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The Medicare Annual Wellness Visit:

A guide to comprehensive documenting and coding

Medicare Advantage

Introduction

Provider documentation of chronic conditions, quality measures and patient satisfaction plays a major role in shaping health care. The Annual Wellness Visit can provide a means of conversation between health care providers and their Medicare Advantage plan patients to discuss health history and any concerns patients may have regarding their health, and to review patient medications and immunizations. It also offers a time to review and address patient's existing health problems; determine what health issues may become a concern in the future and how to prevent them. The goals of an Annual Wellness Visit are to create a complete personal and family health history and to help prevent future health problems.

The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) includes standard measures that are used to evaluate a health plan's performance. Through data collection and reporting, health plans also use HEDIS measures as an opportunity to identify areas for improvement in care. The Centers for Medicare & Medicaid Services (CMS) also requires HEDIS data reporting to help monitor the quality of Medicare Advantage plans and to provide information to help members compare those plans based on CMS' Five-Star Quality Rating System.

Our goal at Optum is to help navigate the changing requirements and demands of providing quality care for patients with the understanding of how care is evaluated based on the latest documentation and quality measures guidelines. Optum offers clinical and coding tools, training and education to help understand these quality measures.

This toolbook will help demonstrate efficient tools and workflows that may save valuable time in documenting your patient's Annual Wellness Visit. A Medicare Annual Wellness Visit can help drive improved quality measures within CMS' Five-Star Quality Rating System as well as the Healthcare Effectiveness Data and Information Set.

How to use this toolbook

This toolbook was developed to help implement workflows that may improve the readiness and outcomes of the patient's Annual Wellness Visit. Optum can help implement efficient practice processes that may save time and improve patient care and medical documentation. These practices may also result in better outcomes on quality measures. Your Optum representative can:

- Suggest practice workflows that may lead to a more complete collection and use of data. Accurate patient data allows providers to care for patients with efficiencies that may result in a higher degree of patient satisfaction and care.
- Provide tools and education to assist in promoting early detection, screening of chronic conditions and complete documentation that may help ensure accurate, specific and legible coding.

We can help

Ask your Optum representative for forms that may help support your patient's Annual Wellness Visit. Optum offers forms that you can complete, tear off and include in your patient's chart for:

- Cognitive function screening
- Fall risk prevention
- Health Risk Assessment (HRA)
- PHQ-9: Major depression
- Preventive medicine assessment

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2020: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021:
https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors

- HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
- For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: go.cms.gov/partcanddstarratings.

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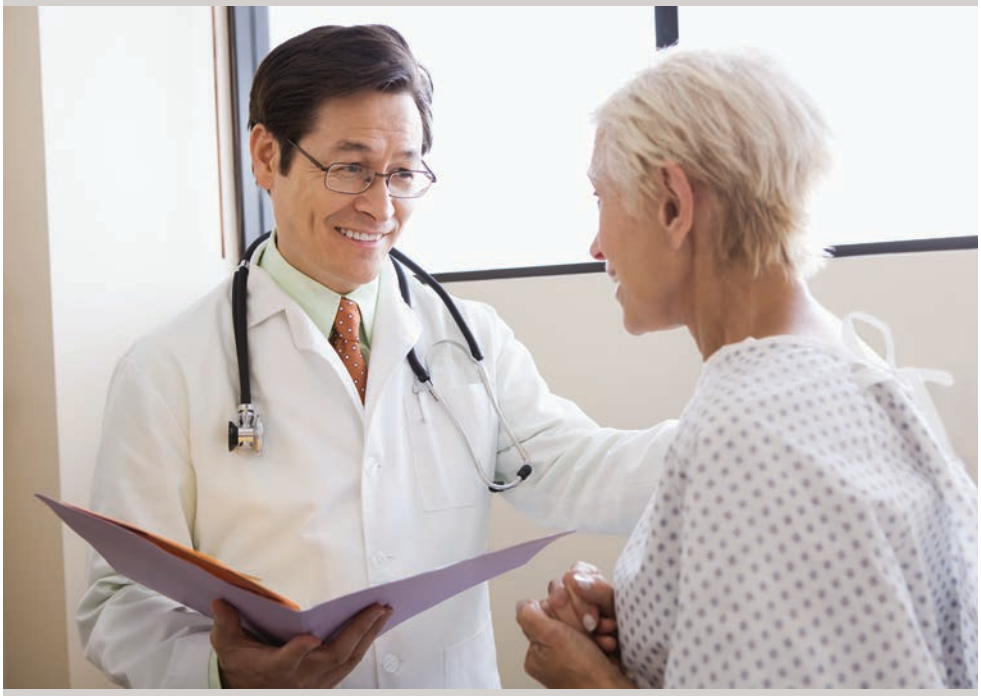

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Annual Wellness Visit (AWV) checklist

Initial (one-time benefit): Annual Wellness Visit - G0438
Subsequent: Annual Wellness Visit - G0439
Diagnosis: Any documented diagnosis is acceptable

Before the visit

- ☐ Verify eligibility:
  - ☐ Medicare Part B
  - ☐ Already had Welcome to Medicare Visit/ Initial Preventive Physical Exam (IPPE)
  - ☐ More than 365 days since previous AWV
- ☐ Explain the intent of the Annual Wellness Visit to the patient. This is a *discussion* regarding their wellness and preventative care, which is a covered benefit for Medicare Part B and Medicare Advantage plans. This is unlike similar services, such as routine physical exams, which Medicare Advantage plans may cover as a supplemental benefit.

During the visit *(see pages 14-22 for a sample visit form)*

- ☐ Have the patient complete a depression screening required for the IPPE and initial AWV (this is optional for the subsequent AWV)
- ☐ Have the patient complete a cognitive screening
- ☐ Have the patient complete an Health Risk Assessment (HRA) form. For subsequent AWV, review and update the HRA. (*See pages 6-8 for a sample HRA form.*)
- ☐ Review the patient's functional ability and level of safety including activities of daily living (ADL's), fall risk, hearing impairment and home safety
- ☐ Review opioid use if patient is at risk
- ☐ Measure blood pressure, weight and BMI
- ☐ Update patient-specific list of risk factors
- ☐ Update immunization record and order immunizations
- ☐ Establish/update written preventive checklist and provide a copy to patient
- ☐ Discuss and determine with the patient a schedule of preventive and early detection interventions
- ☐ Establish patient's medical and family history
- ☐ Establish the patient's current providers and current medications
- ☐ Discuss advance directive (at patient's discretion)
- ☐ Refer for:
  - ☐ Screening tests
  - ☐ Nutritional and/or interventions
  - ☐ Treatment of depression
  - ☐ Fall prevention
  - ☐ Tobacco cessation
  - ☐ Other _____
  - ☐ Other _____
  - ☐ Other _____

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Sample appointment script: AWV

You may find this script useful when contacting your Medicare Advantage patients for their Annual Wellness Visit. This is a suggested script only; you may want to tailor this to meet the needs of your practice.

Hello Mr./Ms. _____.

This is <your name> calling from <provider or group name> office.

I'm calling to let you know that <health plan name> provides an Annual Wellness Visit as a benefit for its members. This visit will include a detailed review of your current medical conditions and preventive screenings. This is a discussion regarding your wellness and preventative care, which is a mandatory covered benefit in the Medicare Advantage setting. This is unlike similar services, such as routine physical exams, which Medicare Advantage plans may cover as a supplemental benefit. This is not a physical exam.

In our office, <Provider Name> will be performing this Annual Wellness Visit for you.

I can schedule your appointment on <available days and times>.
When you arrive, a medical assistant will ask you some questions about your health, which will take about <# of minutes>; after that you will spend about <# of minutes> with the <Provider Name>, discussing your health and reviewing your health risk assessment.

