

SUBCHAPTER B—MEDICARE PROGRAM (CONTINUED)

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

Subpart A—General Provisions

Sec.

- 414.1 Basis and scope.
- 414.2 Definitions.
- 414.4 Fee schedule areas.
- 414.5 Hospital services paid under Medicare Part B when a Part A hospital inpatient claim is denied because the inpatient admission was not reasonable and necessary, but hospital outpatient services would have been reasonable and necessary in treating the beneficiary.

Subpart B—Physicians and Other Practitioners

- 414.20 Formula for computing fee schedule amounts.
- 414.21 Medicare payment basis.
- 414.22 Relative value units (RVUs).
- 414.24 Publication of RVUs and direct PE inputs.
- 414.26 Determining the GAF.
- 414.28 Conversion factors.
- 414.30 Conversion factor update.
- 414.34 Payment for services and supplies incident to a physician's service.
- 414.36 Payment for drugs incident to a physician's service.
- 414.39 Special rules for payment of care plan oversight.
- 414.40 Coding and ancillary policies.
- 414.42 Adjustment for first 4 years of practice.
- 414.44 Transition rules.
- 414.46 Additional rules for payment of anesthesia services.
- 414.48 Limits on actual charges of non-participating suppliers.
- 414.50 Physician or other supplier billing for diagnostic tests performed or interpreted by a physician who does not share a practice with the billing physician or other supplier.
- 414.52 Payment for physician assistants' services.
- 414.54 Payment for certified nurse-midwives' services.
- 414.56 Payment for nurse practitioners' and clinical nurse specialists' services.
- 414.58 Payment of charges for physician services to patients in providers.
- 414.60 Payment for the services of CRNAs.
- 414.61 Payment for anesthesia services furnished by a teaching CRNA.
- 414.62 Fee schedule for clinical psychologist services.

- 414.63 Payment for outpatient diabetes self-management training.
- 414.64 Payment for medical nutrition therapy.
- 414.65 Payment for telehealth services.
- 414.66 Incentive payments for physician scarcity areas.
- 414.67 Incentive payments for services furnished in Health Professional Shortage Areas.
- 414.68 Imaging accreditation.
- 414.80 Incentive payment for primary care services.
- 414.84 Payment for MDPP services.
- 414.90 Physician Quality Reporting System (PQRS).
- 414.92 Electronic Prescribing Incentive Program.
- 414.94 Appropriate use criteria for advanced diagnostic imaging services.

Subpart C—Fee Schedules for Parenteral and Enteral Nutrition (PEN) Nutrients, Equipment and Supplies, Splints, Casts, and Certain Intraocular Lenses (IOLs)

- 414.100 Purpose.
- 414.102 General payment rules.
- 414.104 PEN Items and Services.
- 414.105 Application of competitive bidding information.
- 414.106 Splints and casts.
- 414.108 IOLs inserted in a physician's office.
- 414.110 Continuity of pricing when HCPCS codes are divided or combined.
- 414.112 Establishing fee schedule amounts for new HCPCS codes for items and services without a fee schedule pricing history.
- 414.114 Procedures for making benefit category determinations and payment determinations for new PEN items and services covered under the prosthetic device benefit; splints and casts; and IOLs inserted in a physician's office covered under the prosthetic device benefit.

Subpart D—Payment for Durable Medical Equipment and Prosthetic and Orthotic Devices

- 414.200 Purpose.
- 414.202 Definitions.
- 414.210 General payment rules.
- 414.220 Inexpensive or routinely purchased items.
- 414.222 Items requiring frequent and substantial servicing.
- 414.224 Customized items.
- 414.226 Oxygen and oxygen equipment.
- 414.228 Prosthetic and orthotic devices.
- 414.229 Other durable medical equipment—capped rental items.

Pt. 414

42 CFR Ch. IV (10–1–23 Edition)

- 414.230 Determining a period of continuous use.
- 414.232 Special payment rules for transcutaneous electrical nerve stimulators (TENS).
- 414.234 Prior authorization for items frequently subject to unnecessary utilization.
- 414.236 Continuity of pricing when HCPCS codes are divided or combined.
- 414.238 Establishing fee schedule amounts for new HCPCS codes for items and services without a fee schedule pricing history.
- 414.240 Procedures for making benefit category determinations and payment determinations for new durable medical equipment, prosthetic devices, orthotics and prosthetics, surgical dressings, and therapeutic shoes and inserts.

Subpart E—Determination of Reasonable Charges Under the ESRD Program

- 414.300 Scope of subpart.
- 414.310 Determination of reasonable charges for physician services furnished to renal dialysis patients.
- 414.313 Initial method of payment.
- 414.314 Monthly capitation payment method.
- 414.316 Payment for physician services to patients in training for self-dialysis and home dialysis.
- 414.320 Determination of reasonable charges for physician renal transplantation services.
- 414.330 Payment for home dialysis equipment, supplies, and support services.
- 414.335 Payment for EPO furnished to a home dialysis patient for use in the home.

