118TH CONGRESS
1ST SESSION

H. R. ______

To ensure fair billing practices for items and services furnished by off-campus outpatient departments of a provider.

IN THE HOUSE OF REPRESENTATIVES

Mr. HERN introduced the following bill; which was referred to the Committee on ____________________________

A BILL

To ensure fair billing practices for items and services furnished by off-campus outpatient departments of a provider.

1 Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,
3
4 SECTION 1. SHORT TITLE.
5 This Act may be cited as the “Facilitating Account-
6 ability In Reimbursements Act” or the “FAIR Act”.
SEC. 2. ENSURING FAIR BILLING PRACTICES FOR ITEMS AND SERVICES FURNISHED BY OFF-CAMPUS OUTPATIENT DEPARTMENTS OF A PROVIDER.

(a) Separate NPIs for Off-Campus Outpatient Departments of a Provider.—

(1) IN GENERAL.—Section 1173(b) of the Social Security Act (42 U.S.C. 1320d–2(b)) is amended by adding at the end the following new paragraph:

“(3) Ensuring separate NPIs for off-campus outpatient departments of a provider.—The standards specified under paragraph (1) shall ensure that, not later than January 1, 2025, each off-campus outpatient department of a provider (as defined in section 1833(t)(21)(B)) is assigned a separate unique health identifier from such provider.”.

(2) Treatment of Certain Departments as Subparts of a Hospital.—Not later than January 1, 2025, the Secretary of Health and Human Services shall revise sections 162.408 and 162.410 of title 45, Code of Federal Regulations, to ensure that each off-campus outpatient department of a provider (as defined in section 1833(t)(21)(B) of the Social Security Act (42 U.S.C. 1395l(t)(21)(B))) is treated as a subpart (as described in such sections) of such provider and assigned a unique health identifier pur-
suant to section 1173(b)(3) of such Act (as added by paragraph (1)).

(b) Off-Campus Departments of a Provider Billing Requirements.—

(1) Medicare.—

(A) In general.—Section 1866(a)(1) of the Social Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

(i) in subparagraph (X), by striking “and” at the end;

(ii) in subparagraph (Y)(ii)(V), by striking the period and inserting “, and”;

and

(iii) by inserting after subparagraph (Y) the following new subparagraph:

“(Z) in the case of a hospital with an off-campus outpatient department of a provider (as defined in section 1833(t)(21)(B)), with respect to items and services furnished at such department of a provider on or after January 1, 2025, to bill under this title (including under part C of this title) for such items and services using the unique health identifier established for such department of a provider pursuant to section 1173(b)(3) on a HIPAA X12 837P
transaction or CMS 1500 form (or a successor
transaction or form).”.

(B) COMPLIANCE REVIEWS.—In con-
ducting any regular reviews of off-campus out-
patient departments of a provider (as defined in
section 1833(t)(21)(B) of the Social Security
Act (42 U.S.C. 1395l(t)(21)(B)) for purposes
of determining whether such departments are
compliant with the requirements of section
413.65 of title 42, Code of Federal Regulations
(or any successor regulation), the Secretary of
Health and Human Services shall prioritize re-
viewing such departments that, prior to billing
for covered OPD services (as defined in section
1833(t) of such Act (42 U.S.C. 1395l(t)))
under part B of title XVIII of such Act (42
U.S.C. 1395j et seq.), were furnishing items
and services billed solely by individual practi-
tioners or group practices under such part and
that are not located in a rural area (as defined
in section 1886(d)(2)(D) of such Act (42
U.S.C. 1395ww(d)(2)(D))).

(2) OTHER PROVIDERS.—Part E of title XXVII
of the Public Health Service Act (42 U.S.C. 300gg–
131 et seq.) is amended by adding at the end the following new section:

“SEC. 2799B–10. BILLING REQUIREMENTS FOR OFF-CAMPUS DEPARTMENTS OF A PROVIDER.

“A health care provider may not, with respect to items and services furnished to an individual at an off-campus outpatient department of a provider (as defined in section 1833(t)(21)(B) of the Social Security Act), submit a claim for such items and services to a group health plan or health insurance issuer, and may not hold such individual liable for such items and services, unless such items and services are billed—

“(1) using the separate unique health identifier established for such department pursuant to section 1173(b)(3) of such Act; and

“(2) on a HIPAA X12 837P transaction or CMS 1500 form (or a successor transaction or form).”.

(3) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply with respect to claims submitted for items and services furnished on or after January 1, 2025.