

114TH CONGRESS
1ST SESSION

H. R. 2247

To require the Secretary of Health and Human Services to provide for transparent testing to assess the transition under the Medicare fee-for-service claims processing system from the ICD–9 to the ICD–10 standard, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 12, 2015

Mrs. BLACK (for herself and Mr. HARRIS) 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 require the Secretary of Health and Human Services to provide for transparent testing to assess the transition under the Medicare fee-for-service claims processing system from the ICD–9 to the ICD–10 standard, 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 “Increasing Clarity for
5 Doctors by Transitioning Effectively Now Act” or the
6 “ICD-TEN Act”.

1 **SEC. 2. IMPLEMENTATION OF HIPAA CODE SET STAND-**
2 **ARDS.**

3 The Secretary of Health and Human Services shall
4 implement, administer, and enforce, in accordance with
5 this Act and consistent with section 212 of the Protecting
6 Access to Medicare Act of 2014, the regulations issued
7 on January 16, 2009 (74 Fed. Reg. 3328) and on Sep-
8 tember 5, 2012 (77 Fed. Reg. 54664) that provide for
9 the replacement of ICD–9 with ICD–10 as a standard for
10 code sets under section 1173(c) of the Social Security Act
11 (42 U.S.C. 1320d–2(c)) and section 162.1002 of title 45,
12 Code of Federal Regulations.

13 **SEC. 3. COMPREHENSIVE TESTING.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services shall conduct a comprehensive, end-to-
16 end testing process to assess whether the Medicare fee-
17 for-service claims processing system based on the ICD–
18 10 standard is fully functioning.

19 (b) AVAILABILITY.—The Secretary shall make the
20 end-to-end testing process available to all providers of
21 services and suppliers (as defined under subsections (u)
22 and (d), respectively, of section 1861 of the Social Secu-
23 rity Act (42 U.S.C. 1395x) participating in the Medicare
24 fee-for-service program under parts A and B of title XVIII
25 of such Act (42 U.S.C. 1395c et seq.).

26 (c) CERTIFICATION.—

1 (1) IN GENERAL.—Not later than 30 days after
2 the date of completion of the end-to-end testing
3 process, the Secretary shall submit to Congress a
4 certification on whether or not the Medicare fee-for-
5 service claims processing system based on the ICD–
6 10 standard is fully functioning.

7 (2) ADDITIONAL STEPS IN CASE STANDARD IS
8 NOT FULLY FUNCTIONING.—In the case that the
9 Secretary certifies under paragraph (1) that such
10 processing system based on the ICD–10 standard is
11 not fully functioning, the Secretary shall include in
12 the submission to Congress under paragraph (1) ad-
13 ditional steps that will be taken to achieve a certifi-
14 cation that such processing system based on such
15 standard is fully functioning and the anticipated
16 timeframe for achieving such certification.

17 (d) DEFINITIONS.—In this Act:

18 (1) END-TO-END TESTING PROCESS.—The term
19 “end-to-end testing process” means an process de-
20 signed to demonstrate that—

21 (A) submission of claims to the Secretary
22 with ICD–10 codes and the receipt of a remit-
23 tance advice can be accomplished on a routine
24 basis at high volume levels;

1 (B) any software changes made to support
2 the ICD–10 standard result in appropriately
3 adjudicated claims;

4 (C) accurate remittance advices are pro-
5 duced; and

6 (D) all phases of the implementation of the
7 ICD–10 transition are operable.

8 (2) FULLY FUNCTIONING.—The term “fully
9 functioning” means, with respect to the period of the
10 end-to-end testing process of the Medicare fee-for-
11 service claims processing system based on the ICD–
12 10 standard, that the percentage of claims accepted
13 under such system so based during such period is
14 equal to or greater than the percentage of claims ac-
15 cepted during the calendar year previous to such pe-
16 riod, based on the ICD–9 standard.

17 **SEC. 4. IMPLEMENTATION PERIOD.**

18 (a) IN GENERAL.—The implementation period during
19 which the transition to ICD–10 standards shall be made
20 shall begin on October 1, 2015, and end on the date that
21 is 18 months after the date on which a certification is
22 made under section 2(c) that the Medicare-fee-for service
23 claims processing system based on the ICD–10 standard
24 is fully functioning.

1 (b) SAFE HARBOR.—During the implementation pe-
2 riod described in subsection (a), no claim submitted for
3 payment under title XVIII of the Social Security Act by
4 a health care provider pursuant to the ICD–10 standard
5 medical data code sets shall be denied due solely to the
6 use of an unspecified or inaccurate subcode.

7 (c) ASSISTANCE.—During the implementation period
8 described in subsection (a), the Secretary shall take af-
9 firmative steps to assist health care providers subject to
10 section 1173(c) of the Social Security Act (42 U.S.C.
11 1320d–2(c)) and section 162.1002 of title 45, Code of
12 Federal Regulations, in identifying appropriate ICD–10
13 subcodes.

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