

118TH CONGRESS
1ST SESSION

H. R. 1746

To amend title XVIII of the Social Security Act to establish requirements for the provision of certain high-cost durable medical equipment and laboratory testing, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 23, 2023

Mr. DOGGETT introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to establish requirements for the provision of certain high-cost durable medical equipment and laboratory testing, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preventing Medicare
5 Telefraud Act”.

1 **SEC. 2. REQUIREMENT FOR PROVISION OF HIGH-COST DU-**
2 **RABLE MEDICAL EQUIPMENT AND LABORA-**
3 **TORY TESTS.**

4 (a) HIGH-COST DURABLE MEDICAL EQUIPMENT.—
5 Section 1834(a)(1)(E) of the Social Security Act (42
6 U.S.C. 1395m(a)(1)(E)) is amended by adding at the end
7 the following new clause:

8 “(vi) STANDARDS FOR HIGH-COST DU-
9 RABLE MEDICAL EQUIPMENT.—

10 “(I) LIMITATION ON PAYMENT
11 FOR HIGH-COST DURABLE MEDICAL
12 EQUIPMENT.—Payment may not be
13 made under this subsection for a
14 high-cost durable medical equipment
15 ordered by a physician or other practi-
16 tioner described in clause (ii) via tele-
17 health for an individual, unless such
18 physician or practitioner furnished to
19 such individual a service in-person at
20 least once during the 6-month period
21 prior to ordering such high-cost dura-
22 ble medical equipment.

23 “(II) HIGH-COST DURABLE MED-
24 ICAL EQUIPMENT DETERMINATION.—
25 For purposes of this clause, the Ad-
26 ministrator of the Centers for Medi-

1 care & Medicaid Services shall define
2 the term ‘high-cost durable medical
3 equipment’ and specify the durable
4 medical equipment for which such def-
5 inition shall apply.

6 “(vii) AUDIT OF PROVIDERS AND
7 PRACTITIONERS FURNISHING A HIGH VOL-
8 UME OF DURABLE MEDICAL EQUIPMENT
9 VIA TELEHEALTH.—

10 “(I) IDENTIFICATION OF PRO-
11 VIDERS.—Beginning 6 months after
12 the effective date of this clause, Medi-
13 care administrative contractors shall
14 conduct reviews on a schedule deter-
15 mined by the Secretary, of claims for
16 durable medical equipment prescribed
17 by a physician or other practitioner
18 described in clause (ii) during the 12-
19 month period preceding such review to
20 identify physicians or other practi-
21 tioners with respect to whom at least
22 90 percent of all durable medical
23 equipment prescribed by such physi-
24 cian or practitioner during such pe-

1 riod was prescribed pursuant to a
2 telehealth visit.

3 “(II) AUDIT.—In the case of a
4 physician or practitioner identified
5 under subclause (I), with respect to a
6 period described in such subclause,
7 the Medicare administrative contrac-
8 tors shall conduct audits of all claims
9 for durable medical equipment pre-
10 scribed by such physicians or practi-
11 tioners to determine whether such
12 claims comply with the requirements
13 for coverage under this title.”.

14 (b) HIGH-COST LABORATORY TESTS.—Section
15 1834A(b) of the Social Security Act (42 U.S.C. 1395m-
16 1(b)) is amended by adding at the end the following new
17 paragraph:

18 “(6) REQUIREMENT FOR HIGH-COST LABORA-
19 TORY TESTS.—

20 “(A) LIMITATION ON PAYMENT FOR HIGH-
21 COST LABORATORY TESTS.—Payment may not
22 be made under this subsection for a high-cost
23 laboratory test ordered by a physician or practi-
24 tioner via telehealth for an individual, unless
25 such physician or practitioner furnished to such

1 individual a service in-person at least once dur-
2 ing the 6-month period prior to ordering such
3 high-cost laboratory test.

4 “(B) HIGH-COST LABORATORY TEST DE-
5 FINED.—For purposes of this paragraph, the
6 Administrator for the Centers for Medicare &
7 Medicaid Services shall define the term ‘high-
8 cost laboratory test’ and specify which labora-
9 tory tests such definition shall apply to.

10 “(7) AUDIT OF LABORATORY TESTING OR-
11 DERED PURSUANT TO TELEHEALTH VISIT.—

12 “(A) IDENTIFICATION OF PROVIDERS.—
13 Beginning 6 months after the effective date of
14 this paragraph, Medicare administrative con-
15 tractors shall conduct periodic reviews on a
16 schedule determined by the Secretary, of claims
17 for laboratory tests prescribed by a physician or
18 practitioner during the 12-month period pre-
19 ceeding such review to identify physicians or
20 other practitioners with respect to whom at
21 least 90 percent of all laboratory tests pre-
22 scribed by such physician or practitioner during
23 such period was prescribed pursuant to a tele-
24 health visit.

1 “(B) AUDIT.—In the case of a physician
2 or practitioner identified under subparagraph
3 (A), with respect to a period described in such
4 subparagraph, the Medicare administrative con-
5 tractors shall conduct audits of all claims for
6 laboratory tests prescribed by such physicians
7 or practitioners during such period beginning to
8 determine whether such claims comply with the
9 requirements for coverage under this title.”.

10 (c) EFFECTIVE DATE.—The amendments made by
11 this section shall take effect upon the termination of the
12 emergency period described in section 1135(g)(1)(B) of
13 the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B)).

14 **SEC. 3. REQUIREMENT TO SUBMIT NPI NUMBER FOR SEPA-**
15 **RATELY BILLABLE TELEHEALTH SERVICES.**

16 (a) REQUIREMENT TO SUBMIT NPI NUMBER FOR
17 SEPARATELY BILLABLE TELEHEALTH SERVICES.—Sec-
18 tion 1834(m) of the Social Security Act (42 U.S.C.
19 1395m(m)) is amended by adding at the end the following
20 new paragraph:

21 “(10) REQUIREMENT TO SUBMIT NPI NUMBER
22 FOR SEPARATELY BILLABLE TELEHEALTH SERV-
23 ICES.—Payment may not be made under this sub-
24 section for separately billable telehealth services fur-
25 nished by a physician or practitioner unless such

1 physician or practitioner submits a claim for pay-
2 ment under the national provider identification num-
3 ber assigned to such physician or practitioner.”.

4 (b) EFFECTIVE DATE.—The amendment made by
5 this section shall take effect upon the termination of the
6 emergency period described in section 1135(g)(1)(B) of
7 the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B)).

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