Please bring all your current medications or a list of all current medications, including dosage and frequency. Please include all vitamins, supplements and over-the-counter medications.

If you are tracking your blood pressure at home, please bring your current record with you and if you are a diabetic, please bring the records of your recent meter readings.

The Annual Wellness Visit provided by <health plan name> is a much more comprehensive visit than you may have had in the past.

(If the patient has questions you cannot answer, please take them down and speak with your office manager, or other designated leader within your organization, for clarification.)

Sample Health Risk Assessment (HRA)

The HRA questions outlined below are provided as examples. They represent one HRA model. Use of this model is not a requirement for the Medicare Annual Wellness Visit HRA, as a variety of HRA instruments will meet the Medicare HRA definition. Physician discretion will guide the implementation and use of HRAs. HRAs are not intended to be prescriptive, and physician judgment will identify appropriate interventions for individual patients. The sample questions reflect available scientific evidence.

Ask your Optum representative for additional copies of the HRA form for your patients.

Physical Activity

In the past 7 days, how many days did you exercise? _____ days

On days when you exercised, for how long did you exercise (in minutes)? _____ minutes per day ☐ Does not apply

How intense was your typical exercise?

☐ Light (like stretching or slow walking)
☐ Moderate (like brisk walking)
☐ Heavy (like jogging or swimming)
☐ Very heavy (like fast running or stair climbing)
☐ I am currently not exercising

Tobacco Use

In the last 30 days, have you used tobacco? Smoked: ☐ Yes ☐ No

Used a smokeless tobacco product: ☐ Yes ☐ No

If Yes to either, Would you be interested in quitting tobacco use within the next month? ☐ Yes ☐ No

Alcohol Use

In the past 7 days, on how many days did you drink alcohol? _____ days

On days when you drank alcohol, how often did you have _____ (5 or more for men, 4 or more for women and those men and women 65 years old or over) alcoholic drinks on one occasion?

☐ Never
☐ Once during the week
☐ 2–3 times during the week
☐ More than 3 times during the week

Do you ever drive after drinking, or ride with a driver who has been drinking? ☐ Yes ☐ No

Nutrition

In the past 7 days, how many servings of fruits and vegetables did you typically eat each day? (1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit. 1 cup = size of a baseball.) _____ servings per day

In the past 7 days, how many servings of high fiber or whole grain foods did you typically eat each day?

(1 serving = 1 slice of 100% whole wheat bread, 1 cup of whole-grain or high-fiber ready-to-eat cereal, ½ cup of cooked cereal such as oatmeal, or ½ cup of cooked brown rice or whole wheat pasta.) _____ servings per day

In the past 7 days, how many servings of fried or high-fat foods did you typically eat each day? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, corn chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise.) _____ servings per day

In the past 7 days, how many sugar-sweetened (not diet) beverages did you typically consume each day? _____ sugar sweetened beverages consumed per day

Seat Belt Use

Do you always fasten your seat belt when you are in a car? ☐ Yes ☐ No

Depression

In the past 2 weeks, how often have you felt down, depressed, or hopeless?

☐ Almost all of the time ☐ Some of the time
☐ Most of the time ☐ Almost never

In the past 2 weeks, how often have you felt little interest or pleasure in doing things?

☐ Almost all of the time ☐ Some of the time
☐ Most of the time ☐ Almost never

Have your feelings caused you distress or interfered with your ability to get along socially with family or friends?

☐ Yes ☐ No

Anxiety

In the past 2 weeks, how often have you felt nervous, anxious, or on edge?

☐ Almost all of the time ☐ Some of the time
☐ Most of the time ☐ Almost never

In the past 2 weeks, how often were you not able to stop worrying or control your worrying?

☐ Almost all of the time ☐ Some of the time
☐ Most of the time ☐ Almost never

High Stress

How often is stress a problem for you in handling such things as:

–Your health? –Your finances? –Your family or social relationships? –Your work?

☐ Never or rarely ☐ Often
☐ Sometimes ☐ Always

Social/Emotional Support

How often do you get the social and emotional support you need:

☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

Pain

In the past 7 days, how much pain have you felt?

☐ None ☐ A lot
☐ Some

General Health

In general, would you say your health is

☐ Excellent ☐ Fair
☐ Very good ☐ Poor
☐ Good

How would you describe the condition of your mouth and teeth—including false teeth or dentures?

☐ Excellent ☐ Fair
☐ Very good ☐ Poor
☐ Good

Activities of Daily Living

In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet? ☐ Yes ☐ No

Instrumental Activities of Daily Living

In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications? ☐ Yes ☐ No

Sleep

Each night, how many hours of sleep do you usually get? _____ hours

Do you snore or has anyone told you that you snore? ☐ Yes ☐ No

In the past 7 days, how often have you felt sleepy during the daytime?

☐ Always
☐ Usually
☐ Sometimes
☐ Rarely
☐ Never

Biometric Measures— Self-Reported

(To be completed by the patient only when the HRA is not prepopulated using laboratory, electronic medical record (EMR), patient health record (PHR), or other medical practice source data.)

Blood Pressure

If your blood pressure was checked within the past year, what was it when it was last checked?

☐ Low or normal (at or below 120/80)
☐ Borderline high (120/80 to 139/89)
☐ High (140/90 or higher)
☐ Don't know/not sure

Cholesterol

If your cholesterol was checked within the past year, what was your total cholesterol when it was last checked?

☐ Desirable (below 200)
☐ Borderline high (200–239)
☐ High (240 or higher)
☐ Don't know/not sure

Blood Glucose

If your glucose was checked, what was your fasting blood glucose (blood sugar) level the last time it was checked?

☐ Desirable (below 100)
☐ Borderline high (100–125)
☐ High (126 or higher)
☐ Don't know/not sure

If diabetic, and if you have had your hemoglobin A1c level checked in the past year, what was it the last time you had it checked?

☐ Desirable (6 or lower)
☐ Borderline high (7)
☐ High (8 or higher)
☐ Don't know/not sure

Overweight/Obesity

What is your height without shoes? (for example, 5 feet and 6 inches = 5'6")

Feet _____ Inches _____

What is your weight?

Weight in pounds _____

Goetzel, RZ; Staley, P; Ogden, L; Stange, P; Fox, J; Spangler, J; Tabrizi, M; Beckowski, M; Kowlessar, N; Glasgow ,RE, Taylor, MV. A framework for patient-centered health risk assessments – providing health promotion and disease prevention services to Medicare beneficiaries. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at: cdc.gov/policy/hst/hra/

"Welcome to Medicare" Exam

Codes	Diagnosis code	Description
G0402	Any appropriate code is accepted	"Welcome to Medicare" initial preventive physical exam (IPPE) limited to new beneficiary during the first 12 months of Medicare enrollment; face-to face visit
G0403		Electrocardiogram, routine ECG with 12 leads; performed as a screening for IPPE with interpretation and report
G0404		Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report performed as a screening for IPPE
G0405		Electrocardiogram, routine ECG with 12 leads; interpretation and report only performed as a screening for IPPE

"Welcome to Medicare" exam

Medicare covers an IPPE within the first twelve months of a beneficiary's Part B coverage. Also known as the "Welcome to Medicare" exam, this one-time visit has the following goals:

- Comprehensive review of a patient's health
- Early detection of diseases when outcomes are best
- Identification of risk factors associated with various diseases

Note: Medicare covers a one-time ultrasound screening for abdominal aortic aneurysm (AAA) for at-risk beneficiaries when a referral for the screening is received as a result of the IPPE from the 'Welcome to Medicare' exam. However, the AAA screening is a separate service from the physical exam and is subject to radiology cost-sharing.

