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## 42 C.F.R. § 489.30

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### Allowable charges: Deductibles and coinsurance.

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(a) *Part A deductible and coinsurance.* The provider may charge the beneficiary or other person on his or her behalf:

- (1) The amount of the inpatient hospital deductible or, if less, the actual charges for the services;
- (2) The amount of inpatient hospital coinsurance applicable for each day the individual is furnished inpatient hospital services after the 60th day, during a benefit period; and
- (3) The posthospital SNF care coinsurance amount.
- (4) In the case of durable medical equipment (DME) furnished as a home health service, 20 percent of the customary charge for the service.

(b) *Part B deductible and coinsurance.* (1) The basic allowable charges are the Part B annual deductible and 20 percent of the customary (insofar as reasonable) charges in excess of that deductible, except as specified in paragraphs (b)(6) and (7) of this section.

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