

**Pt. 424**

424.44 Time limits for filing claims.

**Subpart D—To Whom Payment is Ordinarily Made**

- 424.50 Scope.
- 424.51 Payment to the provider.
- 424.52 Payment to a nonparticipating hospital.
- 424.53 Payment to the beneficiary.
- 424.54 Payment to the beneficiary's legal representative or representative payee.
- 424.55 Payment to the supplier.
- 424.56 Payment to a beneficiary and to a supplier.
- 424.57 Special payment rules for items furnished by DMEPOS suppliers and issuance of DMEPOS supplier billing privileges.
- 424.58 Accreditation.

**Subpart E—To Whom Payment is Made in Special Situations**

- 424.60 Scope.
- 424.62 Payment after beneficiary's death: Bill has been paid.
- 424.64 Payment after beneficiary's death: Bill has not been paid.
- 424.66 Payment to entities that provide coverage complementary to Medicare Part B.
- 424.67 Enrollment requirements for opioid treatment programs (OTP).
- 424.68 Enrollment requirements for home infusion therapy suppliers.

**Subpart F—Limitations on Assignment and Reassignment of Claims**

- 424.70 Basis and scope.
- 424.71 Definitions.
- 424.73 Prohibition of assignment of claims by providers.
- 424.74 Termination of provider agreement.
- 424.80 Prohibition of reassignment of claims by suppliers.
- 424.82 Revocation of right to receive assigned benefits.
- 424.83 Hearings on revocation of right to receive assigned benefits.
- 424.84 Final determination on revocation of right to receive assigned benefits.
- 424.86 Prohibition of assignment of claims by beneficiaries.
- 424.90 Court ordered assignments: Conditions and limitations.

**Subpart G—Special Conditions: Emergency Services Furnished by a Non-participating Hospital**

- 424.100 Scope.
- 424.101 Definitions.
- 424.102 Situations that do not constitute an emergency.

**42 CFR Ch. IV (10–1–24 Edition)**

- 424.103 Conditions for payment for emergency services.
- 424.104 Election to claim payment for emergency services furnished during a calendar year.
- 424.106 Criteria for determining whether the hospital was the most accessible.
- 424.108 Payment to a hospital.
- 424.109 Payment to the beneficiary.

**Subpart H—Special Conditions: Services Furnished in a Foreign Country**

- 424.120 Scope.
- 424.121 Scope of payments.
- 424.122 Conditions for payment for emergency inpatient hospital services.
- 424.123 Conditions for payment for non-emergency inpatient services furnished by a hospital closer to the individual's residence.
- 424.124 Conditions for payment for physician services and ambulance services.
- 424.126 Payment to the hospital.
- 424.127 Payment to the beneficiary.

**Subpart I—Requirements for Medicare Diabetes Prevention Program Suppliers and Beneficiary Engagement Incentives Under the Medicare Diabetes Prevention Program Expanded Model**

- 424.200 Scope.
- 424.205 Requirements for Medicare Diabetes Prevention Program suppliers.
- 424.210 Beneficiary engagement incentives under the Medicare Diabetes Prevention Program expanded model.

**Subparts J–L [Reserved]**

**Subpart M—Replacement and Reclamation of Medicare Payments**

- 424.350 Replacement of checks that are lost, stolen, defaced, mutilated, destroyed, or paid on forged endorsements.
- 424.352 Intermediary and carrier checks that are lost, stolen, defaced, mutilated, destroyed, or paid on forged endorsements.

**Subparts N–O [Reserved]**

**Subpart P—Requirements for Establishing and Maintaining Medicare Billing Privileges**

- 424.500 Scope.
- 424.502 Definitions.
- 424.505 Basic enrollment requirement.
- 424.506 National Provider Identifier (NPI) on all enrollment applications and claims.
- 424.507 Ordering and referring covered items and services for Medicare beneficiaries.
- 424.510 Requirements for enrolling in the Medicare program.