What is included in "Welcome to Medicare" exam
• A review of medical and social history
• *CMS encourages providers to pay close attention to opioid use during this part of the IPPE, which includes opioid use disorders (OUD). If a patient is using opioids, assess the benefit for other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk*
• A review of potential risk factors for depression and other mood disorders
• A review of functional ability and level of safety
• An exam to include height, weight, blood pressure, body mass index (BMI), visual acuity, and other medically necessary factors deemed appropriate based on the beneficiary's medical and social history and current clinical standards
• Education, counseling and referral based on bulleted items above
• Education, counseling and referral for other preventive services
• End-of-life planning on beneficiary agreement*

"Welcome to Medicare" coding tips

- The "Welcome to Medicare" exam is limited to one per beneficiary per lifetime for beneficiaries within the first 12 months of the effective date of the beneficiary's first Medicare Part B coverage period.
- As of 01/01/2009, an EKG is no longer required with the IPPE.
- A provider performing the complete "Welcome to Medicare" physical exam and the complete EKG would report both HCPCS codes G0402 and G0403.
- If the EKG portion of the exam is not performed during the visit, another provider may perform and/or interpret the EKG.
- When a provider performs a significant, separately identifiable, medically necessary evaluation and management (E/M) service in addition to the "Welcome to Medicare" exam, CPT codes 99201-99215 reported with modifier -25 may also be billed. When medically indicated, this additional (E/M) service could be subject to the applicable deductible, copayment or coinsurance for office visits.
- An IPPE can be performed by a physician (MD or DO) or a qualified non-physician practitioner (PA, NP, CCNS)

*Voluntary advance planning refers to verbal or written information regarding 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 and whether or not the physician is willing to follow the individual's wishes as expressed in an advance directive.

"Initial Preventative Physical Examination". Centers for Medicare & Medicaid Services. Department of Health and Human Services, August 2018. Web. 1 Dec 2018. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf>.

Annual physical examinations and annual wellness visits

The Annual Wellness Visit is a yearly appointment with a Medicare beneficiary's primary care provider (PCP) to create or update a Personalized Prevention Plan Service (PPPS). This plan may help prevent illness based on current health and risk factors. The Patient Protection and Affordable Care Act (ACA) waives the deductible and coinsurance/copayment for the Initial Preventive Physical Exam (IPPE) and the Annual Wellness Visit (AWV).[1]

Annual preventive visits

The AWV is one of several preventative visits to detect health concerns early. An AWV *is not* a physical exam. Documentation and coding requirements for each of these services are different. Also, an AWV service is similar to, but separate from, the one-time Welcome to Medicare preventive visit. The AWV is covered by *all* Medicare Advantage (MA) plans. Some MA plans will also cover a routine "physical exam."

Codes	ICD-10-CM code	Description
99385 - 99387, 99395 - 99397 *Routine physical exam: Coverage varies with each plan*	Z00.00	Encounter for general adult medical examination without abnormal findings.
	Z00.01	Encounter for general adult medical examination with abnormal findings. *Use additional code to identify abnormal findings.*
G0402 *(one time benefit)*	Any appropriate code is accepted.	Initial Preventive Physical Examination (IPPE) or "Welcome to Medicare Exam."
G0438 *(one time benefit)*		Annual Wellness Visit, includes a personalized prevention plan of service (PPPS), *first visit.*
G0439		Annual Wellness Visit, includes a personalized prevention plan of service (PPPS), *subsequent visit.*
G0468		Federally qualified health center (FQHC) visit, IPPE or AWV; a FQHC visit that includes an IPPE or AWV and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AWV.

Additional services provided on the same day as an AWV and/or routine physical exam

If you bill additional services with an AWV and/or routine physical exam, including labs and/or diagnosic services, a copayment or coinsurance may apply, even if the primary reason for the visit was a routine physical exam.

Other preventive services[1,2,3]

Providers may also provide and bill separately for other preventive services. For additional information, please visit: cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html

• Alcohol misuse screening and counseling	• Human immunodeficiency virus (HIV) screening
• Bone mass measurements	• Influenza, pneumococcal, and hepatitis B vaccinations and their administration
• Cardiovascular disease screening tests	• Intensive behavioral therapy (IBT) for cardiovascular disease and IBT for obesity
• Colorectal cancer screening	• Lung cancer screening with low-dose computed tomography (LDCT)
• Counseling to prevent tobacco use	• Medical nutrition therapy (MNT)
• Depression screening	• Prostate cancer screening
• Diabetes screening	• Screening for cervical cancer with human papillomavirus (HPV) tests
• Diabetes self-management training (DSMT)	• Screening for sexually transmitted infections (STIs) and high-intensity behavioral counseling to prevent STIs
• Glaucoma screening	• Screening mammography
• Hepatitis B virus (HBV) screening	• Screening Pap tests and screening pelvic exam (includes clinical breast exam)
• Hepatitis C virus (HCV) screening	• Ultrasound screening for abdominal aortic aneurysm (AAA) if patient qualifies for screening and receives a referral as part of their IPPE

Documentation requirements

Initial Annual Wellness Visit[3]
• Health risk assessment (HRA): obtain self-reported information from the patient, including activities of daily living (ADLs), instrumental ADLs (IADLs), psychosocial and behavioral risks and a self-assessment of health status.
• Establishment of medical and family history. • *Medicare would like to emphasize that review of opioid use is a routine component of this element. If a patient is using opioids, assess the benefit from other, non-opioid pain therapies instead, even if the patient does not have opioid use disorder but is possibly at risk.*[4]
• Establishment of current providers and suppliers who regularly provide medical care.
• Measurement of height, weight, BMI, blood pressure and other medically necessary routine measurements.
• Detection of any cognitive impairment via direct observation, while considering information from reports and concerns raised by family members and others. If appropriate, use a brief validated structured cognitive assessment tool.
• Review of potential risk factors for depression using any appropriate screening instrument.
• Review of functional ability and level of safety, including fall risk, hearing impairment, home safety and ability to perform ADLs: use direct observation or select appropriate questions from various screening questionnaires.
• Establishment of a written screening schedule, such as a checklist, for the next 5-10 years. Base screening schedule on recommendations from the USPSTF and ACIP as well as the patient's HRA, health status and screening history.
• Establishment of a list of risk factors and conditions for which interventions are recommended or are underway that includes mental health conditions and a list of treatment options and their associated risks and benefits.
• Furnishing of personalized health advice and referrals, as appropriate, to health education or preventive counseling services or programs, including community-based lifestyle interventions to reduce identified risk factors and promote self-management and wellness.
• Furnish advance care planning services, *at the discretion of the patient.*

Subsequent Annual Wellness Visit[3]
• Review and update health risk assessment.
• Update medical and family history. • *Medicare would like to emphasize that review of opioid use is a routine component of this element. If a patient is using opioids, assess the benefit from other, non-opioid pain therapies instead, even if the patient does not have opioid use disorder but is possibly at risk.*[4]
• Update the list of current providers and suppliers, including those added as a result of the first AWV.
• Measurement of weight, blood pressure and other medically necessary routine measurements.
• Detection of any cognitive impairment.
• Update to the written screening schedule developed in the first AWV providing PPPS.
• Update to the list of risk factors and conditions for which interventions are recommended or are underway based on the list developed at the first AWV providing PPPS.
• Furnishing of personalized health advice and referral, as appropriate, to health education or preventive counseling services or programs.
• Furnish advance care planning services, *at the discretion of the patient.*

AWV coding tips[1,2,3]

- G0402 is only covered within the first 12 months of a patient's Medicare Part B enrollment.
- G0438 and G0439 may not be billed within 12 months of a previous billing of a G0402, G0438 or G0439 for the same patient. Some MA plans allow for calendar year billing in lieu of the 12 month rule.
- When a provider performs a separately identifiable medically necessary E/M service in addition to the AWV with PPPS, CPT codes 99201-99215 reported with modifier -25 may also be billed. When medically indicated, this additional E/M service would be subject to the applicable deductible, copayment or coinsurance for office visits.
- If providing advance care planning (ACP) as an optional element to the AWV, use the additional CPT code of 99497 with modifier 33 for the first 30 minutes and 99498 for each additional 30 minutes. This service is no cost to the patient if completed once per year during their AWV.

