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## 42 C.F.R. § 410.15

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

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(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 report, 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
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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.

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