

## Centers for Medicare & Medicaid Services, HHS

§ 415.55

### Subpart B—Fiscal Intermediary Payments to Providers for Physician Services

- 415.50 Scope.
- 415.55 General payment rules.
- 415.60 Allocation of physician compensation costs.
- 415.70 Limits on compensation for physician services in providers.

### Subpart C—Part B Carrier Payments for Physician Services to Beneficiaries in Providers

- 415.100 Scope.
- 415.102 Conditions for fee schedule payment for physician services to beneficiaries in providers.
- 415.105 Amounts of payment for physician services to beneficiaries in providers.
- 415.110 Conditions for payment: Medically directed anesthesia services.
- 415.120 Conditions for payment: Radiology services.
- 415.130 Conditions for payment: Physician pathology services.

### Subpart D—Physician Services in Teaching Settings

- 415.150 Scope.
- 415.152 Definitions.
- 415.160 Election of reasonable cost payment for direct medical and surgical services of physicians in teaching hospitals: General provisions.
- 415.162 Determining payment for physician services furnished to beneficiaries in teaching hospitals.
- 415.164 Payment to a fund.
- 415.170 Conditions for payment on a fee schedule basis for physician services in a teaching setting.
- 415.172 Physician fee schedule payment for services of teaching physicians.
- 415.174 Exception: Evaluation and management services furnished in certain centers.
- 415.176 Renal dialysis services.
- 415.178 Anesthesia services.
- 415.180 Teaching setting requirements for the interpretation of diagnostic radiology and other diagnostic tests.
- 415.184 Psychiatric services.
- 415.190 Conditions of payment: Assistants at surgery in teaching hospitals.

### Subpart E—Services of Residents

- 415.200 Services of residents in approved GME programs.
- 415.202 Services of residents not in approved GME programs.
- 415.204 Services of residents in skilled nursing facilities and home health agencies.
- 415.206 Services of residents in nonprovider settings.

- 415.208 Services of moonlighting residents.

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

SOURCE: 60 FR 63178, Dec. 8, 1995, unless otherwise noted.

## Subpart A—General Provisions

### § 415.1 Basis and scope.

(a) *Basis.* This part is based on the provisions of the following sections of the Act: Section 1848 establishes a fee schedule for payment for physician services. Section 1861(q) specifies what is included in the term “physician services” covered under Medicare. Section 1862(a)(14) sets forth the exclusion of nonphysician services furnished to hospital patients under Part B of Medicare. Section 1886(d)(5)(B) provides for a payment adjustment under the prospective payment system for the operating costs of inpatient hospital services furnished to Medicare beneficiaries in cost reporting periods beginning on or after October 1, 1983, to account for the indirect costs of medical education. Section 1886(h) establishes the methodology for Medicare payment of the cost of direct GME activities.

(b) *Scope.* This part sets forth rules for fiscal intermediary payments to providers for physician services, Part B carrier payments for physician services to beneficiaries in providers, physician services in teaching settings, and services of residents.

### Subpart B—Fiscal Intermediary Payments to Providers for Physician Services

#### § 415.50 Scope.

This subpart sets forth rules for payment by fiscal intermediaries to providers for services furnished by physicians. Payment for covered services is made either under the prospective payment system (PPS) to PPS-participating providers in accordance with part 412 of this chapter or under the reasonable cost method to non-PPS participating providers in accordance with part 413 of this chapter.

#### § 415.55 General payment rules.

(a) *Allowable costs.* Except as specified otherwise in §§ 413.102 of this chapter

## § 415.60

(concerning compensation of owners), 415.60 (concerning allocation of physician compensation costs), and 415.162 (concerning payment for physician services furnished to beneficiaries in teaching hospitals), costs a provider incurs for services of physicians are allowable only if the following conditions are met:

(1) The services do not meet the conditions in § 415.102(a) regarding fee schedule payment for services of physicians to a beneficiary in a provider.

(2) The services include a surgeon's supervision of services of a qualified anesthetist, but do not include physician availability services, except for reasonable availability services furnished for emergency rooms and the services of standby surgical team physicians.

(3) The provider has incurred a cost for salary or other compensation it furnished the physician for the services.

(4) The costs incurred by the provider for the services meet the requirements in § 413.9 of this chapter regarding costs related to patient care.

(5) The costs do not include supervision of interns and residents unless the provider elects reasonable cost payment as specified in § 415.160, or any other costs incurred in connection with an approved GME program that are payable under §§ 413.75 through 413.83 of this chapter.

(b) *Allocation of allowable costs.* The provider must follow the rules in § 415.60 regarding allocation of physician compensation costs to determine its costs of services.

(c) *Limits on allowable costs.* The intermediary must apply the limits on compensation set forth in § 415.70 to determine its payments to a provider for the costs of services.

[60 FR 63178, Dec. 8, 1995, as amended at 70 FR 47490, Aug. 12, 2005]

### § 415.60 Allocation of physician compensation costs.

(a) *Definition.* For purposes of this subpart, *physician compensation costs* means monetary payments, fringe benefits, deferred compensation, and any other items of value (excluding office space or billing and collection services) that a provider or other organization furnishes a physician in return for the

## 42 CFR Ch. IV (10–1–11 Edition)

physician services. Other organizations are entities related to the provider within the meaning of § 413.17 of this chapter or entities that furnish services for the provider under arrangements within the meaning of the Act.

(b) *General rule.* Except as provided in paragraph (d) of this section, each provider that incurs physician compensation costs must allocate those costs, in proportion to the percentage of total time that is spent in furnishing each category of services, among—

(1) Physician services to the provider (as described in § 415.55);

(2) Physician services to patients (as described in § 415.102); and

(3) Activities of the physician, such as funded research, that are not paid under either Part A or Part B of Medicare.

(c) *Allowable physician compensation costs.* Only costs allocated to payable physician services to the provider (as described in § 415.55) are allowable costs to the provider under this subpart.

(d) *Allocation of all compensation to services to the provider.* Generally, the total physician compensation received by a physician is allocated among all services furnished by the physician, unless—

(1) The provider certifies that the compensation is attributable solely to the physician services furnished to the provider; and

(2) The physician bills all patients for the physician services he or she furnishes to them and personally receives the payment from or on behalf of the patients. If returned directly or indirectly to the provider or an organization related to the provider within the meaning of § 413.17 of this chapter, these payments are not compensation for physician services furnished to the provider.

(e) *Assumed allocation of all compensation to beneficiary services.* If the provider and physician agree to accept the assumed allocation of all the physician services to direct services to beneficiaries as described under § 415.102(a), CMS does not require a written allocation agreement between the physician and the provider.

(f) *Determination and payment of allowable physician compensation costs.* (1) Except as provided under paragraph (e)