

## Centers for Medicare & Medicaid Services, HHS

§ 405.2401

involvement, received reimbursement or supplied goods.

(2) A medical review board member must not review the ESRD services of a facility in which he or she has a direct or indirect financial interest (as described in section 1126(a)(1) of the Act).

[51 FR 30361, Aug. 26, 1986, as amended at 53 FR 1620, Jan. 21, 1988]

§ 405.2114 [Reserved]

§§ 405.2131–405.2184 [Reserved]

### Subparts V–W [Reserved]

## Subpart X—Rural Health Clinic and Federally Qualified Health Center Services

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

SOURCE: 43 FR 8261, Mar. 1, 1978, unless otherwise noted.

### § 405.2400 Basis.

Subpart X is based on the provisions of the following sections of the Act:

(a) Section 1833—Amounts of payment for supplementary medical insurance services.

(b) Section 1861(aa)—Rural health clinic services and Federally qualified health center services covered by the Medicare program.

(c) Section 1834(o)—Federally qualified health center prospective payment system beginning October 1, 2014.

(d) Section 1834(y)—Payment for certain services furnished by rural health clinics.

[79 FR 25473, May 2, 2014, as amended at 88 FR 82176, Nov. 22, 2023]

### § 405.2401 Scope and definitions.

(a) *Scope*. This subpart establishes the requirements for coverage and reimbursement of rural health clinic and Federally qualified health center services under Medicare.

(b) *Definitions*. As used in this subpart, unless the context indicates otherwise:

*Allowable costs* means costs that are incurred by a RHC or FQHC that is authorized to bill based on reasonable costs and are reasonable in amount and

proper and necessary for the efficient delivery of RHC and FQHC services.

*Beneficiary* means an individual enrolled in the Supplementary Medical Insurance program for the Aged and Disabled (part of title XVIII of the Act).

*Certified nurse midwife (CNM)* means an individual who meets the applicable education, training, and other requirements of § 410.77(a) of this chapter.

*Clinical psychologist (CP)* means an individual who meets the applicable education, training, and other requirements of § 410.71(d) of this chapter.

*Clinical social worker (CSW)* means an individual who meets the applicable education, training, and other requirements of § 410.73(a) of this chapter.

*CMS* stands for Centers for Medicare & Medicaid Services.

*Coinsurance* means that portion of the RHC's charge for covered services or that portion of the FQHC's charge or PPS rate for covered services for which the beneficiary is liable (in addition to the deductible, where applicable).

*Covered services* means items or services for which the beneficiary is entitled to have payment made on his or her behalf under this subpart.

*Deductible* means the amount incurred by the beneficiary during a calendar year as specified in § 410.160 and § 410.161 of this chapter.

*Employee* means any individual who, under the common law rules that apply in determining the employer-employee relationship (as applied for purposes of section 3121(d)(2) of the Internal Revenue Code of 1986), is considered to be employed by, or an employee of, an entity. (Application of these common law rules is discussed in 20 CFR 404.1007 and 26 CFR 31.3121(d)–1(c).)

*Federally qualified health center (FQHC)* means an entity that has entered into an agreement with CMS to meet Medicare program requirements under § 405.2434 and—

(1) Is receiving a grant under section 330 of the Public Health Service (PHS) Act, or is receiving funding from such a grant under a contract with the recipient of such a grant and meets the requirements to receive a grant under section 330 of the PHS Act;