
42 C.F.R. § 417.454

Charges to Medicare enrollees.

(a) *Limits on charges.* The HMO or CMP must agree to charge its Medicare enrollees only for the—

- (1) Deductible and coinsurance amounts applicable to furnished covered services;
- (2) Charges for noncovered services or services for which the enrollee is liable as described in § 417.452; and
- (3) Services for which Medicare is not the primary payor as provided in § 417.528.

(b) *Limit on charges for inpatient hospital care.* If a Medicare enrollee who is an inpatient of a hospital requests immediate QIO review (as provided in § 417.605) of any determination by the hospital furnishing services or the HMO or CMP that the inpatient hospital services will no longer be covered, the HMO or CMP may not charge the enrollee for any inpatient care costs incurred before noon of the first working day after the QIO issues its review decision.

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

[Purchase Login](#)