

AMENDMENT TO RULES COMMITTEE PRINT 117-

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OFFERED BY MR. DOGGETT OF TEXAS

Add at the end the following new sections:

1 **SEC. 11. 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

1 least once during the 6 month period
2 prior to ordering such high-cost dura-
3 ble medical equipment.

4 “(II) HIGH-COST DURABLE MED-
5 ICAL EQUIPMENT DETERMINATION.—
6 For purposes of this clause, the Ad-
7 ministrator of the Centers for Medi-
8 care & Medicaid Services shall define
9 the term ‘high-cost durable medical
10 equipment’ and specify the durable
11 medical equipment for which such def-
12 inition shall apply.

13 “(vii) AUDIT OF PROVIDERS AND
14 PRACTITIONERS FURNISHING A HIGH VOL-
15 UME OF DURABLE MEDICAL EQUIPMENT
16 VIA TELEHEALTH.—

17 “(I) IDENTIFICATION OF PRO-
18 VIDERS.—Beginning 6 months after
19 the effective date of this clause, Medi-
20 care administrative contractors shall
21 conduct reviews on a schedule deter-
22 mined by the Secretary, of claims for
23 durable medical equipment prescribed
24 by a physician or other practitioner
25 described in clause (ii) during the 12

1 month period preceding such review to
2 identify physicians or other practi-
3 tioners with respect to whom at least
4 90 percent of all durable medical
5 equipment prescribed by such physi-
6 cian or practitioner during such pe-
7 riod was prescribed pursuant to a
8 telehealth visit.

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

20 (b) HIGH-COST LABORATORY TESTS.—Section
21 1834A(b) of the Social Security Act (42 U.S.C. 1395m-
22 1(b)) is amended by adding at the end the following new
23 paragraph:

24 “(6) REQUIREMENT FOR HIGH-COST LABORA-
25 TORY TESTS.—

1 “(A) LIMITATION ON PAYMENT FOR HIGH-
2 COST LABORATORY TESTS.—Payment may not
3 be made under this subsection for a high-cost
4 laboratory test ordered by a physician or practi-
5 tioner via telehealth for an individual, unless
6 such physician or practitioner furnished to such
7 individual a service in-person at least once dur-
8 ing the 6 month period prior to ordering such
9 high-cost laboratory test.

10 “(B) HIGH-COST LABORATORY TEST DE-
11 FINED.—For purposes of this paragraph, the
12 Administrator for the Centers for Medicare &
13 Medicaid Services shall define the term ‘high-
14 cost laboratory test’ and specify which labora-
15 tory tests such definition shall apply to.

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

18 “(A) IDENTIFICATION OF PROVIDERS.—
19 Beginning 6 months after the effective date of
20 this paragraph, Medicare administrative con-
21 tractors shall conduct periodic reviews on a
22 schedule determined by the Secretary, of claims
23 for laboratory tests prescribed by a physician or
24 practitioner during the 12 month period pre-
25 ceding such review to identify physicians or

1 other practitioners with respect to whom at
2 least 90 percent of all laboratory tests pre-
3 scribed by such physician or practitioner during
4 such period was prescribed pursuant to a tele-
5 health visit.

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

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

19 **SEC. 12. REQUIREMENT TO SUBMIT NPI NUMBER FOR SEP-**
20 **ARATELY BILLABLE TELEHEALTH SERVICES.**

21 (a) REQUIREMENT TO SUBMIT NPI NUMBER FOR
22 SEPARATELY BILLABLE TELEHEALTH SERVICES.—Sec-
23 tion 1834(m) of the Social Security Act (42 U.S.C.
24 1395m(m)) is amended by adding at the end the following
25 new paragraph:

1 “(10) REQUIREMENT TO SUBMIT NPI NUMBER
2 FOR SEPARATELY BILLABLE TELEHEALTH SERV-
3 ICES.—Payment may not be made under this sub-
4 section for separately billable telehealth services fur-
5 nished by a physician or practitioner unless such
6 physician or practitioner submits a claim for pay-
7 ment under the national provider identification num-
8 ber assigned to such physician or practitioner.”.

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

