
42 C.F.R. § 1004.1

Scope and definitions.

(a) *Scope.* This part implements section 1156 of the Act by—

- (1) Setting forth certain obligations imposed on practitioners and providers of services under Medicare;
- (2) Establishing criteria and procedures for the reports required from quality improvement organizations (QIOs) when there is failure to meet those obligations;
- (3) Specifying the policies and procedures for making determinations on violations and imposing sanctions;
and
- (4) Defining the procedures for appeals by the affected party and the procedures for reinstatements.

(b) *Definitions.* As used in this part, unless the context indicates otherwise—

Dentist is limited to licensed doctors of dental surgery or dental medicine.

Economically means the services are provided at the least expensive, medically appropriate type of setting or level of care available.

Exclusion means that items and services furnished or ordered (or at the medical direction or on the prescription of a physician) by a specified health care practitioner, provider or other person during a specified period are not reimbursed under titles V, XVIII, XIX, or XX of the Social Security Act and all other Federal non-procurement programs.

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