

§ 410.172

(b) *Physician certification.* (1) For home health services, a physician provides certification and recertification in accordance with § 424.22 of this chapter.

(2) For medical and other health services, a physician provides certification and recertification in accordance with § 424.24 of this chapter.

(3) For CORF services, a physician provides certification and recertification in accordance with § 424.27 of this chapter.

(c) In the case of home dialysis support services described in § 410.52, the services are furnished in accordance with a written plan prepared and periodically reviewed by a team that includes the patient's physician and other professionals familiar with the patient's condition as required by § 494.90 of this chapter.

[51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988; 73 FR 20474, Apr. 15, 2008]

§ 410.172 Payment for partial hospitalization services in CMHCs: Conditions.

Medicare Part B pays for partial hospitalization services furnished in a CMHC on behalf of an individual only if the following conditions are met:

(a) The CMHC files a written request for payment on the CMS form 1450 and in the manner prescribed by CMS; and

(b) The services are furnished in accordance with the requirements described in § 410.110.

[59 FR 6578, Feb. 11, 1994]

§ 410.175 Alien absent from the United States.

(a) Medicare does not pay Part B benefits for services furnished to an individual who is not a citizen or a national of the United States if those services are furnished in any month for which the individual is not paid monthly social security cash benefits (or would not be paid if he or she were entitled to those benefits) because he or she has been outside the United States continuously for 6 full calendar months.

(b) Payment of benefits resumes with services furnished during the first full

42 CFR Ch. IV (10–1–13 Edition)

calendar month the alien is back in the United States.

[53 FR 6634, Mar. 2, 1988]

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

Subpart A—General Exclusions and Exclusion of Particular Services

Sec.

411.1 Basis and scope.

411.2 Conclusive effect of QIO determinations on payment of claims.

411.4 Services for which neither the beneficiary nor any other person is legally obligated to pay.

411.6 Services furnished by a Federal provider of services or other Federal agency.

411.7 Services that must be furnished at public expense under a Federal law or Federal Government contract.

411.8 Services paid for by a Government entity.

411.9 Services furnished outside the United States.

411.10 Services required as a result of war.

411.12 Charges imposed by an immediate relative or member of the beneficiary's household.

411.15 Particular services excluded from coverage.

Subpart B—Insurance Coverage That Limits Medicare Payment: General Provisions

411.20 Basis and scope.

411.21 Definitions.

411.22 Reimbursement obligations of primary payers and entities that received payment from primary payers.

411.23 Beneficiary's cooperation.

411.24 Recovery of conditional payments.

411.25 Primary payer's notice of primary payment responsibility.

411.26 Subrogation and right to intervene.

411.28 Waiver of recovery and compromise of claims.

411.30 Effect of primary payment on benefit utilization and deductibles.

411.31 Authority to bill primary payers for full charges.

411.32 Basis for Medicare secondary payments.

411.33 Amount of Medicare secondary payment.

411.35 Limitations on charges to a beneficiary or other party when a workers' compensation plan, a no-fault insurer, or an employer group health plan is primary payer.

411.37 Amount of Medicare recovery when a primary payment is made as a result of a judgment or settlement.