

## § 418.1

- 418.304 Payment for physician, and nurse practitioner, and physician assistant services.
- 418.306 Annual update of the payment rates and adjustment for area wage differences.
- 418.307 Periodic interim payments.
- 418.308 Limitation on the amount of hospice payments.
- 418.309 Hospice aggregate cap.
- 418.310 Reporting and recordkeeping requirements.
- 418.311 Administrative appeals.
- 418.312 Data submission requirements under the hospice quality reporting program.

### Subpart H—Coinsurance

- 418.400 Individual liability for coinsurance for hospice care.
- 418.402 Individual liability for services that are not considered hospice care.
- 418.405 Effect of coinsurance liability on Medicare payment.

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

SOURCE: 48 FR 56026, Dec. 16, 1983, unless otherwise noted.

### Subpart A—General Provision and Definitions

#### § 418.1 Statutory basis.

This part implements section 1861(dd) of the Social Security Act (the Act). Section 1861(dd) of the Act specifies services covered as hospice care and the conditions that a hospice program must meet in order to participate in the Medicare program. Section 1861(dd) also specifies limitations on coverage of, and payment for, inpatient hospice care. The following sections of the Act are also pertinent:

- (a) Sections 1812(a) (4) and (d) of the Act specify eligibility requirements for the individual and the benefit periods.
- (b) Section 1813(a)(4) of the Act specifies coinsurance amounts.
- (c) Sections 1814(a)(7) and 1814(i) of the Act contain conditions and limitations on coverage of, and payment for, hospice care.
- (d) Sections 1862(a) (1), (6) and (9) of the Act establish limits on hospice coverage.

[48 FR 56026, Dec. 16, 1983, as amended at 57 FR 36017, Aug. 12, 1992; 74 FR 39413, Aug. 6, 2009]

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#### § 418.2 Scope of part.

Subpart A of this part sets forth the statutory basis and scope and defines terms used in this part. Subpart B specifies the eligibility and election requirements and the benefit periods. Subparts C and D specify the conditions of participation for hospices. Subpart E is reserved for future use. Subparts F and G specify coverage and payment policy. Subpart H specifies coinsurance amounts applicable to hospice care.

[74 FR 39413, Aug. 6, 2009]

#### § 418.3 Definitions.

For purposes of this part—

*Attending physician* means a—

- (1)(i) Doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs that function or action; or
- (ii) Nurse practitioner who meets the training, education, and experience requirements as described in § 410.75(b) of this chapter; or
- (iii) Physician assistant who meets the requirements of § 410.74(c) of this chapter.

(2) Is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

*Bereavement counseling* means emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

*BFCC-QIO* means Beneficiary and Family Centered Care Quality Improvement Organization.

*Cap period* means the twelve-month period ending September 30 used in the application of the cap on overall hospice reimbursement specified in § 418.309.

*Clinical note* means a notation of a contact with the patient and/or the family that is written and dated by any person providing services and that describes signs and symptoms, treatments and medications administered, including the patient's reaction and/or response, and any changes in physical,