AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

111TH CONGRESS
1ST SESSION

S. 947

To amend title XVIII of the Social Security Act to provide for the treatment of certain physician pathology services under the Medicare program.

IN THE SENATE OF THE UNITED STATES

APRIL 30, 2009

Mrs. LINCOLN (for herself and Mr. ROBERTS) introduced the following bill; which was read twice and referred to the Committee on Finance

---

A BILL

To amend title XVIII of the Social Security Act to provide for the treatment of certain physician pathology services under the Medicare program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Physician Pathology Services Continuity Act of 2009''.

SEC. 2. PERMANENT TREATMENT OF CERTAIN PHYSICIAN PATHOLOGY SERVICES UNDER MEDICARE.

Section 1848(i) of the Social Security Act (42 U.S.C. 1395w–4(i)) is amended by adding at the end the following new paragraph:

"(4) TREATMENT OF CERTAIN PHYSICIAN PATHOLOGY SERVICES.—

"(A) IN GENERAL.—With respect to services furnished on or after January 1, 2010, if an independent laboratory furnishes the technical component of a physician pathology service to a fee-for-service medicare beneficiary who is an inpatient or outpatient of a covered hospital, the Secretary shall treat such component as a service for which payment shall be made to the laboratory under this section and not as an inpatient hospital service for which payment is made to the hospital under section 1886(d) or as a hospital outpatient service for which payment is made to the hospital under section 1833(t).

"(B) DEFINITIONS.—In this paragraph:

"(i) COVERED HOSPITAL.—

"(I) IN GENERAL.—The term 'covered hospital' means, with respect to an inpatient or outpatient, a hospital that had an arrangement with an independent laboratory that was in effect as of July 22, 1999, under which a laboratory furnished the tech-

nical component of physician pathology services to fee-for-service medicare beneficiaries who were hospital inpatients or outpatients, respectively, and submitted claims for payment for such component to a carrier with a contract under section 1842 and not to the hospital.

"(II) CHANGE IN OWNERSHIP DOES NOT AFFECT DETERMINATION.—A change in ownership with respect to a hospital on or after the date referred to in subclause (I) shall not affect the determination of whether such hospital is a covered hospital for purposes of such subclause.

"(ii) FEE-FOR-SERVICE MEDICARE BENEFICIARY.—The term 'fee-for-service medicare beneficiary' means an individual who is entitled to (or enrolled for) benefits under part A, or enrolled under this part, or both, but who is not enrolled in any of the following:

"(I) A Medicare Advantage plan under part C.

"(II) A plan offered by an eligible organization under section 1876.

"(III) A program of all-inclusive care for the elderly (PACE) under section 1894.

"(IV) A social health maintenance organization (SHMO) demonstration project established under section 4018(b) of the Omnibus Budget Reconciliation Act of 1987 (Public Law 100–203).

"(C) REFERENCE.—For the treatment of certain physician pathology services furnished prior to January 1, 2010, see section 542 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, as extended by—

"(i) Centers for Medicare & Medicaid Services (CMS) Program Memorandum for Carriers (transmittal B–03–001), issued January 17, 2003;

"(ii) CMS Manual System, Publication 100–20 One-Time Notification (transmittal 34), issued December 24, 2003;

"(iii) section 732 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003;

"(iv) section 104 of division B of the Tax Relief and Health Care Act of 2006;

"(v) section 104 of the Medicare, Medicaid, and SCHIP Extension Act of 2007; and

"(vi) section 136 of the Medicare Improvements for Patients and Providers Act of 2008.".

○