

119TH CONGRESS
1ST SESSION

H. R. 1785

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 3, 2025

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 on or after
18 the date that is 180 days after the
19 date of the enactment of this clause,
20 unless such physician or practitioner
21 furnished to such individual a service
22 in-person at least once during the 6
23 month period prior to ordering such
24 high-cost durable medical equipment.

25 “(II) HIGH-COST DURABLE MED-
26 ICAL EQUIPMENT DETERMINATION.—

1 For purposes of this clause, the Ad-
2 ministrator of the Centers for Medi-
3 care & Medicaid Services shall define
4 the term ‘high-cost durable medical
5 equipment’ and specify the durable
6 medical equipment for which such def-
7 inition shall apply.

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

12 “(I) IDENTIFICATION OF PRO-
13 VIDERS.—Beginning 6 months after
14 the date of the enactment of this
15 clause, Medicare administrative con-
16 tractors shall conduct reviews on a
17 schedule determined by the Secretary,
18 of claims for durable medical equip-
19 ment prescribed by a physician or
20 other practitioner described in clause
21 (ii) during the 12 month period pre-
22 ceding such review to identify physi-
23 cians or other practitioners with re-
24 spect to whom at least 90 percent of
25 all durable medical equipment pre-

scribed by such physician or practitioner during such period was prescribed pursuant to a telehealth visit.

“(II) AUDIT.—In the case of a physician or practitioner identified under subclause (I), with respect to a period described in such subclause, the Medicare administrative contractors shall conduct audits of all claims for durable medical equipment prescribed by such physicians or practitioners to determine whether such claims comply with the requirements for coverage under this title.”.

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

“(6) REQUIREMENT FOR HIGH-COST LABORATORY TESTS.—

“(A) LIMITATION ON PAYMENT FOR HIGH-COST LABORATORY TESTS.—Payment may not be made under this subsection for a high-cost laboratory test ordered by a physician or practitioner via telehealth for an individual on or

1 after the date that is 180 days after the date
2 of the enactment of this paragraph, unless such
3 physician or practitioner furnished to such indi-
4 vidual a service in-person at least once during
5 the 6 month period prior to ordering such high-
6 cost laboratory test.

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

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

15 “(A) IDENTIFICATION OF PROVIDERS.—
16 Beginning 6 months after the date of the enact-
17 ment of this paragraph, Medicare administra-
18 tive contractors shall conduct periodic reviews
19 on a schedule determined by the Secretary, of
20 claims for laboratory tests prescribed by a phy-
21 sician or practitioner during the 12 month pe-
22 riod preceding such review to identify physi-
23 cians or other practitioners with respect to
24 whom at least 90 percent of all laboratory tests
25 prescribed by such physician or practitioner

1 during such period was prescribed pursuant to
2 a telehealth visit.

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

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

14 Section 1834(m) of the Social Security Act (42
15 U.S.C. 1395m(m)) is amended by adding at the end the
16 following new paragraph:

17 “(10) REQUIREMENT TO SUBMIT NPI NUMBER
18 FOR SEPARATELY BILLABLE TELEHEALTH SERV-
19 ICES.—Payment may not be made under this sub-
20 section for separately billable telehealth services fur-
21 nished on or after the date that is 180 days after
22 the date of the enactment of this paragraph by a
23 physician or practitioner unless such physician or
24 practitioner submits a claim for payment under the

- 1 national provider identification number assigned to
- 2 such physician or practitioner.”.

