

subject to physician certification requirements, they must be certified as being medically necessary, and as meeting other applicable requirements, in accordance with subpart B of part 424 of this chapter.

(b) *Limitations on payment.* Payment for medical and other health services is subject to limitations on the amounts of payment as specified in §§ 410.152 and 410.155 and to the annual and blood deductibles as set forth in §§ 410.160 and 410.161.

[51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988; 57 FR 33896, July 31, 1992]

§ 410.14 Special requirements for services furnished outside the United States.

Medicare part B pays for physicians' services and ambulance services furnished outside the United States if the services meet the applicable conditions of § 410.12 and are furnished in connection with covered inpatient hospital services that meet the specific requirements and conditions set forth in subpart H of part 424 of this chapter.

[51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988]

§ 410.15 Annual wellness visits providing Personalized Prevention Plan Services: Conditions for and limitations on coverage.

(a) *Definitions.* For purposes of this section—

A review of any current opioid prescriptions means, with respect to the individual determined to have a current prescription for opioids, all of the following:

- (i) A review of the potential risk factors to the individual for opioid use disorder;
- (ii) An evaluation of the individual's severity of pain and current treatment plan;
- (iii) The provision of information on non-opioid treatment options; and
- (iv) A referral to a specialist, as appropriate.

Detection of any cognitive impairment means assessment of an individual's cognitive function by direct observation, with due consideration of information obtained by way of patient re-

port, concerns raised by family members, friends, caretakers or others.

Eligible beneficiary means an individual who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage period and who has not received either an initial preventive physical examination or an annual wellness visit providing a personalized prevention plan within the past 12 months.

Establishment of, or an update to the individual's medical and family history means, at minimum, the collection and documentation of the following:

- (i) Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries and treatments.
- (ii) Use or exposure to medications and supplements, including calcium and vitamins.
- (iii) Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the individual at increased risk.

First annual wellness visit providing personalized prevention plan services means the following services furnished to an eligible beneficiary by a health professional that include, and take into account the results of, a health risk assessment, as those terms are defined in this section:

- (i) Review (and administration if needed) of a health risk assessment (as defined in this section).
- (ii) Establishment of an individual's medical and family history.
- (iii) Establishment of a list of current providers and suppliers that are regularly involved in providing medical care to the individual.
- (iv) Measurement of an individual's height, weight, body-mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements as deemed appropriate, based on the beneficiary's medical and family history.
- (v) Detection of any cognitive impairment that the individual may have, as that term is defined in this section.
- (vi) Review of the individual's potential (risk factors) for depression, including current or past experiences