

## Centers for Medicare & Medicaid Services, HHS

§ 415.50

### Subpart B—Fiscal Intermediary Payments to Providers for Physician Services

- 415.50 Scope.
- 415.55 General payment rules.
- 415.60 Allocation of physician compensation costs.
- 415.70 Limits on compensation for physician services in providers.

### Subpart C—Part B Carrier Payments for Physician Services to Beneficiaries in Providers

- 415.100 Scope.
- 415.102 Conditions for fee schedule payment for physician services to beneficiaries in providers.
- 415.105 Amounts of payment for physician services to beneficiaries in providers.
- 415.110 Conditions for payment: Medically directed anesthesia services.
- 415.120 Conditions for payment: Radiology services.
- 415.130 Conditions for payment: Physician pathology services.
- 415.140 Conditions for payment: Split (or shared) visits.

### Subpart D—Physician Services in Teaching Settings

- 415.150 Scope.
- 415.152 Definitions.
- 415.160 Election of reasonable cost payment for direct medical and surgical services of physicians in teaching hospitals: General provisions.
- 415.162 Determining payment for physician services furnished to beneficiaries in teaching hospitals.
- 415.164 Payment to a fund.
- 415.170 Conditions for payment on a fee schedule basis for physician services in a teaching setting.
- 415.172 Physician fee schedule payment for services of teaching physicians.
- 415.174 Exception: Evaluation and management services furnished in certain centers.
- 415.176 Renal dialysis services.
- 415.178 Anesthesia services.
- 415.180 Teaching setting requirements for the interpretation of diagnostic radiology and other diagnostic tests.
- 415.184 Psychiatric services.
- 415.190 Conditions of payment: Assistants at surgery in teaching hospitals.

### Subpart E—Services of Residents

- 415.200 Services of residents in approved GME programs.
- 415.202 Services of residents not in approved GME programs.
- 415.204 Services of residents in skilled nursing facilities and home health agencies.

415.206 Services of residents in nonprovider settings.

415.208 Services of moonlighting residents.

AUTHORITY: 42 U.S.C. 1302 and 1395hh.

SOURCE: 60 FR 63178, Dec. 8, 1995, unless otherwise noted.

### Subpart A—General Provisions

#### § 415.1 Basis and scope.

(a) *Basis.* This part is based on the provisions of the following sections of the Act: Section 1848 establishes a fee schedule for payment for physician services. Section 1861(q) specifies what is included in the term “physician services” covered under Medicare. Section 1862(a)(14) sets forth the exclusion of nonphysician services furnished to hospital patients under Part B of Medicare. Section 1886(d)(5)(B) provides for a payment adjustment under the prospective payment system for the operating costs of inpatient hospital services furnished to Medicare beneficiaries in cost reporting periods beginning on or after October 1, 1983, to account for the indirect costs of medical education. Section 1886(h) establishes the methodology for Medicare payment of the cost of direct GME activities.

(b) *Scope.* This part sets forth rules for fiscal intermediary payments to providers for physician services, Part B carrier payments for physician services to beneficiaries in providers, physician services in teaching settings, and services of residents.

### Subpart B—Fiscal Intermediary Payments to Providers for Physician Services

#### § 415.50 Scope.

This subpart sets forth rules for payment by fiscal intermediaries to providers for services furnished by physicians. Payment for covered services is made either under the prospective payment system (PPS) to PPS-participating providers in accordance with part 412 of this chapter or under the reasonable cost method to non-PPS participating providers in accordance with part 413 of this chapter.