- Please note, payment policies regarding the AWVs and the comprehensive preventive exams vary by plan. Please check with your contracted plan for further information prior to billing.
- Coverage requirements may vary from plan to plan. Please check with your contracted plan for product variances. Certain eligibility and other limitations may apply.

Optum360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.
AMA. Current Procedural Terminology Professional Edition. 2020: Chicago, IL: Ameican Medical Association; 2019.
2020 HCPCS Level II Professional. Salt Lake City, UT: Optum360; 2019.
1. Annual Wellness Visit. CMS.gov. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf. Published August 2018. Accessed October 8, 2019.
2. Review of Opioid Use during the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV). CMS.gov. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18004.pdf. Published August 28, 2018. Accessed August 8, 2019.

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Sample AWV template

ALL FIELDS REQUIRED	DATE OF SERVICE:			
PATIENT NAME:			DOB:	
MEMBER ID #:		PLAN NAME:		

1. Patient demographics and vital signs

Name	☐ M ☐ F	Height	in	Weight	lbs	Enter BMI; *Circle if <19 or >25*	
Date of birth		Age		Temperature			
O2 Sat %	_____% Oxygen	RR		HR		Arm BP *Circle if arm BP > 140/90* Ankle BP ABI *Circle if BP ABI >1.2 or <0.9*	
Supplemental oxygen use?	☐ Yes ☐ No						

2. Reason for visit

Annual Wellness Visit	☐ Initial AWV ☐ Subsequent AWV
Patient states that health is:	☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

3. Current providers and suppliers

Primary care		Phone #	
Specialist (1)		Phone #	
Specialist (2)		Phone #	
Supplier (1)		Phone #	
Supplier (2)		Phone #	
Emergency contact		Phone #	

4. Personal and family medical history

	PATIENT	FATHER	MOTHER	SIBLINGS	CHILDREN	SPECIFY DISEASE
Coronary disease						
High blood pressure						
High cholesterol						
Cerebrovascular disease						
Renal disease						
Malignancies (List patient's previous cancer history)						
Diabetes						
Aortic aneurysms						

5. Social history *(optional)*

	CURRENT USAGE	PREVIOUS USAGE	PREVIOUS TREATMENT	SPECIFY
Tobacco				
Alcohol				
Marijuana				
Illicit drugs				

6. End of life planning *(at patient's discretion)*

☐ Advance directive on file ☐ Life-sustaining treatment prescription available ☐ Counseled patient ☐ Patient declined to discuss

ALL FIELDS REQUIRED	DATE OF SERVICE:		
PATIENT NAME:		DOB:	
MEMBER ID #:		PLAN NAME:	

7. Review of systems *(optional, not a requirement for the AWV)*

SYSTEM	REVIEW OF SYSTEMS (Current or history of)	PHYSICIAN COMMENTS/ DOCUMENTATION
EYES	Blurred/Double vision: ☐ YES ☐ NO Glaucoma: ☐ YES ☐ NO Macular degeneration: YES ☐ NO Other: _____	Date of last vision exam: _____/_____/____
EARS/NOSE/THROAT	Loss/Change in hearing: ☐ YES ☐ NO Hearing aids: ☐ YES ☐ NO Pain/Ringing/Discharge/Blood in ear: ☐ YES ☐ NO Hoarseness: ☐ YES ☐ NO Pain/Difficulty swallowing: ☐ YES ☐ NO Other: _____	Date of influenza vaccine: _____/_____/____ Date of last hearing exam: _____/_____/____
NECK	Pain/Stiffness/Swelling: ☐ YES ☐ NO Other: _____	
RESPIRATORY	Chronic cough: ☐ YES ☐ NO Productive: ☐ YES ☐ NO Hemoptysis: ☐ YES ☐ NO Chronic asthma: ☐ YES ☐ NO Hospitalized for pneumonia in past year: ☐ YES ☐ NO Chronic bronchitis: ☐ YES ☐ NO Pulmonary emboli/Blood clots: ☐ YES ☐ NO Other: _____	Date of pneumonia vaccine: _____/_____/____
CARDIOVASCULAR	☐ Hypertension ☐ Hypercholesterolemia Coronary artery disease: Document current symptoms (for example, angina) or past/current treatments Shortness of breath: ☐ YES ☐ NO (Exertion/At rest/Lying flat) Leg swelling: ☐ YES ☐ NO Claudication: ☐ YES ☐ NO Other: _____	Date of LDL-C screening: _____/_____/____ BP controlled (<140/90) Date of previous MI: _____/_____/____
GASTROINTESTINAL	Weight loss/Gain: ☐ YES ☐ NO Amount: _____ Period: _____ Peptic ulcer disease/GERD: ☐ YES ☐ NO Liver disease/Gallbladder disease: ☐ YES ☐ NO Vomiting/Diarrhea: ☐ YES ☐ NO Blood: ☐ YES ☐ NO Constipation: ☐ YES ☐ NO Colitis/Diverticular disease: ☐ YES ☐ NO Other: _____	Date of last colorectal cancer screening: _____/_____/____ Type of screening: _____ Has the patient been screened for hepatitis C Virus Infection?: ☐ YES ☐ NO Date of screening: _____/_____/____ Date screening ordered: _____/_____/____
GENITOURINARY	Urinary/Kidney infections: ☐ YES ☐ NO Kidney/Bladder stones: ☐ YES ☐ NO Blood in urine: ☐ YES ☐ NO Chronic kidney disease: ☐ YES Stage: _____ ☐ NO Urinary hesitancy: ☐ YES ☐ NO Urinary hesitancy/Incontinence: ☐ YES ☐ NO Other: _____	eGFR: _____ Date: _____/_____/____ *(circle if eGFR <= 60)* Proteinuria: ☐ YES ☐ NO Date: _____/_____/____ *(circle if 'yes')* Prostate cancer screening: type _____ Results: _____ Date of last pelvic exam: _____/_____/____
MUSCULOSKELETAL–EXTREMITIES	Pain: ☐ YES ☐ NO Location: _____ Blood clots/Phlebitis: ☐ YES ☐ NO Amputations: ☐ YES ☐ NO Location: _____	Consider DMARD for rheumatoid arthritis
SKIN	Rashes/Skin changes: ☐ YES ☐ NO New/Unusual hair loss: ☐ YES ☐ NO Other: _____	
BREAST	New breast mass/Pain/Nipple discharge: ☐ YES ☐ NO	Date of last mammogram: _____/_____/____
NEUROLOGIC	New onset dizziness/Presyncope/Syncope: ☐ YES ☐ NO Headaches: ☐ YES ☐ NO Stroke/TIA (mini-stroke): ☐ YES ☐ NO Difficulty speaking: ☐ YES ☐ NO Parkinson's disease: ☐ YES ☐ NO Other: _____	
CANCER	Active cancer diagnoses	
ENDOCRINE	Diabetes: ☐ YES ☐ NO Blood sugar checks: ☐ YES ☐ NO Diabetic eye exam: ☐ YES ☐ NO Exercise program: ☐ YES ☐ NO Diabetic foot checks: ☐ YES ☐ NO Other: _____	Date of HgbA1C: _____/_____/____ Results: _____ Date of LDL-C: _____/_____/____ Results: _____ Results of urine microalbumin: _____ Date of diabetic eye exam: _____/_____/____

ALL FIELDS REQUIRED	DATE OF SERVICE:		
PATIENT NAME:		DOB:	
MEMBER ID #:		PLAN NAME:	

8. Known adverse reactions to medications

MEDICATIONS	SPECIFY ADVERSE REACTIONS
1.	
2.	
3.	
4.	
5.	
6.	

