procedure codes ranged from $1.2 to $1.5 billion per year. In 2023, Part B payments for the five codes totaled about $200 million. Medicare did not make any payments for these codes in 2024.

# Report Fraud, Waste, and Abuse

OIG Hotline Operations accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in HHS programs. Hotline tips are incredibly valuable, and we appreciate your efforts to help us stamp out fraud, waste, and abuse.



**TIPS.HHS.GOV**

**Phone: 1-800-447-8477**

**TTY: 1-800-377-4950**

## Who Can Report?

Anyone who suspects fraud, waste, and abuse should report their concerns to the OIG Hotline. OIG addresses complaints about misconduct and mismanagement in HHS programs, fraudulent claims submitted to Federal health care programs such as Medicare, abuse or neglect in nursing homes, and many more. Learn more about complaints OIG investigates.

## How Does It Help?

Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

## Who Is Protected?

Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of whistleblowing or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

# Stay In Touch

Follow HHS-OIG for up to date news and publications.

 OIGatHHS

 HHS Office of Inspector General

Subscribe To Our Newsletter

OIG.HHS.GOV

# Contact Us

For specific contact information, please visit us online.

U.S. Department of Health and Human Services
Office of Inspector General
Public Affairs
330 Independence Ave., SW
Washington, DC 20201

Email: Public.Affairs@oig.hhs.gov