

### Subpart H—Payment of Hospital Insurance Benefits

## PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

SOURCE: 53 FR 6633, Mar. 2, 1988, unless otherwise noted.

#### § 409.100 To whom payment is made.

(a) *Basic rule.* Except as provided in paragraph (b) of this section—

(1) Medicare pays hospital insurance benefits only to a participating provider.

(2) For home health services (including medical supplies described in section 1861(m)(5) of the Act, but excluding durable medical equipment to the extent provided for in such section) furnished to an individual who at the time the item or service is furnished is under a plan of care of an HHA, payment is made to the HHA (without regard to whether the item or service is furnished by the HHA directly, under arrangement with the HHA, or under any other contracting or consulting arrangement).

(b) *Exceptions.* Medicare may pay hospital insurance benefits as follows:

(1) For emergency services furnished by a nonparticipating hospital, to the hospital or to the beneficiary, under the conditions prescribed in subpart G of part 424 of this chapter.

(2) For services furnished by a Canadian or Mexican hospital, to the hospital or to the beneficiary, under the conditions prescribed in subpart H of part 424 of this chapter.

[53 FR 6633, Mar. 2, 1988, as amended at 65 FR 41211, July 3, 2000]

#### § 409.102 Amounts of payment.

(a) The amounts Medicare pays for hospital insurance benefits are generally determined in accordance with part 412 or part 413 of this chapter.

(b) Except as provided in §§ 409.61(d) and 409.89, hospital insurance benefits are subject to the deductible and coinsurance requirements set forth in subpart G of this part.

### Subpart A—General Provisions

Sec.

- 410.1 Basis and scope.
- 410.2 Definitions.
- 410.3 Scope of benefits.
- 410.5 Other applicable rules.

### Subpart B—Medical and Other Health Services

- 410.10 Medical and other health services: Included services.
- 410.12 Medical and other health services: Basic conditions and limitations.
- 410.14 Special requirements for services furnished outside the United States.
- 410.16 Initial preventive physical examination: Conditions for and limitations on coverage.
- 410.17 Cardiovascular disease screening tests.
- 410.18 Diabetes screening tests.
- 410.19 Ultrasound screening for abdominal aortic aneurysms: Condition for and limitation on coverage.
- 410.20 Physicians' services.
- 410.21 Limitations on services of a chiropractor.
- 410.22 Limitations on services of an optometrist.
- 410.23 Screening for glaucoma: Conditions for and limitations on coverage
- 410.24 Limitations on services of a doctor of dental surgery or dental medicine.
- 410.25 Limitations on services of a podiatrist.
- 410.26 Services and supplies incident to a physician's professional services: Conditions.
- 410.27 Outpatient hospital or CAH services and supplies incident to a physician or nonphysician practitioner service: Conditions.
- 410.28 Hospital or CAH diagnostic services furnished to outpatients: Conditions.
- 410.29 Limitations on drugs and biologicals.
- 410.30 Prescription drugs used in immunosuppressive therapy.
- 410.31 Bone mass measurement: Conditions for coverage and frequency standards.
- 410.32 Diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.
- 410.33 Independent diagnostic testing facility.
- 410.34 Mammography services: Conditions for and limitations on coverage.
- 410.35 X-ray therapy and other radiation therapy services: Scope.
- 410.36 Medical supplies, appliances, and devices: Scope.