

HR 1526

Medicare Audit Improvement Act of 2015

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Mar 23, 2015

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Apr 7, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/1526>

Sponsor

Name: Rep. Meadows, Mark [R-NC-11]

Party: Republican • **State:** NC • **Chamber:** House

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Amodei, Mark E. [R-NV-2]	R · NV		Jul 7, 2015
Rep. Edwards, Donna F. [D-MD-4]	D · MD		Sep 16, 2015
Rep. Heck, Joseph J. [R-NV-3]	R · NV		Sep 16, 2015
Rep. Massie, Thomas [R-KY-4]	R · KY		Nov 2, 2015
Rep. Scott, Austin [R-GA-8]	R · GA		Nov 29, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 27, 2015
Ways and Means Committee	House	Referred to	Apr 7, 2015

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Medicare Audit Improvement Act of 2015

This bill amends title XVIII (Medicare) of the Social Security Act to require that any records or documentation of an orthotist or prosthetist who furnished an orthotic, prosthetic, or prosthetic device to an individual shall be considered part of the individual's medical record in determining whether the item is reasonable and necessary.

Medicare administrative contractors (MACs) shall determine that payment may not be made to a supplier of durable medical equipment (DME) or of orthotics and prosthetics for which a claim is made because the supplier does not meet requirements for licensing or accreditation by a National Board.

Recovery audit contractors (RACs) shall consider an overpayment that must be recouped any payment for DME, orthotics, or prosthetics that should not have been made because the supplier failed to meet licensing or accreditation criteria.

RACs are prohibited from reviewing payments for certain DME, orthotics, or prosthetics to which prior Medicare authorization applies.

The Secretary of Health and Human Services must report annually to Congress certain information on determinations by MACs that payment cannot be made, and by RACs that payment should not have been made, under Medicare for items and services.

Payment is prohibited under part B (Supplementary Medical Insurance) of Medicare for orthotics and prosthetics furnished by a supplier without a supplier number. To obtain such a number a supplier must meet specified criteria.

The Secretary must: (1) review annually the coverage and utilization of orthotics and prosthetics to determine whether they should be subjected to coverage and utilization review criteria, and if appropriate (2) develop and apply such criteria.

Patients are not liable for payment of furnished orthotics and prosthetics which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Competitive acquisition programs shall not apply to off-the-shelf items and services furnished by certain orthotists or prosthetists who are either licensed or, in a state without licensing requirements, meet specified training, education, certification, or credentialing criteria.

Recoupment of payments to a qualifying provider or supplier may not be made before completion of an administrative law judge appeals process.

Payment under Medicare is denied to suppliers and providers unless they meet certain licensing or other qualifications.

Actions Timeline

- **Apr 7, 2015:** Referred to the Subcommittee on Health.
- **Mar 27, 2015:** Referred to the Subcommittee on Health.
- **Mar 23, 2015:** Introduced in House
- **Mar 23, 2015:** Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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.

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