

42 C.F.R. § 489.21

Specific limitations on charges.

Except as specified in subpart C of this part, the provider agrees not to charge a beneficiary for any of the following:

- (a) Services for which the beneficiary is entitled to have payment made under Medicare.
- (b) Services for which the beneficiary would be entitled to have payment made if the provider—
 - (1) Had in its files the required certification and recertification by a physician relating to the services furnished to the beneficiary;
 - (2) Had furnished the information required by the intermediary in order to determine the amount due the provider on behalf of the individual for the period with respect to which payment is to be made or any prior period;
 - (3) Had complied with the provisions requiring timely utilization review of long stay cases so that a limitation on days of service has not been imposed under section 1866(d) of the Act (see subpart K of part 405 and part 482 of this chapter for utilization review requirements); and

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