

Sections of the Social Security Act which the Comprehensive Medicare Audiology Bill (the Medicare Audiology Services Enhancement Act H.R. 2330) seeks to amend (in red).

Note that Sections are truncated but links to the Sections in their entirety are provided.

Part E—Miscellaneous Provisions

DEFINITIONS OF SERVICES, INSTITUTIONS, ETC.

Sec. 1861. [42 U.S.C. 1395x] For purposes of this title—

(http://www.ssa.gov/OP_Home/ssact/title18/1861.htm)

Inpatient Hospital Services

(b) The term “inpatient hospital services” means the following items and services furnished to an inpatient of a hospital and (except as provided in paragraph (3)) by the hospital—

(1) bed and board;

(2) such nursing services and other related services, such use of hospital facilities, and such medical social services as are ordinarily furnished by the hospital for the care and treatment of inpatients, and such drugs, biologicals, supplies, appliances, and equipment, for use in the hospital, as are ordinarily furnished by such hospital for the care and treatment of inpatients; and

(3) such other diagnostic or therapeutic items or services, furnished by the hospital or by others under arrangements with them made by the hospital, as are ordinarily furnished to inpatients either by such hospital or by others under such arrangements;

excluding, however—

(4) medical or surgical services provided by a physician, resident, or intern, services described by subsection (s)(2)(K), certified nurse-midwife services, qualified psychologist services, ~~and~~ services of a certified registered nurse anesthetist, and inter-operative neurophysiological monitoring provided by a physician or qualified audiologist (as defined in subsection (II)(4)(B)); and

(5) the services of a private-duty nurse or other private-duty attendant.

Medical and Other Health Services

(s) The term “medical and other health services” means any of the following items or services:

(1) physicians’ services;

(2)(A) services and supplies (including drugs and biologicals which are not usually self-administered by the patient) furnished as an incident to a physician’s professional service, of kinds which are commonly furnished in physicians’ offices and are commonly either rendered without charge or included in the physicians’ bills (or would have been so included but for the application of section 1847B);

(EE) kidney disease education services (as defined in subsection (ggg)); ~~and~~

(FF) personalized prevention plan services (as defined in subsection (hhh)); ~~and~~

(GG) audiology services (as defined in section (II) (3)); and

(3) diagnostic X-ray tests (including tests under the supervision of a physician, furnished in a place of residence used as the patient’s home, if the performance of such tests meets such conditions relating to health and safety as the Secretary may find necessary and including diagnostic mammography if conducted by a facility that has a certificate (or provisional certificate) issued under section 354 of the Public Health Service Act^[210]), diagnostic laboratory tests, and other diagnostic tests;

Speech-Language Pathology Services; Audiology Services

(II)(1) The term “speech-language pathology services” means such speech, language, and related function assessment and rehabilitation services furnished by a qualified speech-language pathologist as the speech-language pathologist is legally authorized to perform under State law (or the State regulatory mechanism provided by the State law) as would otherwise be covered if furnished by a physician.

(2)^[239] The term “outpatient speech-language pathology services” has the meaning given the term “outpatient physical therapy services” in subsection (p), except that in applying such subsection—

(A) “speech-language pathology” shall be substituted for “physical therapy” each place it appears; and

(B) “speech-language pathologist” shall be substituted for “physical therapist” each place it appears.

(3) The term “audiology services” means ~~such hearing and balance assessment~~only the following services furnished by a qualified audiologist as the audiologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), pursuant to an order or referral by a physician, as would otherwise be covered if furnished by a physician.:-

(A) Hearing and balance assessment services.

(B) Auditory treatment services, including auditory processing and auditory rehabilitation treatment.

(C) Vestibular treatment services.

(D) Intraoperative neurophysiologic monitoring

PAYMENT FOR PHYSICIANS’ SERVICES

Sec. 1848. [42 U.S.C. 1395w–4] (a) Payment Based on Fee Schedule.—

(http://www.ssa.gov/OP_Home/ssact/title18/1848.htm)

(j) Definitions.—In this section:

(1) Category.—For services furnished before January 1, 1998, the term “category” means, with respect to physicians’ services, surgical services (as defined by the Secretary and including anesthesia services), primary care services (as defined in section [1842\(i\)\(4\)](#)), and all other physicians’ services. The Secretary shall define surgical services and publish such definitions in the Federal Register no later than May 1, 1990, after consultation with organizations representing physicians.

(2) Fee schedule area.—The term “fee schedule area” means a locality used under section [1842\(b\)](#) for purposes of computing payment amounts for physicians’ services.^[163]

(3) Physicians’ services.—The term “physicians’ services” includes items and services described in paragraphs (1), (2)(A), (2)(D), (2)(G), (2)(P) (with respect to services described in subparagraphs (A)

and (C) of section 1861(oo)(2)), (2)(R) (with respect to services described in subparagraphs (B), (C), and (D) of section 1861(pp)(1)), (2)(S), (2)(W), (2)(AA), (2)(DD), (2)(EE)(2)(FF) (including administration of the health risk assessment), ~~(2)(GG)~~, (3), (4), (13) (14) (with respect to services described in section 1861(nn)(2)), and (15) of section 1861(s) (other than clinical diagnostic laboratory tests and, except for purposes of subsections (a)(3), (g), and (h) such other items and services as the Secretary may specify).

