SUBCHAPTER B—MEDICARE PROGRAM

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

Subpart A—General Provisions

Sec. 414.1 Basis and scope.
414.2 Definitions.
414.4 Fee schedule areas.

Subpart B—Physicians and Other Practitioners

414.20 Formula for computing fee schedule amounts.
414.21 Medicare payment basis.
414.22 Relative value units (RVUs).
414.24 Review, revision, and addition of RVUs for physician services.
414.26 Determining the GAF.
414.28 Conversion factors.
414.30 Conversion factor update.
414.32 Determining payments for certain physicians’ services furnished in facility settings.
414.34 Payment for services and supplies incident to a physician’s service.
414.36 Payment for drugs incident to a physician’s service.
414.39 Special rules for payment of care plan oversight.
414.40 Coding and ancillary policies.
414.42 Adjustment for first 4 years of practice.
414.44 Transition rules.
414.46 Additional rules for payment of anesthesia services.
414.48 Limits on actual charges of non-participating suppliers.
414.50 Physician or other supplier billing for diagnostic tests performed or interpreted by a physician who does not share a practice with the billing physician or other supplier.
414.52 Payment for physician assistants’ services.
414.54 Payment for certified nurse-midwives’ services.
414.56 Payment for nurse practitioners’ and clinical nurse specialists’ services.
414.58 Payment of charges for physician services to patients in providers.
414.60 Payment for the services of CRNAs.
414.61 Payment for anesthesia services furnished by a teaching CRNA.
414.62 Fee schedule for clinical psychologist services.
414.63 Payment for outpatient diabetes self-management training.
414.64 Payment for medical nutrition therapy.
414.65 Payment for telehealth services.
414.66 Payment payments for physician scarcity areas.
414.67 Incentive payments for services furnished in Health Professional Shortage Areas.
414.68 Imaging accreditation.
414.60 Incentive payment for primary care services.
414.90 Physician Quality Reporting System.
414.92 Electronic Prescribing Incentive Program.

Subpart C—Fee Schedules for Parenteral and Enteral Nutrition (PEN) Nutrients, Equipment and Supplies

414.100 Purpose.
414.102 Definitions.
414.104 PEN Items and Services.

Subpart D—Payment for Durable Medical Equipment and Prosthetic and Orthotic Devices

414.200 Purpose.
414.202 Definitions.
414.210 General payment rules.
414.220 Inexpensive or routinely purchased items.
414.222 Items requiring frequent and substantial servicing.
414.224 Customized items.
414.226 Oxygen and oxygen equipment.
414.228 Prosthetic and orthotic devices.
414.229 Other durable medical equipment—capped rental items.
414.230 Determining a period of continuous use.
414.232 Special payment rules for transcutaneous electrical nerve stimulators (TENS).

Subpart E—Determination of Reasonable Charges Under the ESRD Program

414.300 Scope of subpart.
414.310 Determination of reasonable charges for physician services furnished to renal dialysis patients.
414.313 Initial method of payment.
414.314 Monthly capitation payment method.
414.316 Payment for physician services to patients in training for self-dialysis and home dialysis.
414.320 Determination of reasonable charges for physician renal transplantation services.
414.330 Payment for home dialysis equipment, supplies, and support services.
414.335 Payment for EPO furnished to a home dialysis patient for use in the home.

Subpart F—Competitive Bidding for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

414.400 Purpose and basis.
414.402 Definitions.
414.404 Scope and applicability.
414.406 Implementation of programs.
414.408 Payment rules.
414.410 Phased-in implementation of competitive bidding programs.
414.411 Special rule in case of competitions for diabetic testing strips conducted on or after January 1, 2011.
414.412 Submission of bids under a competitive bidding program.
414.414 Conditions for awarding contracts.
414.416 Determination of competitive bidding payment amounts.
414.418 Opportunity for networks.
414.420 Physician or treating practitioner authorization and consideration of clinical efficiency and value of items.
414.422 Terms of contracts.
414.424 Administrative or judicial review.
414.426 Adjustments to competitively bid payment amounts to reflect changes in the HCPCS.

Subpart G—Payment for New Clinical Diagnostic Laboratory Tests

414.500 Basis and scope.
414.502 Definitions.
414.504 [Reserved]
414.506 Procedures for public consultation for payment for a new clinical diagnostic laboratory test.
414.508 Payment for a new clinical diagnostic laboratory test.
414.509 Reconsideration of basis for and amount of payment for a new clinical diagnostic laboratory test.
414.510 Laboratory date of service for clinical laboratory and pathology specimens.

Subpart H—Fee Schedule for Ambulance Services

414.601 Purpose.
414.605 Definitions.
414.610 Basis of payment.
414.615 Transition to the ambulance fee schedule.
414.617 Transition from regional to national ambulance fee schedule.
414.620 Publication of the ambulance fee schedule.
414.625 Limitation on review.