Subpart F—Competitive Bidding for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

- 414.400 Purpose and basis.
- 414.402 Definitions.
- 414.404 Scope and applicability.
- 414.406 Implementation of programs.
- 414.408 Payment rules.
- 414.409 Special payment rules.
- 414.410 Phased-in implementation of competitive bidding programs.
- 414.411 Special rule in case of competitions for diabetic testing strips conducted on or after January 1, 2011.
- 414.412 Submission of bids under a competitive bidding program.
- 414.414 Conditions for awarding contracts.
- 414.416 Determination of competitive bidding payment amounts.
- 414.418 Opportunity for networks.
- 414.420 Physician or treating practitioner authorization and consideration of clinical efficiency and value of items.

- 414.422 Terms of contracts.
- 414.423 Appeals process for breach of a DMEPOS competitive bidding program contract actions.
- 414.424 Administrative or judicial review.
- 414.425 Claims for damages.
- 414.426 Adjustments to competitively bid payment amounts to reflect changes in the HCPCS.

Subpart G—Payment for Clinical Diagnostic Laboratory Tests

- 414.500 Basis and scope.
- 414.502 Definitions.
- 414.504 Data reporting requirements.
- 414.506 Procedures for public consultation for payment for a new clinical diagnostic laboratory test.
- 414.507 Payment for clinical diagnostic laboratory tests.
- 414.508 Payment for a new clinical diagnostic laboratory test.
- 414.509 Reconsideration of basis for and amount of payment for a new clinical diagnostic laboratory test.
- 414.510 Laboratory date of service for clinical laboratory and pathology specimens.
- 414.522 Payment for new advanced diagnostic laboratory tests.
- 414.523 Payment for laboratory specimen collection fee and travel allowance.

Subpart H—Fee Schedule for Ambulance Services

- 414.601 Purpose.
- 414.605 Definitions.
- 414.610 Basis of payment.
- 414.615 Transition to the ambulance fee schedule.
- 414.617 Transition from regional to national ambulance fee schedule.
- 414.620 Publication of the ambulance fee schedule.
- 414.625 Limitation on review.
- 414.626 Data reporting by ground ambulance organizations.

Subpart I—Payment for Drugs and Biologicals

- 414.701 Purpose.
- 414.704 Definitions.
- 414.707 Basis of payment.

Subpart J—Submission of Manufacturer's Average Sales Price Data

- 414.800 Purpose.
- 414.802 Definitions.
- 414.804 Basis of payment.

Subpart K—Payment for Drugs and Biologicals Under Part B

- 414.900 Basis and scope.

Centers for Medicare & Medicaid Services, HHS

Pt. 414

- 414.902 Definitions.
- 414.904 Average sales price as the basis for payment.
- 414.906 Competitive acquisition program as the basis for payment.
- 414.908 Competitive acquisition program.
- 414.910 Bidding process.
- 414.912 Conflicts of interest.
- 414.914 Terms of contract.
- 414.916 Dispute resolution for vendors and beneficiaries.
- 414.917 Dispute resolution and process for suspension or termination of approved CAP contract and termination of physician participation under exigent circumstances.
- 414.918 Assignment.
- 414.920 Judicial review.
- 414.930 Compendia for determination of medically-accepted indications for off-label uses of drugs and biologicals in an anti-cancer chemotherapeutic regimen.
- 414.940 Refund for certain discarded single-dose container or single-use package drugs.

Subpart L—Supplying and Dispensing Fees

- 414.1000 Purpose.
- 414.1001 Basis of Payment.

Subpart M—Payment for Comprehensive Outpatient Rehabilitation Facility (CORF) Services

- 414.1100 Basis and scope.
- 414.1105 Payment for Comprehensive Outpatient Rehabilitation Facility (CORF) services.

Subpart N—Value-Based Payment Modifier Under the Physician Fee Schedule

- 414.1200 Basis and scope.
- 414.1205 Definitions.
- 414.1210 Application of the value-based payment modifier.
- 414.1215 Performance and payment adjustment periods for the value-based payment modifier.
- 414.1220 Reporting mechanisms for the value-based payment modifier.
- 414.1225 Alignment of Physician Quality Reporting System quality measures and quality measures for the value-based payment modifier.
- 414.1230 Additional measures for groups and solo practitioners.
- 414.1235 Cost measures.
- 414.1240 Attribution for quality of care and cost measures.
- 414.1245 Scoring methods for the value-based payment modifier using the quality-tiering approach.
- 414.1250 Benchmarks for quality of care measures.
- 414.1255 Benchmarks for cost measures.

- 414.1260 Composite scores.
- 414.1265 Reliability of measures.
- 414.1270 Determination and calculation of Value-Based Payment Modifier adjustments.
- 414.1275 Value-based payment modifier quality-tiering scoring methodology.
- 414.1280 Limitation on review.
- 414.1285 Informal inquiry process.

