

---

## 42 C.F.R. § 413.35

---

### Limitations on coverage of costs: Charges to beneficiaries if cost limits are applied to services.

---

(a) *Principle.* A provider of services that customarily furnishes an individual items or services that are more expensive than the items or services determined to be necessary in the efficient delivery of needed health services described in § 413.30, may charge an individual entitled to benefits under Medicare for such more expensive items or services even though not requested by the individual. The charge, however, may not exceed the amount by which the cost of (or, if less, the customary charges for) such more expensive items or services furnished by such provider in the second cost reporting period immediately preceding the cost reporting period in which such charges are imposed exceeds the applicable limit imposed under the provisions of § 413.30. This charge may be made only if—

- (1) The contractor determines that the charges have been calculated properly in accordance with the provisions of this section;
- (2) The services are not emergency services as defined in paragraph (d) of this section;
- (3) The admitting physician has no direct or indirect financial interest in such provider;
- (4) CMS has provided notice to the public through notice in a newspaper of general circulation servicing the provider's locality and such other notice as the Secretary may require, of any charges the provider is authorized to impose on individuals entitled to benefits under Medicare on account of costs in excess of the costs determined to be necessary in the efficient delivery of needed health services under Medicare; and

This document is only available to subscribers. Please [log in](#) or [purchase access](#).

[Purchase Login](#)