



Medicare Advantage Annual Wellness Visit

Patient Last Name, First Name _____ Date of Birth _____ Date _____ Provider _____

- Once-in-a-lifetime Initial Preventive Physical Examination (G0402)
- Once-in-a-lifetime Initial Annual Wellness Visit (G0438)
- Subsequent AWW (G0439)

Please note: Federally Qualified Health Center visit, IPPE or AWW use code G0468.

This form and its accompanying **Medicare Advantage Annual Wellness Visit Guide** may be helpful to follow during our Medicare Advantage members' wellness visits. The guide is in the [Clinical Resources section of our website](#) under Preventive Care Guidelines.

General Patient Info

Age _____ Gender _____ Race _____ Ethnicity _____
 Health Status _____ Frailty _____
 Physical Function _____ Hearing Impairment None _____

Risk Factors

Depression None _____ Life Satisfaction Good _____
 Stress None _____ Anger None _____
 Loneliness/Social Isolation None _____ Pain/Fatigue None _____

Tobacco Use Never Quit Packs per day _____ Pack year history _____ Illicit Drug Use Never Quit _____
 Alcohol Use Never Quit Alcohol equivalents per day _____
 Physical Activity Exercise _____ days per week for _____ minutes per episode _____
 Diet/Nutrition Good without lack _____ Oral Health Brush/floss regularly _____
 Seat Belt Use in Vehicle Always use _____ Sexual Health _____
 Home Safety Safe _____
 Family History (Medical Events/Hereditary Disease) _____

Activities of Daily Living

Dressing No Difficulty _____ Feeding ND _____ Toileting ND _____
 Grooming ND _____ Balance/Risk of Falls ND _____
 Bathing ND _____ Walking ND _____

Instrumental ADLs

Shopping ND _____ Food Preparation ND _____ Using Phone ND _____
 Housekeeping ND _____ Laundry ND _____ Transportation ND _____
 Manage Own Medications ND _____
 Handle Finances ND _____

Visit History

Last Wellness Visit: Date _____ Provider/Location _____
 If Diabetic, Last Diabetic Eye Exam: Date _____ Provider/Location _____
 Last Hospitalization: Date _____ Provider/Location _____



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Medical History

- Medical history checklist including Anemia, Asthma, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Drug/Alcohol Dependence, Pancreatitis, etc.

Surgical History

- Surgical history checklist including Amputation, Appendectomy, Breast surgery, Carotid endarterectomy, Eye surgery/procedure, etc.

Allergies

No known drug allergies / Allergies: _____
Supplements including calcium and vitamins: _____

Medications (Type, dose, route, frequency)



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Physical Exam

Height _____ Weight _____ BMI _____

Blood pressure (If blood pressure is above 139/89, please retake and record the second blood pressure reading) _____

Pain assessment on scale of 0 to 10 (10 is worst) _____

Visual acuity screen (for IPPE):

Detection of Any Cognitive Impairment

Direct observation; patient reports; concerns raised by family members, friends or caretakers; other:

Risk Factors for Depression and Anxiety

Current and/or past experiences with depression or anxiety

Patient Health Questionnaire (PHQ-9) Score four or less

Generalized Anxiety Disorder (GAD-7) Score four or less

No current and/or past experiences with depression or anxiety

Current and/or past experiences with other mood disorders (e.g. bipolar disorder, adverse reactions to antidepressants)

Specify: _____

Current Providers, Specialists and Pharmacies (In-home delivery company and local pharmacy)



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Establish a written screening schedule, such as a checklist, for the next five to 10 years based on recommendations from the following resources and the member's health risk assessment, health status and screening history:

- [U.S. Preventive Services Task Force](#) (see below for nonpregnant members)
- [Advisory Committee on Immunization Practices](#)
- Age-appropriate [preventive services covered by Medicare](#) (see Annual Wellness Visit Guide)

Establish a list of risk factors and conditions that have a recommended intervention (see below table)