Subpart O—Merit-Based Incentive Payment System and Alternative Payment Model Incentive

- 414.1300 Basis and scope.
- 414.1305 Definitions.
- 414.1310 Applicability.
- 414.1315 Virtual groups.
- 414.1317 APM Entity groups.
- 414.1318 Subgroups.
- 414.1320 MIPS performance period.
- 414.1325 Data submission requirements.
- 414.1330 Quality performance category.
- 414.1335 Data submission criteria for the quality performance category.
- 414.1340 Data completeness criteria for the quality performance category.
- 414.1350 Cost performance category.
- 414.1355 Improvement activities performance category.
- 414.1360 Data submission criteria for the improvement activities performance category.
- 414.1365 MIPS Value Pathways.
- 414.1367 APM performance pathway.
- 414.1370 APM scoring standard under MIPS.
- 414.1375 Promoting Interoperability (PI) performance category.
- 414.1380 Scoring.
- 414.1385 Targeted review and review limitations.
- 414.1390 Data validation and auditing.
- 414.1395 Public reporting.
- 414.1400 Third party intermediaries.
- 414.1405 Payment.
- 414.1410 Advanced APM determination.
- 414.1415 Advanced APM criteria.
- 414.1420 Other payer advanced APM criteria.
- 414.1425 Qualifying APM participant determination: In general.
- 414.1430 Qualifying APM participant determination: QP and partial QP thresholds.
- 414.1435 Qualifying APM participant determination: Medicare option.
- 414.1440 Qualifying APM participant determination: All-payer combination option.
- 414.1445 Determination of other payer advanced APMs.
- 414.1450 APM incentive payment.
- 414.1455 Limitation on review.
- 414.1460 Monitoring and program integrity.
- 414.1465 Physician-focused payment models.

§ 414.1

42 CFR Ch. IV (10–1–23 Edition)

Subpart P—Home Infusion Therapy Services Payment

CONDITIONS FOR PAYMENT

- 414.1500 Basis, purpose, and scope.
- 414.1505 Requirement for payment.
- 414.1510 Beneficiary qualifications for coverage of services.
- 414.1515 Plan of care requirements.

PAYMENT SYSTEM

- 414.1550 Basis of payment.

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Subpart A—General Provisions

§ 414.1 Basis and scope.

This part implements the following provisions of the Act:

1802—Rules for private contracts by Medicare beneficiaries.

1833—Rules for payment for most Part B services.

1834(a) and (h)—Amounts and frequency of payments for durable medical equipment and for prosthetic devices and orthotics and prosthetics.

1834(l)—Establishment of a fee schedule for ambulance services.

1834(m)—Rules for Medicare reimbursement for telehealth services.

1834A—Improving policies for clinical diagnostic laboratory tests

1842(o)—Rules for payment of certain drugs and biologicals.

1847(a) and (b)—Competitive bidding for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

1848—Fee schedule for physician services.

1881(b)—Rules for payment for services to ESRD beneficiaries.

1887—Payment of charges for physician services to patients in providers.

[67 FR 9132, Feb. 27, 2002, as amended at 69 FR 1116, Jan. 7, 2004; 71 FR 48409, Aug. 18, 2006; 81 FR 41098, June 23, 2016]

§ 414.2 Definitions.

As used in this part, unless the context indicates otherwise—

AA stands for anesthesiologist assistant.

AHPB stands for adjusted historical payment basis.

CF stands for conversion factor.

CRNA stands for certified registered nurse anesthetist.

CY stands for calendar year.

FY stands for fiscal year.

GAF stands for geographic adjustment factor.

GPCI stands for geographic practice cost index.

HCPCS stands for CMS Common Procedure Coding System.

Health Professional Shortage Area (HPSA) means an area designated under section 332(a)(1)(A) of the Public Health Service Act as identified by the Secretary prior to the beginning of such year.

Major surgical procedure means a surgical procedure for which a 10-day or 90-day global period is used for payment under the physician fee schedule and section 1848(b) of the Act.

Physician services means the following services to the extent that they are covered by Medicare:

(1) Professional services of doctors of medicine and osteopathy (including osteopathic practitioners), doctors of optometry, doctors of podiatry, doctors of dental surgery and dental medicine, and chiropractors.

(2) Supplies and services covered “incident to” physician services (excluding drugs as specified in § 414.36).

(3) Outpatient physical and occupational therapy services if furnished by a person or an entity that is not a Medicare provider of services as defined in § 400.202 of this chapter.

(4) Diagnostic x-ray tests and other diagnostic tests (excluding diagnostic laboratory tests paid under the fee schedule established under section 1833(h) of the Act).

(5) X-ray, radium, and radioactive isotope therapy, including materials and services of technicians.

(6) Antigens, as described in section 1861(s)(2)(G) of the Act.

(7) Bone mass measurement.

RVU stands for relative value unit.

(8) Screening mammography services.

[56 FR 59624, Nov. 25, 1991, as amended at 57 FR 42492, Sept. 15, 1992; 58 FR 63686, Dec. 2, 1993; 59 FR 63463, Dec. 8, 1994; 60 FR 63177, Dec. 8, 1995; 63 FR 34328, June 24, 1998; 66 FR 55322, Nov. 1, 2001; 75 FR 73616, Nov. 29, 2010]