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Title 42 — Public Health

Chapter IV — Centers for Medicare & Medicaid Services, Department of Health and Human Services

Subchapter B — Medicare Program

Part 410 — Supplementary Medical Insurance (SMI) Benefits

Subpart B — Medical and Other Health Services

Authority: 42 U.S.C. 1302, 1395m, 1395hh, 1395rr, and 1395ddd.

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Editorial Note: Nomenclature changes to part 410 appear at 62 FR 46037, Aug. 29, 1997.

§ 410.16 Initial preventive physical examination: Conditions for and limitations on coverage.

(a) **Definitions.** As used in this section, the following definitions apply:

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.

Eligible beneficiary means, for the purposes of this section, an individual who receives his or her initial preventive examination not more than 1 year after the effective date of his or her first Medicare Part B coverage period.

End-of-life planning means, for purposes of this section, verbal or written information regarding the following areas:

- (1) An individual's ability to prepare an advance directive in the case where an injury or illness causes the individual to be unable to make health care decisions.
- (2) Whether or not the physician is willing to follow the individual's wishes as expressed in an advance directive.

Initial preventive physical examination means all of the following services furnished to an eligible beneficiary by a physician or other qualified nonphysician practitioner with the goal of health promotion and disease detection:

- (1) Review of the beneficiary's medical and social history with attention to modifiable risk factors for disease, as those terms are defined in this section.
- (2) Review of the beneficiary's potential (risk factors) for depression, including current or past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument for persons without a current diagnosis of depression, which the

physician or other qualified nonphysician practitioner may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations.

- (3) Review of the beneficiary's functional ability, and level of safety as those terms are defined in this section, as described in paragraph (4) of this definition, based on the use of appropriate screening questions or a screening questionnaire, which the physician or other qualified nonphysician practitioner may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations.
- (4) An examination to include measurement of the beneficiary's height, weight, body mass index, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the beneficiary's medical and social history, and current clinical standards.
- (5) End-of-life planning as that term is defined in this section upon agreement with the individual.
- (6) A review of any current opioid prescriptions as defined in this section.
- (7) Screening for potential substance use disorders to include a review of the individual's potential risk factors for substance use disorder and referral for treatment as appropriate.
- (8) Education, counseling, and referral, as deemed appropriate by the physician or qualified nonphysician practitioner, based on the results of the review and evaluation services described in this section.
- (9) Education, counseling, and referral, including a brief written plan such as a checklist provided to the individual for obtaining an electrocardiogram, as appropriate, and the appropriate screening and other preventive services that are covered as separate Medicare Part B benefits as described in sections 1861(s)(10), (jj), (nn), (oo), (pp), (qq)(1), (rr), (uu), (vv), (xx)(1), (yy), (bbb), and (ddd) of the Act.

Medical history is defined to include, at a minimum, the following:

- (1) Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments.
- (2) Current medications and supplements, including calcium and vitamins.
- (3) Family history, including a review of medical events in the beneficiary's family, including diseases that may be hereditary or place the individual at risk.

A *physician* for purposes of this section means a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act).

A *qualified nonphysician practitioner* for purposes of this section means a physician assistant, nurse practitioner, or clinical nurse specialist (as authorized under section 1861(s)(2)(K)(i) and section 1861(s)(2)(K)(ii) of the Act and defined in section 1861(aa)(5) of the Act, or in §§ 410.74, 410.75, and 410.76).

Review of the beneficiary's functional ability and level of safety must include, at a minimum, a review of the following areas:

- (1) Hearing impairment.

- (2) Activities of daily living.
- (3) Falls risk.
- (4) Home safety

Social history is defined to include, at a minimum, the following:

- (1) History of alcohol, tobacco, and illicit drug use.
- (2) Diet.
- (3) Physical activities.

- (b) **Condition for coverage of an initial preventive physical examination.** Medicare Part B pays for an initial preventive physical examination provided to an eligible beneficiary, as described in this section, if it is furnished by a physician or other qualified nonphysician practitioner, as defined in this section.
- (c) **Limitations on coverage of initial preventive physical examinations.** Payment may not be made for an initial preventive physical preventive examination that is performed for an individual who is not an eligible beneficiary as described in this section.

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