U.S. Preventative Services Task Force A and B Recommendations

ELIGIBLE	TEST	GENDER	AGES	OTHER CRITERIA	RECOMMENDATION	SCHEDULE
<input type="checkbox"/>	Abdominal aortic aneurysm screening	Men	65 to 75	Ever smoked	One-time screening with ultrasonography	
<input type="checkbox"/>	Anxiety disorder in adults	All	19 to 64	Don't currently have a diagnosed mental health disorder	Screen for anxiety	
<input type="checkbox"/>	Blood pressure screening	All	18 and older	Obtain measurements outside the clinical setting for diagnostic confirmation before starting treatment	Screen for hypertension	
<input type="checkbox"/>	Breast cancer gene risk assessment and genetic counseling/testing	Women		Personal or family history of breast, ovarian, tubal or peritoneal cancer or ancestry associated with BRCA1 or BRCA2 gene mutations, use familial risk assessment tool	If positive result on risk assessment tool then give genetic counseling and, if indicated after counseling, genetic testing	
<input type="checkbox"/>	Breast cancer preventive medications	Women		Increased risk for breast cancer and at low risk for adverse medication side effects	Offer risk-reducing medications such as tamoxifen, raloxifene or aromatase inhibitors	
<input type="checkbox"/>	Breast cancer screening	Women	40 to 74	Biennial screening mammography with or without clinical breast examination		
<input type="checkbox"/>	Cervical cancer screening	Women	21 to 29	Screen with cervical cytology alone every 3 years		
<input type="checkbox"/>			30 to 65	As above or hrHPV testing alone every 5 years or hrHPV + cytology every 5 years		
<input type="checkbox"/>	Chlamydia screening	Women	24 or younger	Sexually active	Screen for chlamydia	
<input type="checkbox"/>			25 and older	Increased risk for infection		
<input type="checkbox"/>	Colorectal cancer screening	All	45 to 75		Screen for cancer	
<input type="checkbox"/>	Depression screening	All	18 and older	Screen with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up		
<input type="checkbox"/>	Diabetes screening	All	35 to 70	Overweight or obese	Screen for abnormal blood glucose and offer or refer if abnormal to intensive behavioral counseling interventions to promote a healthy diet and physical activity	
<input type="checkbox"/>	Fall prevention	All	65 and older	Community-dwelling at increased risk for falls	Exercise interventions to prevent falls	
<input type="checkbox"/>	Folic acid supplementation	All	See other criteria	Planning or capable of pregnancy	Take folic acid supplement: 0.4 to 0.8 mg per day	
<input type="checkbox"/>	Gonorrhea screening	Women	24 or younger	Sexually active	Screen for gonorrhea	
<input type="checkbox"/>			25 and older	Increased risk for infection		
<input type="checkbox"/>	Healthy diet and physical activity counseling to prevent cardiovascular disease	All	18 and older	Overweight or obese with additional cardiovascular disease risk factors	Intensive behavioral counseling interventions to promote healthy diet and physical activity for CVD prevention	
<input type="checkbox"/>	Hepatitis B screening: adolescents and adults (nonpregnant)	All		High risk for infection	Screen for hepatitis B virus infection	



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U.S. Preventative Services Task Force A and B Recommendations