9. Medication list

List all medications and supplements

(CMS encourages providers to pay close attention to Opioid use during this part of the AWV, which includes opioid use disorders (OUD). If a patient is using opioids, assess the benefit for other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk)

MEDICATION/SUPPLEMENT	DOSE AND FREQUENCY	INDICATION/DIAGNOSIS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Note: Modify the regimen and lower dosages, if applicable, as recommended in the 2015 Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. <http://geriatricscareonline.org/ProductAbstract/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001>

ALL FIELDS REQUIRED	DATE OF SERVICE:			
PATIENT NAME:			DOB:	
MEMBER ID #:		PLAN NAME:		

10. Previous surgeries/interventional procedures

PROCEDURE	DATE

11. Comprehensive pain screening *(optional, not a requirement for the AWV)*

1. Does the patient complain of any pain symptoms? ☐ YES ☐ NO
   If yes, circle the appropriate face in FIGURE 1 below. If the score is 2 or higher, then document the following:
2. How long has the patient had the pain? _____
3. Describe the characteristics of the pain: ☐ Sharp ☐ Dull ☐ Burning ☐ Other: _____
4. The type of pain: ☐ Intermittent ☐ Variable (constant with intense breakthrough pain) ☐ Constant at a stable intensity
5. The location of the pain (indicate on FIGURE 2 below):

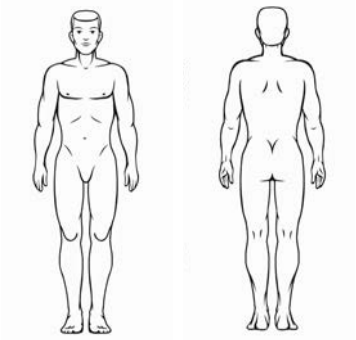
Document, code and provide a treatment plan for the pain and its management.

FIGURE 1: Faces Pain Scale–Revised (FPS-R)*

These faces show how much something can hurt. This face (point to face on far left) shows no pain. The faces show more and more pain (point to each from left to right) up to this one (point to face on far right) — it shows very much pain. Point to the face that shows how much you hurt (right now).

Score the chosen face 0, 2, 4, 6, 8 or 10, counting left to right, so "0" = "no pain" and "10" = "very much pain." Do not use words like "happy" or "sad." This scale is intended to measure how someone feels inside, not how their face looks.

FIGURE 2



Patient name: _____ **Date:** _____

Faces Pain Scale-Revised (FPS-R). www.iasp-pain.org/FPSR. Copyright ©2001, International Association for the Study of Pain®. Reproduced with permission. Hicks CL, von Baeyer CL, Spafford P, van Korlaar I, Goodenough B. Faces Pain Scale-Revised: Toward a Common Metric in Pediatric Pain Measurement. PAIN 2001; 93:173-183. With the instructions and translations as found on the website www.iasp-pain.org/FPSR.

ALL FIELDS REQUIRED	DATE OF SERVICE:		
PATIENT NAME:		DOB:	
MEMBER ID #:		PLAN NAME:	

12. Peripheral neuropathy screening *(optional, not a requirement for the AWV)*

DOES THE PATIENT COMPLAIN OF:	RIGHT	LEFT
Pain, aching, burning in legs/feet	☐ YES ☐ NO Duration: _____	☐ YES ☐ NO Duration: _____
"Pins and needles" in legs/feet	☐ YES ☐ NO Duration: _____	☐ YES ☐ NO Duration: _____
Numbness (lack of feeling) in legs/feet	☐ YES ☐ NO Duration: _____	☐ YES ☐ NO Duration: _____
Other		

Patient with known: ☐ Diabetes ☐ Alcohol misuse ☐ Nutritional deficiency ☐ Other disease: _____

Is the patient on: ☐ Dapsone ☐ Hydroxyurea ☐ Metronidazole ☐ Vincristine ☐ Thalidomide ☐ Isoniazid ☐ Linezolid ☐ Ribavirin

Exposure to other medications/agent known to cause neuropathy: _____

If present, document and code the peripheral neuropathy and etiology with specificity in Section 17, along with the treatment plan.

*Based on above screening, consider recording vibratory sensation in seconds, using a 128-HZ tuning fork during the physical examination.**

*Over DS, et al. Quantitative assessment of diabetic peripheral neuropathy with use of the clanging tuning fork test. Endocr Pract 13:5-10, 2007.

13. Six Item Cognitive Impairment Test (6CIT)

1. What year is it? 0 CORRECT | 4 INCORRECT | ☐ SCORE

2. What month is it? 0 CORRECT | 3 INCORRECT | ☐ SCORE

3. Give the patient an address phrase to remember with 5 components:
(For example: John - Smith - 42 - High Street - Bedford)
(Make sure patient can repeat address properly and inform him/her that you will ask him for it later.)

4. About what time is it (within one hour)? 0 CORRECT | 3 INCORRECT | ☐ SCORE

5. Count backwards from 20 to 1. 0 CORRECT | 2 1 ERROR | 4 1+ ERRORS | ☐ SCORE

6. Say the months of the year in reverse. 0 CORRECT | 2 1 ERROR | 4 1+ ERRORS | ☐ SCORE

7. Repeat address phrase (address in # 3)
0 CORRECT | 2 1 ERROR | 4 2 ERRORS | 6 3 ERRORS | 8 4 ERRORS | 10 ALL WRONG
☐ TOTAL SCORE

SCORING: 0-7 Normal • 8-9 Mild cognitive impairment (consider referral) • 10-28 Significant cognitive impairment (refer)

The Kingshill Research Centre, Swindon, UK owns the copyright to The Kingshill Version 2000 of the 6CIT but allows free usage to health care professionals.
<www.patient.co.uk/doctor/six-item-cognitive-impairment-test-6cit>

ALL FIELDS REQUIRED	DATE OF SERVICE:		
PATIENT NAME:		DOB:	
MEMBER ID #:		PLAN NAME:	

14. Activities of daily living (ADL)

Please circle the appropriate response for each activity, based on what the member actually does rather than what he/she could do. For the functional assessment, at least five of the following must be assessed: toilet use, bathing, eating, dressing, mobility (walking) and/or transferring.

Activity	Independent	Needs Some Assistance	Requires Assistance
Bladder	Continent (> 7 days)	Occasional accidents (within 24 hours)	Incontinent; needs assistance with catheterization; needs assistance with ostomy care
Bowels	Continent	Occasional accidents (within one week)	Incontinent; needs assistance with bowel routine; needs assistance with ostomy care
Toilet use	Independent (on and off, dressing, wiping)	Needs help with some tasks	Dependent on assistance
Bathing	Independent	Needs help with some tasks (transfer, drying)	Dependent on assistance
Eating	Independent (using proper utensils to bring food to the mouth as well as chewing and swallowing)	Needs minimal assistance but can do most tasks unaided	Dependent on assistance
Dressing	Independent (buttons, zippers, laces)	Needs help but can do some tasks unaided	Dependent
Mobility	Independent	Walks with cane or needs minor assistance (verbal or one person)	Immobile, wheelchair/scooter bound
Transfering	Independently transfers to and from sitting position	Needs minor assistance (verbal or one person)	No sitting balance or requires help of more than one person
Stairs	Independent both up and down stairs	Needs help (verbal, physical, bolstering aid)	Unable

- Based on the above, determine if the patient is a candidate for supervised care. ☐ YES ☐ NO
- Based on first three questions, determine if patient needs counseling for urinary and/or bowel incontinence. ☐ YES ☐ NO
- Based on the last three questions, determine if patient requires fall prevention counseling. ☐ YES ☐ NO

15. Depression screen *(required for initial AWV and IPPE, optional for subsequent AWV)*

Instructions: Choose the best answer for how you felt over the past week.

