ELECTRONIC CODE OF FEDERAL REGULATIONS

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Title 42 → Chapter IV → Subchapter G → Part 482 → Subpart B → §482.12

Title 42: Public Health
PART 482—CONDITIONS OF PARTICIPATION FOR HOSPITALS
Subpart B—Administration

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§482.12 Condition of participation: Governing body.

There must be an effective governing body that is legally responsible for the conduct of the ho have an organized governing body, the persons legally responsible for the conduct of the hospital ı specified in this part that pertain to the governing body.

(a) *Standard: Medical staff.* The governing body must:

(1) Determine, in accordance with State law, which categories of practitioners are eligible canc medical staff;

(2) Appoint members of the medical staff after considering the recommendations of the existin staff;

(3) Assure that the medical staff has bylaws;

(4) Approve medical staff bylaws and other medical staff rules and regulations;

(5) Ensure that the medical staff is accountable to the governing body for the quality of care pr

(6) Ensure the criteria for selection are individual character, competence, training, experience,

(7) Ensure that under no circumstances is the accordance of staff membership or professional dependent solely upon certification, fellowship, or membership in a specialty body or society.

(8) Ensure that, when telemedicine services are furnished to the hospital's patients through an site hospital, the agreement is written and that it specifies that it is the responsibility of the governir hospital to meet the requirements in paragraphs (a)(1) through (a)(7) of this section with regard to physicians and practitioners providing telemedicine services. The governing body of the hospital w the telemedicine services may, in accordance with §482.22(a)(3) of this part, grant privileges base recommendations that rely on information provided by the distant-site hospital.

(9) Ensure that when telemedicine services are furnished to the hospital's patients through an telemedicine entity, the written agreement specifies that the distant-site telemedicine entity is a cor hospital and as such, in accordance with §482.12(e), furnishes the contracted services in a manne comply with all applicable conditions of participation for the contracted services, including, but not l paragraphs (a)(1) through (a)(7) of this section with regard to the distant-site telemedicine entity's providing telemedicine services. The governing body of the hospital whose patients are receiving tl

may, in accordance with §482.22(a)(4) of this part, grant privileges to physicians and practitioners (telemedicine entity based on such hospital's medical staff recommendations; such staff recommen information provided by the distant-site telemedicine entity.

(10) Consult directly with the individual assigned the responsibility for the organization and cor medical staff, or his or her designee. At a minimum, this direct consultation must occur periodically calendar year and include discussion of matters related to the quality of medical care provided to p multi-hospital system using a single governing body, the single multi-hospital system governing bo(the individual responsible for the organized medical staff (or his or her designee) of each hospital v the other requirements of this paragraph (a).

(b) *Standard: Chief executive officer.* The governing body must appoint a chief executive office managing the hospital.

(c) *Standard: Care of patients.* In accordance with hospital policy, the governing body must en requirements are met:

(1) Every Medicare patient is under the care of:

(i) A doctor of medicine or osteopathy (This provision is not to be construed to limit the authori osteopathy to delegate tasks to other qualified health care personnel to the extent recognized unde regulatory mechanism.);

(ii) A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry acting within the scope of his or her license;

(iii) A doctor of podiatric medicine, but only with respect to functions which he or she is legally perform;

(iv) A doctor of optometry who is legally authorized to practice optometry by the State in which

(v) A chiropractor who is licensed by the State or legally authorized to perform the services of respect to treatment by means of manual manipulation of the spine to correct a subluxation demon

(vi) A clinical psychologist as defined in §410.71 of this chapter, but only with respect to clinica defined in §410.71 of this chapter and only to the extent permitted by State law.

(2) Patients are admitted to the hospital only on the recommendation of a licensed practitioner admit patients to a hospital. If a Medicare patient is admitted by a practitioner not specified in para(that patient is under the care of a doctor of medicine or osteopathy.

(3) A doctor of medicine or osteopathy is on duty or on call at all times.

(4) A doctor of medicine or osteopathy is responsible for the care of each Medicare patient wit psychiatric problem that—

(i) is present on admission or develops during hospitalization; and

(ii) Is not specifically within the scope of practice of a doctor of dental surgery, dental medicine optometry; a chiropractor; or clinical psychologist, as that scope is—

(A) Defined by the medical staff;

(B) Permitted by State law; and

(C) Limited, under paragraph (c)(1)(v) of this section, with respect to chiropractors.

(d) *Standard: Institutional plan and budget.* The institution must have an overall institutional pl conditions:

(1) The plan must include an annual operating budget that is prepared according to generally principles.

(2) The budget must include all anticipated income and expenses. This provision does not req item by item the components of each anticipated income or expense.

(3) The plan must provide for capital expenditures for at least a 3-year period, including the ye budget specified in paragraph (d)(2) of this section is applicable.

(4) The plan must include and identify in detail the objective of, and the anticipated sources of anticipated capital expenditure in excess of $600,000 (or a lesser amount that is established, in ac 1122(g)(1) of the Act, by the State in which the hospital is located) that relates to any of the followi

(i) Acquisition of land;

(ii) Improvement of land, buildings, and equipment; or

(iii) The replacement, modernization, and expansion of buildings and equipment.

(5) The plan must be submitted for review to the planning agency designated in accordance w or if an agency is not designated, to the appropriate health planning agency in the State. (See part expenditure is not subject to section 1122 review if 75 percent of the health care facility's patients v service for which the capital expenditure is made are individuals enrolled in a health maintenance competitive medical plan (CMP) that meets the requirements of section 1876(b) of the Act, and if t that the capital expenditure is for services and facilities that are needed by the HMO or CMP in ord economically and that are not otherwise readily accessible to the HMO or CMP because—

(i) The facilities do not provide common services at the same site;

(ii) The facilities are not available under a contract of reasonable duration;

(iii) Full and equal medical staff privileges in the facilities are not available;

(iv) Arrangements with these facilities are not administratively feasible; or

(v) The purchase of these services is more costly than if the HMO or CMP provided the servic

(6) The plan must be reviewed and updated annually.

(7) The plan must be prepared—

(i) Under the direction of the governing body; and

(ii) By a committee consisting of representatives of the governing body, the administrative staf institution.

(e) *Standard: Contracted services.* The governing body must be responsible for services furnis or not they are furnished under contracts. The governing body must ensure that a contractor of ser shared services and joint ventures) furnishes services that permit the hospital to comply with all ap participation and standards for the contracted services.

(1) The governing body must ensure that the services performed under a contract are provide manner.

(2) The hospital must maintain a list of all contracted services, including the scope and nature

(f) *Standard: Emergency services.* (1) If emergency services are provided at the hospital, the h requirements of §482.55.

(2) If emergency services are not provided at the hospital, the governing body must assure tha written policies and procedures for appraisal of emergencies, initial treatment, and referral when ap

(3) If emergency services are provided at the hospital but are not provided at one or more off- hospital, the governing body of the hospital must assure that the medical staff has written policies a respect to the off-campus department(s) for appraisal of emergencies and referral when appropriat

[51 FR 22042, June 17, 1986; 51 FR 27847, Aug. 4, 1986, as amended at 53 FR 6549, Mar. 1, 1988; 53 FI 8852, Mar. 1, 1991; 56 FR 23022, May 20, 1991; 59 FR 46514, Sept. 8, 1994; 63 FR 20130, Apr. 23, 1998 68 FR 53262, Sept. 9, 2003; 76 FR 25562, May 5, 2011; 77 FR 29074, May 16, 2012; 79 FR 27154, May 1

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