PROCEDURE FOR PAYMENT OF CLAIMS OF PROVIDERS OF SERVICES

Sec. 1835. [42 U.S.C. 1395n]

(http://www.ssa.gov/OP_Home/ssact/title18/1835.htm)

(a) Except as provided in subsections (b), (c), and (e), payment for services described in section 1832(a)(2) furnished an individual may be made only to providers of services which are eligible therefor under section 1866(a), and only if—

(1) written request, signed by such individual, except in cases in which the Secretary finds it impracticable for the individual to do so, is filed for such payment in such form, in such manner and by such person or persons as the Secretary may by regulation prescribe, no later than the close of the period of 3 calendar years following the year in which such services are furnished (deeming any services furnished in the last 3 calendar months of any calendar year to have been furnished in the succeeding calendar year) except that, where the Secretary deems that efficient administration so requires, such period may be reduced to not less than 1 calendar year; and

(2) a physician, or in the case of services described in subparagraph (A), a physician enrolled under section 1866(j),^[90] certifies (and recertifies, where such services are furnished over a period of time, in such cases, with such frequency, and accompanied by such supporting material, appropriate to the case involved, as may be provided by regulations) that—

(A) in the case of home health services (i) such services are or were required because the individual is or was confined to his home (except when receiving items and services referred to in section 1861(m)(7)) and needs or needed skilled nursing care (other than solely venipuncture for the purpose of obtaining a blood sample) on an intermittent basis or physical or speech therapy or, in the case of an individual who has been furnished home health services based on such a need and

who no longer has such a need for such care or therapy, continues or continued to need occupational therapy, (ii) a plan for furnishing such services to such individual has been established and is periodically reviewed by a physician, (iii) such services are or were furnished while the individual is or was under the care of a physician, and (iv) in the case of a certification after January 1, 2010, prior to making such certification the physician must document that the physician, or a nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5)) who is working in collaboration with the physician in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) as authorized by State law, or a physician assistant (as defined in section 1861(aa)(5)) under the supervision of the physician, has had a face-to-face encounter (including through use of telehealth and other than with respect to encounters that are incident to services involved) with the individual during the 6-month period preceding such certification, or other reasonable timeframe as determined by the Secretary^[91];

(B) in the case of medical and other health services, except services described in subparagraphs (B), (C), ~~and (D)~~, and GG of section 1861(s)(2), such services are or were medically required;

(C) in the case of outpatient physical therapy services or outpatient occupational therapy services, (i) such services are or were required because the individual needed physical therapy services or occupational therapy services, respectively, (ii) a plan for furnishing such services has been established by a physician or by the qualified physical therapist or qualified occupational therapist, respectively, providing such services and is periodically reviewed by a physician, and (iii) such services are or were furnished while the individual is or was under the care of a physician;

(D) in the case of outpatient speech pathology services, (i) such services are or were required because the individual needed speech pathology services, (ii) a plan for furnishing such services has been established by a physician or by the speech pathologist providing such services and is periodically reviewed by a physician, and (iii) such services are or were furnished while the individual is or was under the care of a physician;

(E) in the case of comprehensive outpatient rehabilitation facility services, (i) such services are or were required because the individual needed skilled rehabilitation services, (ii) a plan for furnishing such services has been established and is periodically reviewed by a physician, and (iii) such services are or were furnished while the individual is or was under the care of a physician; ~~and~~

(F) in the case of partial hospitalization services, (i) the individual would require inpatient psychiatric care in the absence of such services, (ii) an individualized, written plan for furnishing such services has been established by a physician and is reviewed periodically by a physician, and (iii) such services are or were furnished while the individual is or was under the care of a physician; ~~and;~~

(G) in the case of outpatient audiology services, (i) such services are or were required because the individual needed the specialized services of a physician or qualified audiologist to furnish such audiology services, (ii) a plan of care for furnishing such services has been established by the physician or qualified audiologist and is submitted to and periodically reviewed by the referring or ordering physician, and (iii) such services are or were furnished while the individual is or was under the care of a physician.

LIMITATION ON CERTAIN PHYSICIAN REFERRALS

Sec. 1877. [42 U.S.C. 1395] (a) Prohibition of Certain Referrals.—

(http://www.ssa.gov/OP_Home/ssact/title18/1877.htm)

(5) Referral; referring physician.—

(A) Physicians' services.—Except as provided in subparagraph (C), in the case of an item or service for which payment may be made under part B, the request by a physician for the item or service, including the request by a physician for a consultation with another physician (and any test or procedure ordered by, or to be performed by (or under the supervision of) that other physician), constitutes a “referral” by a “referring physician”.

(B) Other items.—Except as provided in subparagraph (C), the request or establishment of a plan of care by a physician which includes the provision of the designated health service constitutes a “referral” by a “referring physician”.

(C) Clarification respecting certain services integral to a consultation by certain specialists.—A request by a pathologist for clinical diagnostic laboratory tests and pathological examination services, a request by a radiologist for diagnostic radiology services, and a request by a radiation oncologist for radiation therapy, if such services are furnished by (or under the supervision of) such

pathologist, radiologist, or radiation oncologist pursuant to a consultation requested by another physician does not constitute a “referral” by a “referring physician”.

(6) Designated health services.—The term “designated health services” means any of the following items or services:

(A) Clinical laboratory services.

(B) Physical therapy services.

(C) Occupational therapy services.

(D) Radiology services, including magnetic resonance imaging, computerized axial tomography, and ultrasound services.

(E) Radiation therapy services and supplies.

(F) Durable medical equipment and supplies.

(G) Parenteral and enteral nutrients, equipment, and supplies.

(H) Prosthetics, orthotics, and prosthetic devices and supplies.

(I) Home health services.

(J) Outpatient prescription drugs.

(K) Inpatient and outpatient hospital services.

(L) Outpatient speech-language pathology services.

(M) Audiology services (as defined in section 1861 (II)(3))