1. Are you basically satisfied with your life?	YES **NO**	9. Do you feel that your situation is hopeless?	**YES** NO
2. Have you dropped many of your activities and interests?	**YES** NO	10. Do you feel happy most of the time?	YES **NO**
3. Do you feel that your life is empty?	**YES** NO	11. Do you think it is wonderful to be alive?	YES **NO**
4. Do you often get bored?	**YES** NO	12. Do you feel pretty worthless the way you are now?	**YES** NO
5. Are you in good spirits most of the time?	YES **NO**	13. Do you feel full of energy?	YES **NO**
6. Are you afraid that something bad is going to happen to you?	**YES** NO	14. Do you prefer to stay at home rather than going out and doing new things?	**YES** NO
7. Do you feel you have more problems with memory than most people?	**YES** NO	15. Do you think that most people are better off than you are?	**YES** NO
8. Do you often feel helpless?	**YES** NO	☐ **Consider further investigations / referral if score is > 5**	

SCORING: Answers indication depression are in bold and equal one point. A score of 0 to 5 is normal. A score > 5 suggests depression.

Geriatric Depression Rating Scale http://www.medafile.com/GDS15.htm Accessed December 9, 2019.

ALL FIELDS REQUIRED	DATE OF SERVICE:		
PATIENT NAME:		DOB:	
MEMBER ID #:		PLAN NAME:	

If system deferred, check here	16. Physical exam *(optional, not a requirement for the AWV)*	
☐	**GENERAL**	**General appearance:** ☐ Well-nourished ☐ Well-developed ☐ Cachectic ☐ Other (please explain): _____ ☐ Alert ☐ Anxious (level of distress): ☐ NAD ☐ Mild ☐ Moderate ☐ Severe Race: _____ **ABNL exam findings:** _____
☐	**HEAD**	☐ Facial features symmetric ☐ Skull normocephalic ☐ Hair / Scalp NL **ABNL exam findings:** _____
☐	**EYES**	**Vision:** ☐ NL or ☐ ABNL **Lids/Lashes:** ☐ NL or ☐ ABNL ☐ Erythema ☐ Drainage Conjunctiva: ☐ Normal ☐ Pale ☐ Injected ☐ PERRLA _____ ☐ Scleral icterus ☐ EOM NL ☐ AV nicking ☐ Visual acuity RT-20/_____ LT-20/_____ Results of fundoscopic exam: _____ **ABNL exam findings:** _____
☐	**EAR, NOSE & THROAT**	☐ ENT Inspection NL ☐ Throat NL ☐ Mucus membranes pink/moist ☐ Nasal septum NL ☐ TM's NL ☐ Auditory canal NL ☐ Hearing grossly intact ☐ Sinus tenderness (location: _____) **Assess for hearing impairment:** _____ **ABNL exam findings:** _____
☐	**NECK**	☐ Supple/NL Cervical lymphadenopathy: ☐ Yes ☐ No Thyroid exam: _____ ☐ Tracheostomy ☐ JVD Present: ☐ Right ☐ Left ☐ Bilateral ☐ Carotid bruit(s): ☐ Yes ☐ No ☐ Right ☐ Left ☐ Bilateral **ABNL exam findings:** _____
☐	**LUNGS**	☐ Lungs clear bilaterally ☐ No chest wall tenderness ☐ Cough absent ☐ Percussion NL ☐ SOB ☐ Crackles present (Details:_____) ☐ Wheezes present (Details:_____) ☐ Rhonchi present (Details:_____) ☐ Spirometry results*:_____ **ABNL exam findings:** _____ **Perform spirometry on any patient with history of smoking, chronic asthma, bronchitis or obstructive pulmonary disease*
☐	**HEART & BLOOD VESSELS**	☐ NL S1 & S2 ☐ S3 present ☐ S4 present ☐ Rate NL ☐ Tachycardia ☐ Bradycardia ☐ Rhythm regular ☐ Rhythm irregular ☐ Rubs present ☐ No murmurs ☐ Pacemaker/AICD present If murmur present, please describe location and grade: _____ **ABNL exam findings:** _____ ☐ Pedal pulses NL ☐ Lower extremities: ☐ Warm or ☐ Cool ☐ Amputations/Prostheses_____ ☐ No varicosities ☐ Venous stasis ☐ Absent hair loss noticeable on LE ☐ No cyanosis ☐ No ulceration present ☐ No edema ☐ No calf tenderness ☐ No clubbing If edema present, please describe location, pitting or nonpitting +1, 2, 3: _____ **ABNL exam findings:** _____
☐	**CHEST/ BREASTS**	☐ Chest grossly symmetrical bilaterally ☐ Breast exam deferred ☐ No breast dimpling ☐ No drainage ☐ No breast masses ☐ No chest or breast nodules ☐ No nipple inversion ☐ No axillary nodes bilaterally **ABNL exam findings:** _____
☐	**GI**	☐ Abdomen symmetrical ☐ No ABNL distention ☐ + Mass-Location: _____ ☐ Percussion WNL ☐ Soft ☐ No tenderness ☐ Scars present ☐ Hernias present ☐ Organomegaly ☐ Feeding tube/Ileostomy/Colostomy ☐ **Auscultation:** Check for bowel sounds present and for bowel sounds absent ☐ **Rectal exam reveals:** Peri-rectal area NL to inspection & palpation ☐ Stool brown ☐ Deep palpation NL ☐ Stool negative for occult blood ☐ Stool positive for occult blood ☐ Int. or Ext. hemorrhoid(s) present ☐ Sphincter tone poo **ABNL exam findings:** _____
☐	**GU**	☐ CVA tenderness: Absent bilaterally ☐ Suprapubic tenderness: Absent Male: ☐ Prostate exam NL ☐ Prostate enlargement ☐ Tenderness ☐ Nodules Female: ☐ Pelvic deferred ☐ Pelvic exam NL **ABNL exam findings:** _____

ALL FIELDS REQUIRED	DATE OF SERVICE:		
PATIENT NAME:		DOB:	
MEMBER ID #:		PLAN NAME:	