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<input type="checkbox"/>	Hepatitis C virus infection screening	All	18 to 79	High risk for infection or if born between 1945 and 1965 (inclusive) offer one-time screening	Screen for HCV infection	
<input type="checkbox"/>	HIV pre-exposure prophylaxis for the prevention of HIV infection			High risk of HIV acquisition	Offer PrEP with effective antiretroviral therapy	
<input type="checkbox"/>	HIV screening: adolescents and adults (nonpregnant)	All	15 to 65		Screen for HIV infection	
			< 15 or > 65	At increased risk		
<input type="checkbox"/>	Intimate partner violence screening	Women	Reproductive age	Screen for intimate partner violence. If positive, then provide or refer to ongoing support services.		
<input type="checkbox"/>	Lung cancer screening	All	50 to 80 without a substantial limit to life expectancy	20 pack-year history and current smoker or within 15 years since quitting and without a health problem that would limit ability or willingness to have curative lung surgery	Low-dose computed tomography	
<input type="checkbox"/>	Obesity screening and counseling	All	Any	BMI >= 30	Intensive multicomponent behavioral interventions	
<input type="checkbox"/>	Osteoporosis screening	Women	64 and younger	Postmenopausal and at increased risk of osteoporosis as determined by a formal risk assessment tool (e.g. FRAX)	Screen for osteoporosis with bone measurement testing	
			65 and older		Screen as above	
<input type="checkbox"/>	Sexually transmitted infections counseling	All	Reproductive age	Increased risk for sexually transmitted infections	Intensive behavioral counseling	
<input type="checkbox"/>	Skin cancer behavioral counseling	All	24 and younger	Fair skin type	Counseling to minimize exposure to UV radiation	
<input type="checkbox"/>	Statin preventive medication	All	40 to 75	All the following: no history of CVD, >= 1 CVD risk factors (i.e. dyslipidemia, diabetes, hypertension or smoking) and 10-year cardiovascular risk of >= 10%	Low- to moderate-dose statin	
<input type="checkbox"/>	Syphilis screening: nonpregnant	All	Any	At increased risk for infection	Screen for syphilis	
<input type="checkbox"/>	Tobacco use counseling and interventions: nonpregnant adults	All	Any		Advise to stop using, provide behavioral interventions and FDA-approved medication for cessation	
<input type="checkbox"/>	Tuberculosis screening	All	18 and older	Populations at increased risk	Screen for latent TB	
<input type="checkbox"/>	Unhealthy alcohol use	All	18 and older	Risky or hazardous drinking	Brief behavioral counseling interventions to reduce unhealthy alcohol use	
<input type="checkbox"/>	Unhealthy drug use	All	18 and older	Don't currently have a diagnosed drug use disorder	Ask questions about unhealthy drug use	

RISK FACTOR/CONDITION
TREATMENT OPTIONS
ASSOCIATED RISKS/BENEFITS



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Condition Confirmation

ICD-10	CONDITION	STATUS	PLAN	IMPRESSION
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	

Care Coordination (Check all that apply)

BEHAVIORAL HEALTH

- Acute case where BH case manager may benefit
- Readmission to BH inpatient or residential treatment center within 30 days
- Two or more admissions to BH inpatient or residential treatment center in 12 months

CASE MANAGEMENT

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetic with new diagnosis of renal failure | <input type="checkbox"/> Social/financial |
| <input type="checkbox"/> Burns, second degree over 19% of body | <input type="checkbox"/> End of life | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Cerebral vascular accident/subarachnoid hemorrhage with cognitive deficits | <input type="checkbox"/> ER visits, three or more in last six months | <input type="checkbox"/> Trauma, severe multiple (such as motor vehicle accident) |
| <input type="checkbox"/> Chronic obstructive pulmonary disease | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Inpatient admissions, more than three within six months | <input type="checkbox"/> Wound management, complicated |
| <input type="checkbox"/> Coronary artery | <input type="checkbox"/> Inpatient length of stay over 14 days | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Medication management | <i>Specify:</i> _____ |
| <input type="checkbox"/> Diabetic with new amputation | <input type="checkbox"/> Paraplegia/quadruplegia | |



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Advance Care Planning Services

Discussed future care decisions: _____

Are advance directives (plans around resuscitation, life-sustaining treatment and end-of-life care) in place at this time? Yes No

Does the member need assistance completing advance directives? Yes No

Encouraged member to inform others about care preferences: _____

Explained advance directives (may require completion of standard forms): _____

Member did not wish to discuss any of the above at this time

Additional Measures (Eligible for both Medicare and Medicaid)

MEASURE	DESCRIPTION	COMPLETED DATE
Functional Status	Assess ability to perform ADLs	
Pain Screening	Screening/pain management plan at least once per year	
Medication Review	Annual review of all medications and supplements	

Personalized health advice with referral (if appropriate) to reduce risk factors, improve self-management and wellness (see Care Coordination table for additional options):

PROVIDER SIGNATURE

PROVIDER CREDENTIALS

DATE

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.