

- (4) Children's eye and ear examinations.
- (5) Prenatal and post-partum care.
- (6) Perinatal services.
- (7) Well child care, including periodic screening.
- (8) Immunizations, including tetanus-diphtheria booster and influenza vaccine.
- (9) Voluntary family planning services.
- (10) Taking patient history.
- (11) Blood pressure measurement.
- (12) Weight.
- (13) Physical examination targeted to risk.
- (14) Visual acuity screening.
- (15) Hearing screening.
- (16) Cholesterol screening.
- (17) Stool testing for occult blood.
- (18) Dipstick urinalysis.
- (19) Risk assessment and initial counseling regarding risks.
- (20) Tuberculosis testing for high risk patients.
- (21) For women only.
 - (i) Clinical breast exam.
 - (ii) Referral for mammography; and
 - (iii) Thyroid function test.
- (c) Preventive primary services do not include group or mass information programs, health education classes, or group education activities, including media productions and publications.
- (d) Screening mammography is not considered a Federally qualified health center service, but may be provided at a Federally qualified health center if the center meets the requirements applicable to that service specified in § 410.34 of this subchapter. Payment is made under applicable Medicare requirements.
- (e) Preventive primary services do not include eyeglasses, hearing aids, or preventive dental services.

[57 FR 24980, June 12, 1992, as amended at 61 FR 14657, Apr. 3, 1996]

§ 405.2449 Preventive services.

For services furnished on or after January 1, 2011, preventive services covered under the Medicare Federally qualified health center benefit are those preventive services defined in section 1861(ddd)(3) of the Act, and § 410.2 of this chapter. Specifically, these include the following:

(a) The specific services currently listed in section 1861(ww)(2) of the Act, with the explicit exclusion of electrocardiograms.

(b) The Initial Preventive Physical Examination (IPPE) (as specified by section 1861(ww)(1) of the Act as added by section 611 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (Pub. L. 108-173) and § 410.16 of this chapter); and

(c) The Personalized Prevention Plan Services (PPPS), also known as the "Annual Wellness Visit" (as specified by section 1861(hhh) of the Act as added by section 4103 of the Affordable Care Act (Pub. L. 111-148) and § 410.15 of this chapter).

[75 FR 73613, Nov. 29, 2010]

§ 405.2450 Clinical psychologist and clinical social worker services.

(a) For clinical psychologist or clinical social worker professional services to be payable under this subpart, the services must be—

(1) Furnished by an individual who owns, is employed by, or furnishes services under contract to the FQHC;

(2) Of a type that the clinical psychologist or clinical social worker who furnishes the services is legally permitted to perform by the State in which the service is furnished;

(3) Performed by a clinical social worker or clinical psychologist who is legally authorized to perform such services under State law or the State regulatory mechanism provided by the law of the State in which such services are performed; and

(4) Covered if furnished by a physician.

(b) If State law prescribes a physician supervision requirement, it is met if the conditions specified in § 491.8(b) of this chapter and any pertinent requirements of State law are satisfied.

(c) The services of clinical psychologists or clinical social workers are not covered if State law or regulations require that the services be performed under a physician's order and no such order was prepared.

[57 FR 24980, June 12, 1992, as amended at 61 FR 14657, Apr. 3, 1996]