

## Centers for Medicare & Medicaid Services, HHS

## § 410.1

- 410.68 Antigens: Scope and conditions.
- 410.69 Services of a certified registered nurse anesthetist or an anesthesiologist's assistant: Basic rule and definitions.
- 410.71 Clinical psychologist services and services and supplies incident to clinical psychologist services.
- 410.72 Registered dietitians' and nutrition professionals' services.
- 410.73 Clinical social worker services.
- 410.74 Physician assistants' services.
- 410.75 Nurse practitioners' services.
- 410.76 Clinical nurse specialists' services.
- 410.77 Certified nurse-midwives' services: Qualifications and conditions.
- 410.78 Telehealth services.
- 410.79 Medicare Diabetes Prevention Program expanded model: Conditions of coverage.

### Subpart C—Home Health Services Under SMI

- 410.80 Applicable rules.

### Subpart D—Comprehensive Outpatient Rehabilitation Facility (CORF) Services

- 410.100 Included services.
- 410.102 Excluded services.
- 410.105 Requirements for coverage of CORF services.

### Subpart E—Community Mental Health Centers (CMHCs) Providing Partial Hospitalization Services and Intensive Outpatient Services

- 410.110 Requirements for coverage of partial hospitalization services by CMHCs.
- 410.111 Requirements for coverage of intensive outpatient services in CMHCs.

### Subpart F [Reserved]

### Subpart G—Medical Nutrition Therapy

- 410.130 Definitions.
- 410.132 Medical nutrition therapy.
- 410.134 Provider qualifications.

### Subpart H—Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements

- 410.140 Definitions.
- 410.141 Outpatient diabetes self-management training.
- 410.142 CMS process for approving national accreditation organizations.
- 410.143 Requirements for approved accreditation organizations.
- 410.144 Quality standards for deemed entities.
- 410.145 Requirements for entities.
- 410.146 Diabetes outcome measurements.

### Subpart I—Payment of SMI Benefits

- 410.150 To whom payment is made.
- 410.152 Amounts of payment.
- 410.155 Outpatient mental health treatment limitation.
- 410.160 Part B annual deductible.
- 410.161 Part B blood deductible.
- 410.163 Payment for services furnished to kidney donors.
- 410.165 Payment for rural health clinic services and ambulatory surgical center services: Conditions.
- 410.170 Payment for home health services, for medical and other health services furnished by a provider or an approved ESRD facility, and for comprehensive outpatient rehabilitation facility (CORF) services: Conditions.
- 410.172 Payment for partial hospitalization services in CMHCs: Conditions.
- 410.173 Payment for intensive outpatient services in CMHCs: Conditions.
- 410.175 Alien absent from the United States.

AUTHORITY: 42 U.S.C. 1302, 1395m, 1395hh, 1395rr, and 1395ddd.

SOURCE: 51 FR 41339, Nov. 14, 1986, unless otherwise noted.

EDITORIAL NOTE: Nomenclature changes to part 410 appear at 62 FR 46037, Aug. 29, 1997.

### Subpart A—General Provisions

#### § 410.1 Basis and scope.

(a) *Statutory basis.* This part is based on the indicated provisions of the following sections of the Act:

(1) Section 1832—Scope of benefits furnished under the Medicare Part B supplementary medical insurance (SMI) program.

(2) Section 1833 through 1835 and 1862—Amounts of payment for SMI services, the conditions for payment, and the exclusions from coverage.

(3) Section 1861(qq)—Definition of the kinds of services that may be covered.

(4) Section 1865(b)—Permission for CMS to approve and recognize a national accreditation organization for the purpose of deeming entities accredited by the organization to meet program requirements.

(5) Section 1881—Medicare coverage for end-stage renal disease beneficiaries.

(6) Section 1842(o)—Payment for drugs and biologicals not paid on a cost or prospective payment basis.

(b) *Scope of part.* This part sets forth the benefits available under Medicare

## § 410.2

## 42 CFR Ch. IV (10–1–24 Edition)

Part B, the conditions for payment and the limitations on services, the percentage of incurred expenses that Medicare Part B pays, and the deductible and copayment amounts for which the beneficiary is responsible. (Exclusions applicable to these services are set forth in subpart C of part 405 of this chapter. General conditions for Medicare payment are set forth in part 424 of this chapter.)

[51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988; 55 FR 53521, Dec. 31, 1990; 59 FR 63462, Dec. 8, 1994; 63 FR 58905, Nov. 2, 1998; 65 FR 83148, Dec. 29, 2000; 69 FR 66420, Nov. 15, 2004]

### § 410.2 Definitions.

As used in this part—

*Brace* means a rigid or semi-rigid device used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

*Community mental health center (CMHC)* means an entity that—

(1) Provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment at a mental health facility;

(2) Provides 24-hour-a-day emergency care services;

(3) Provides day treatment or other partial hospitalization services or intensive outpatient services, or psychosocial rehabilitation services;

(4) Provides screening for patients being considered for admission to State mental health facilities to determine the appropriateness of this admission;

(5) Meets applicable licensing or certification requirements for CMHCs in the State in which it is located; and

(6) Provides at least 40 percent of its services to individuals who are not eligible for benefits under title XVIII of the Social Security Act.

*Custom fitted gradient compression garment* means a garment that is uniquely sized and shaped to fit the exact dimensions of the affected extremity or part of the body, of an individual to provide accurate gradient compression to treat lymphedema.

*Encounter* means a direct personal contact between a patient and a physician, or other person who is authorized by State licensure law and, if applicable, by hospital or CAH staff bylaws, to order or furnish hospital services for diagnosis or treatment of the patient.

*Gradient compression* means the ability to apply a higher level of compression or pressure to the distal (farther) end of the limb or body part affected by lymphedema with lower, decreasing compression or pressure at the proximal (closer) end of the limb or body part affected by lymphedema.

*Intensive outpatient services* mean a distinct and organized intensive ambulatory treatment program that offers less than 24-hour daily care other than in an individual's home or in an inpatient or residential setting and furnishes the services as described in § 410.44. Intensive outpatient services are not required to be provided in lieu of inpatient hospitalization.

*Lymphedema compression treatment item* means standard and custom fitted gradient compression garments and other items specified under § 410.36(a)(4) that are—

(1) Furnished on or after January 1, 2024, to an individual with a diagnosis of lymphedema for treatment of such condition;

(2) Primarily and customarily used to serve a medical purpose and for the treatment of lymphedema; and

(3) Prescribed by a physician (or a physician assistant, nurse practitioner, or a clinical nurse specialist (as those terms are defined in section 1861(aa)(5) of the Act)) to the extent authorized under State law.

*Nominal charge provider* means a provider that furnishes services free of charge or at a nominal charge, and is either a public provider or another provider that (1) demonstrates to CMS's satisfaction that a significant portion of its patients are low-income; and (2) requests that payment for its services be determined accordingly.

*Outpatient* means a person who has not been admitted as an inpatient but who is registered on the hospital or CAH records as an outpatient and receives services (rather than supplies alone) directly from the hospital or CAH.