If system deferred, check here	16. Physical exam *(optional, not a requirement for the AWV)*	
☐	**LYMPH**	**Palpation of lymph nodes (note all that apply):** ☐ Neck ☐ Axilla ☐ Groin ☐ Other site ☐ No lymph node enlargement noted ☐ Lymphadenopathy present: ☐ Anterior ☐ Cervical posterior ☐ Cervical postauricular ☐ Submental ☐ Supraclavicular inguinal axillary **ABNL exam findings:** _____
☐	**MUSCULOSKELETAL**	☐ No joint abnormality ☐ Joint abnormality (please specify joint and abnormality): _____ ☐ Kyphosis ☐ Scoliosis ☐ Prevertebral tenderness ☐ Osteoarthritis ☐ Bouchard's nodes present ☐ Heberden's nodes present ☐ Paronychia present ☐ Swelling present (please specify): Peripheral joint exam findings: _____ Central joint exam findings: _____ **ABNL exam findings:** _____
☐	**SKIN**	☐ Skin warm, dry, intact ☐ Good skin turgor ☐ Poor skin turgor ☐ No rashes ☐ No ABNL lesions ☐ No ulcers ☐ Cyanosis present ☐ Diaphoresis present ☐ Nails: _____ ☐ Foot exam reveals callus present ☐ Ulcers present Type of ulcer: _____ Location: _____ Stage: _____ **ABNL exam findings:** _____
☐	**PSYCH**	☐ Mood and affect: ☐ NL ☐ Depressed ☐ Anxious ☐ Agitated **ABNL exam findings:** _____
☐	**NEURO**	☐ Orientation: Time ☐ Yes ☐ No Place ☐ Yes ☐ No Person ☐ Yes ☐ No Reason for visit ☐ Yes ☐ No Able to follow commands ☐ Yes ☐ No ☐ Hearing: ☐ NL ☐ Impaired ☐ Total loss ☐ Sense of smell: ☐ NL or ☐ ABNL ☐ Gait _____ ☐ Balance _____ ☐ Gross motor skills _____ ☐ Fine motor skills _____ ☐ Tremors ☐ DTRs (Upper) RT _____ LT _____ ☐ DTRs (Lower) RT _____ LT _____ ☐ LOPS (loss of protective sensation) ☐ NL pinprick sensation ☐ Coordination _____ ☐ Vibration (use DIP) ☐ RT +/- ☐ LT +/- ☐ Speech_____ ☐ Monofilament testing ☐ RT +/- ☐ LT +/- ☐ CN II-XII **ABNL exam findings:** _____
☐	**OTHER**	
LABORATORY FINDINGS (State specific findings and add diagnosis to assessment/plan)		Lipid profile: HDL _____ LDL _____ Total cholesterol _____ Triglyceride _____ Date: _____/_____/_____ Calcium (*circle if Ca++>=10.0*) _____ Date: _____/_____/_____ Renal function: eGFR _____ Date: _____/_____/_____ Proteinuria ☐ Yes ☐ No Date: _____/_____/_____ *If no previous diagnosis of CKD/ESRD, repeat in 3 months if eGFR<60ml/min or presence of proteinuria*
RADIOGRAPHIC FINDINGS (State specific findings and add diagnosis to assessment/plan)		1. Bone mineral density results: _____ _____ _____ Date: _____/_____/_____ 2. Review any imaging results from the past 12 months (mammography, chest x-rays, CT-scans, MRIs, ultrasounds or plain x-rays)
SCREENING EKG FINDINGS (State date specific findings and add diagnosis to assessment/plan)		

ALL FIELDS REQUIRED	DATE OF SERVICE:		
PATIENT NAME:		DOB:	
MEMBER ID #:		PLAN NAME:	

Document how all active problems and ongoing chronic conditions are monitored, evaluated, assessed, and/or treated.

17. Diagnosis/Pertinent Findings (Link any diagnosis with the underlying chronic condition, such as diabetes or hypertension, whenever appropriate)	Clinical assessment	**Plan**
# 1:		
# 2:		
# 3:		
# 4:		
# 5:		
# 6:		
# 7:		
# 8:		
# 9:		
# 10:		
# 11:		
# 12:		

PREVENTIVE MEDICINE ASSESSMENT WITH PERSONALIZED HEALTH PLAN AND SCREENING SCHEDULE
MAKE ONE COPY FOR PATIENT AND FILE ORIGINAL IN CHART

ALL FIELDS REQUIRED	DATE OF SERVICE:			
PATIENT NAME:			DOB:	
MEMBER ID #:		PLAN NAME:		

	SCREENING/ COUNSELING	RECOMMENDATIONS	DOCUMENT DATE AND RESULTS	COMMENTS/ EXCEPTIONS (PHYSICIAN ONLY)
☐	**VACCINATIONS**[1]	**Pneumococcal** — Recommended for all adults over 65 years old	____/____/____	
		Influenza — Annual seasonal influenza vaccine	____/____/____	
		Zoster — Recommended for adults 60 years or older	____/____/____	
☐	**BREAST CANCER SCREENING** (Mammography)[2]	Annual or biennial screening mammography for women aged 50 to 74 years. Age range and frequency can be individualized, based on risk factors.	____/____/____	

☐	**COLORECTAL CANCER SCREENING**[3]	• The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years
		• The decision to screen for colorectal cancer in adults aged 76 to 85 years should be an individual one, taking into account the patient's overall health and prior screening history
		• For all patients 50 and older:
		  • Annual fecal occult blood test ***or***
		  • FIT-DNA (Cologuard) every 3 years ***or***
		  • Colonoscopy every 10 years or flexible sigmoidoscopy or CT colonography every 5 years ***or***
		  • Lower endoscopy to be performed more frequently, if advised by GI
			____/____/____
			Type of screening: _____	

☐	**CERVICAL CANCER SCREENING** (For women ≥ 65 years)[4]	The screening algorithm for cervical cancer screening has fundamentally changed, and providers should consult the current ACS/ASSP/ASCP guidelines.[4] • For patients with adequate prior screening[4], screening should not resume in women older than 65 years • Screening may be clinically indicated in women older than 65 if (1) the adequacy of prior screening cannot be adequately assessed or (2) those considered high risk (high-grade precancerous lesion or cervical cancer, in utero diethystilbestrol exposure, or immunocompromised)	☐ No further screening required ____/____/____ Pap smear ordered on ____/____/____	
☐	**PROSTATE CANCER SCREENING**[5]	Prostate cancer screening should occur only with an informed decision-making process.[5] Men should receive this information at: • Age 50, for those with average risk; • Age 45, for African Americans or those with a father or brother diagnosed with prostate cancer before the age of 65; • Age 40, for those with multiple family members diagnosed with prostate cancer before the age of 65	____/____/____ Type of screening & result: _____	
☐	**CARDIOVASCULAR DISEASE SCREENING BLOOD TESTS**[6]	Asymptomatic patients: every 5 years; high-risk patients or patients treated for hypercholesterolemia should be screened more frequently: • Fasting lipid panel	____/____/____ Results LDL-C: _____	
☐	**DIABETES SCREENING TESTS**[7] Eligible tests: Quantitative Urine Glucose, GTT, HbA1C	The ADA recommends all adults aged ≥45 years screened every 1–3 years, using either fasting blood glucose, A1C, or oral glucose tolerance test.	____/____/____ Type of screening: _____	
☐	**OSTEOPOROSIS SCREENING**[8]	Every 24 months in patients with *at least* one of the conditions below: • Women who have had a long-bone or vertebral fracture should undergo assessment for osteoporosis and treatment of osteoporosis within 6 months of the fracture • Women who are estrogen-deficient and at clinical risk for osteoporosis • Patients with vertebral abnormalities identified by X-ray • Patients receiving or expected to receive glucocorticoid therapy equivalent to an average of > 5.0mg of prednisone per day for more than 3 months • Patients with known primary hyperparathyroidism	____/____/____ Results:_____ Medication/ Supplement regimen: _____ _____	
☐	**ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSM**[9]	One-time-only benefit within the first 12 months of enrollment (ordered during the IPPE) for patients with the following risk factors: • Family history of AAA (Z82.49) • Men aged 65-75 who smoked at least 100 cigarettes in their lifetime (F17.21- or Z87.891)	____/____/____ Results:_____ _____	
☐	**COUNSELING FOR TOBACCO CESSATION**[10]	• For all tobacco users, including those who are asymptomatic. • Also included are smoking cessation treatments prescribed by a physician (F17.2-)	☐ Counseled on ____/____/____	
☐	**COUNSELING ON NUTRITION**[10]	• Assess and review protein, fat, simple sugar and fiber intake	☐ Counseled on ____/____/____	
		• Recommend that half of plate is filled with either fresh fruit or raw or steamed vegetables per meal	☐ Counseled on ____/____/____	

