§410.45 Rural health clinic services: Scope and conditions.
(a) Medicare Part B pays for the following rural health clinic services, if they are furnished in accordance with the requirements and conditions specified in part 405, subpart X, and part 491 of this chapter:
(1) Physicians’ services.
(2) Services and supplies furnished as an incident to physicians’ professional services.
(3) Nurse practitioner and physician assistant services.
(4) Services and supplies furnished as an incident to nurse practitioners’ or physician assistants’ services.
(5) Visiting nurse services.
(b) Medicare pays for rural health clinic services when they are furnished at the clinic, at a hospital or other medical facility, or at the beneficiary’s place of residence.

§410.46 Physician and other practitioner services furnished in or at the direction of an IHS or Indian tribal hospital or clinic: Scope and conditions.
(a) Medicare Part B pays, in accordance with the physician fee schedule, for services furnished in or at the direction of a hospital or outpatient clinic (provider-based or free-standing) that is operated by the Indian Health Service (IHS) or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act). These services are subject to the same situations, terms, and conditions that would apply if the services were furnished in or at the direction of a hospital or clinic that is not operated by IHS or by an Indian tribe or tribal organization. Payments include health professional shortage areas incentive payments when the requirements for these incentive payments in §414.42 of this chapter are met.
(b) Payment is not made under this section to the extent that Medicare otherwise pays for the same services under other provisions.
(c) Payment is made under these provisions for the following services:
(1) Services for which payment is made under the physician fee schedule in accordance with part 414 of this chapter.
(2) Services furnished by non-physician practitioners for which payment under Part B is made under the physician fee schedule.
(3) Services furnished by a physical therapist or occupational therapist, for which payment under Part B is made under the physician fee schedule.
(d) Payments under these provisions will be paid to the IHS or tribal hospital or clinic.

§410.47 Pulmonary rehabilitation program: Conditions for coverage.
(a) Definitions. As used in this section:
Individualized treatment plan means a written plan established, reviewed, and signed by a physician every 30 days, that describes all of the following:
(i) The individual’s diagnosis.
(ii) The type, amount, frequency, and duration of the items and services under the plan.
(iii) The goals set for the individual under the plan.
Medical director means the physician who oversees or supervises the PR program.
Outcomes assessment means a written evaluation of the patient’s progress as it relates to the individual’s rehabilitation which includes the following:
(i) Beginning and end evaluations, based on patient-centered outcomes, which are conducted by the physician at the start and end of the program.
(ii) Objective clinical measures of effectiveness of the PR program for the individual patient, including exercise performance and self-reported measures of shortness of breath and behavior.