	MEDICAL COUNSELING	RECOMMENDATIONS	DOCUMENT DATE AND RESULTS	DOCUMENT RECOMMENDATIONS GIVEN TO PATIENT
☐	**COUNSELING ON FALL PREVENTION**[10]	• Discuss if any falls over past 12 months	☐ YES ____/____/____	
		• Review the medical necessity for any medications that fall into the American Geriatric Society's Beers Criteria[11]	☐ YES ____/____/____	
		• Assess living environment for lighting, hazards, assistive devices	☐ YES ____/____/____	
☐	**COUNSELING ON EXERCISE**[10]	• Advise to start, increase, or maintain level of exercise in order to reach goal of 30 minutes of moderate activity *at least* 4 days per week	☐ Counseled on ____/____/____	
☐	**COUNSELING/ SCREENING FOR HCV AND HIV**[12,13]	• One-time screening for HCV infection should be offered to adults born between 1945 and 1965 • HIV screening after age 65 years is indicated if there is ongoing risk for HIV infection.	☐ HCV screening: ____/____/____ ☐ HIV screening: ____/____/____	
☐	**COUNSELING ON URINARY INCONTINENCE**[10]	• Review history of bowel and urinary incontinence or any recent changes in bowel habits and micturition • Discuss bladder training, exercises, medication and surgery	Reviewed/Counseled on ____/____/____	

	DIABETES MANAGEMENT[14]: FOR MEMBERS ALREADY DIAGNOSED WITH DIABETES	DOCUMENT RESULTS	DOCUMENT RECOMMENDATIONS GIVEN TO PATIENT
☐	Enrolled in diabetes education course on ____/____/____		
☐	Lipid profile performed on ____/____/____	Total chol_____ HDL_____ LDL _____ Triglyc_____	
☐	HbA1c performed on ____/____/____	Result: _____	
☐	Ophthalmology examination performed on ____/____/____ (every two years, more frequently if diagnosed with retinopathy)	Result: _____	
☐	Annual nephropathy screening performed on ____/____/____	eGFR: _____ Microalbuminuria: _____	
☐	Foot examination performed on ____/____/____ Ankle Brachial Index performed on ____/____/____	ABI: _____ Foot examination results: _____	
☐	Peripheral neuropathy screening by history and with 128 Hz tuning fork performed on ____/____/____ Autonomic neuropathy screening by history performed on ____/____/____	Results:_____	

Provider information			
Print provider name:		Group name:	
Provider ID:		Tax ID number:	
Provider address:		City, State, ZIP:	
Provider signature:	_____ (check one) ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other _____ Date: _____ / _____ / _____		

About the USPSTF. U.S. Preventive Services Task Force. uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf Accessed December 9, 2019

Optum360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.

1. Recommended Vaccines for Adults. Centers for Disease Control and Prevention. cdc.gov/vaccines/adults/rec-vac/ Accessed December 9, 2019.
2. *Final Recommendation Statement. U.S. Preventive Services Task Force.* uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1. Accessed December 9, 2019.
3. *Final Update Summary: Colorectal Cancer: Screening - US Preventive Services Task Force.* uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2. Accessed December 9, 2019.
4. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. Debbie Saslow-Diane Solomon-Herschel Lawson-Maureen Killackey-Shalini Kulasingam-Joanna Cain-Francisco Garcia-Ann Moriarty-Alan Waxman-David Wilbur-Nicolas Wentzensen-Levi Downs-Mark Spitzer-Anna-Barbara Moscicki-Eduardo Franco-Mark Stoler-Mark Schiffman-Philip Castle-Evan Myers. onlinelibrary.wiley.com/doi/10.3322/caac.21139/pdf. Accessed December 9, 2019.
5. Smith, Robert A., et al. "Cancer screening in the United States, 2016: A review of current American Cancer Society guidelines and current issues in cancer screening." *Ca: a Cancer Journal for Clinicians* 66.2 (2016): 95-114.
6. Goff, DC, et al. 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation.* 2014;129:S49-S73.
7. American Diabetes Association. 2. Classification and Diagnosis of Diabetes. Diabetes Care 2016 Jan; 39(Supplement 1): S13-S22.
8. Bone Mass Measurements (BMMs). Centers for Medicare & Medicaid Services. cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5521.pdf. Accessed December 9, 2019.
9. Medicare Now Provides Coverage for Eligible Medicare Beneficiaries of a One-Time Ultrasound Screening for Abdominal Aortic Aneurysms (AAA) When Referred for This Screening as a Result of the Initial Preventive Examination ("Welcome to Medicare" Physical Exam). Centers for Medicare & Medicaid Services. Medicare Learning Network. cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0711.pdf. Accessed December 9, 2019.
10. "Annual Wellness Visit" Centers for Medicare & Medicaid Services. Department of Health and Human Services. cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV-Chart-ICN905706TextOnly.pdf. Accessed December 9, 2019.
11. American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc 2015; 63:2227–2246.
12. *Final Evidence Review: Hepatitis C: Screening. U.S. Preventative Services Task Force.* uspreventiveservicestaskforce.org/Page/Document/final-evidence-review49/hepatitis-c-screening. Accessed December 9, 2019.
13. *Final Recommendation Statement: Human Immunodeficiency Virus (HIV) Infection: Screening - US Preventive Services Task Force.* uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening. Accessed December 9, 2019.
14. American Diabetes Association. 3. Foundations of Care and Comprehensive Medical Evaluation. Diabetes Care 2016 Jan; 39(Supplement 1): S23-S35

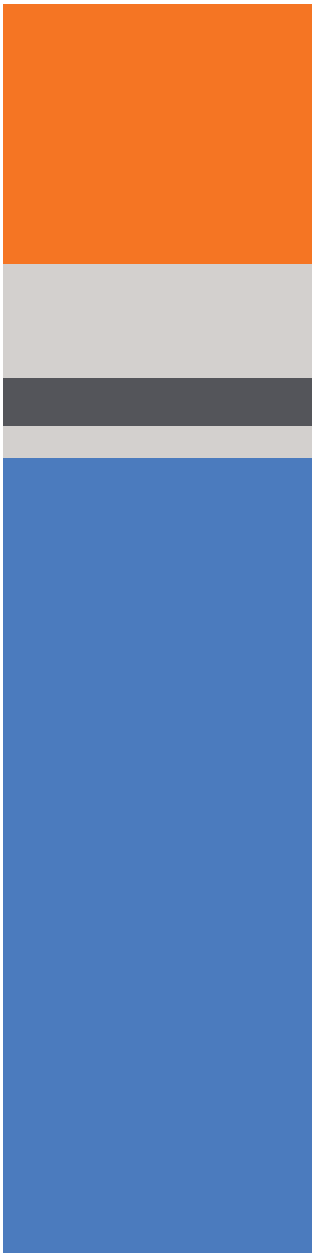
NOTES

How can we help you?

Our goal is to help health care professionals facilitate and support accurate, complete and specific documentation and coding, with an emphasis on early detection and ongoing assessment of chronic conditions. Through targeted outreach and education, we help our clients and their providers:

- Deliver a more comprehensive evaluation for their patients.
- Identify patients who may be at risk for chronic conditions.
- Improve patient care to enhance longevity and quality of life.
- Comply with the Centers for Medicare & Medicaid Services (CMS) risk adjustment requirements.

Call your Optum health care representative to find out how we can help you improve outcomes for your patients.



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