Understanding & Coding
Medicare Advantage Preventive Services

Annual Preventive Visits, ‘Welcome to Medicare’ Exams and Annual Wellness Visits

ICD-10-CM
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).

Annual Preventive Visits

<table>
<thead>
<tr>
<th>Codes</th>
<th>Z Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99385 - 99387</td>
<td>Z00.00</td>
<td>Encounter for general adult medical examination without abnormal findings</td>
</tr>
<tr>
<td>99385 - 99387</td>
<td></td>
<td>Encounter for adult periodic examination (annual) (physical) and any associated laboratory and radiologic examinations</td>
</tr>
<tr>
<td>99395 - 99397</td>
<td>Z00.01</td>
<td>Encounter for general adult medical examination with abnormal findings</td>
</tr>
<tr>
<td>G0438</td>
<td>Any appropriate code is accepted</td>
<td>Annual wellness visit, includes a personalized prevention plan of service (PPPS), first visit</td>
</tr>
<tr>
<td>G0439</td>
<td></td>
<td>Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit</td>
</tr>
</tbody>
</table>

Other Services Provided with the Exam

If you also bill other services with the routine physical exam and if those services are normally subject to a copayment or coinsurance, that copayment or coinsurance will still apply even if the primary reason for the visit was a routine physical exam.

Lab Tests or other Diagnostic Services

Lab tests or other diagnostic services ordered as a result of exam findings performed at the time of the routine physical may or may not be subject to a copayment or coinsurance, depending on your contract with the health plan.

Other Preventive Services (Screenings)²³

Providers may also provide and bill separately for screenings and other preventive services. Medicare Advantage plans cover the following Medicare-covered preventive services. (Please follow original Medicare coding rules when billing Medicare-covered preventive services, see https://www.cms.gov/mlnproducts/35_preventiveservices.asp.)

- Bone mass measurement
- Cardiovascular screening blood tests
- Colorectal cancer screening tests
- Diabetes outpatient self-management training (DSMT)
- Diabetes screening tests
- HIV screening
- Intensive Behavioral Therapy (IBT) for cardiovascular disease
- Intensive Behavioral Therapy (IBT) for obesity
- Medical Nutrition Therapy (MNT) services
- Pneumococcal, influenza and hepatitis B vaccine and administration
- Prostate cancer screening tests
- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse
- Screening for depression in adults
- Screening for glaucoma
- Screening mammography
- Screening Pap smear and screening pelvic exam
- Tobacco-use cessation counseling services
- Ultrasound screening for abdominal aortic aneurysm (AAA) if patient qualifies for screening and screening is performed within first six month of enrollment.
- Additional preventive services identified for coverage through the national coverage determination (NCD) process

¹ 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.

² Slight exceptions may vary from plan to plan. Please check with your contracted plan for product variances. Certain eligibility and other limitations may apply.

³ For a complete list of services and procedures that are defined as preventive services under Medicare and which have waived coinsurance/deductible, see: http://www.cms.gov/lnnproducts/downloads/SE1129.pdf and http://www.cms.gov/lnnproducts/downloads/SE1136.pdf
**“Welcome to Medicare” Exam**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0402</td>
<td></td>
<td>“Welcome to Medicare” initial preventive physical exam (IPPE) limited to new beneficiary during the first 12 months of Medicare enrollment</td>
</tr>
<tr>
<td>G0403</td>
<td></td>
<td>Electrocardiogram, routine ECG with 12 leads; performed as a screening for IPPE with interpretation and report</td>
</tr>
<tr>
<td>G0404</td>
<td></td>
<td>Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report performed as a screening for IPPE</td>
</tr>
<tr>
<td>G0405</td>
<td></td>
<td>Electrocardiogram, routine ECG with 12 leads; interpretation and report only performed as a screening for IPPE</td>
</tr>
</tbody>
</table>

**“Welcome to Medicare” Exam**

Original 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
- Identification of risk factors associated with various diseases
- Early detection of diseases when outcomes are best
- Voluntary advance planning upon agreement with patient
- Comprehensive review of a patient’s health
- Identification of risk factors associated with various diseases
- Early detection of diseases when outcomes are best
- Voluntary advance planning upon agreement with patient

**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
- A review of potential risk factors for depression
- 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
- Education, counseling and referral based on results of bulleted items above
- Education, counseling and referral for other preventive services
- Voluntary advance planning upon agreement with patient

**“Welcome to Medicare” Coding Tips**

- The “Welcome to Medicare” exam is limited to one occurrence within the first 12 months of enrollment only.
- 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 separately identifiable medically necessary 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 evaluation and management (E/M) service would be subject to the applicable deductible, copayment or coinsurance for office visits.

*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.
Annual Wellness Visit (AWV) with Personalized Preventive Plan Service (PPPS)

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>G0439</td>
<td></td>
<td>Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit</td>
</tr>
</tbody>
</table>

What is Included in Initial AWV with PPPS

- Health risk assessment
- Establishment of medical/family history
- Establishment of list of current providers and suppliers
- Measurement of: height, weight, BMI, blood pressure, and other medically necessary routine measurements
- Detection of any cognitive impairment
- Review of potential risk factors for depression
- Review of functional ability and level of safety
- Establishment of a written screening schedule
- Establishment of a list of risk factors and conditions for which interventions are recommended or are underway and a list of treatment options and their risks and benefits
- Furnishing of personalized health advice and referral, as appropriate, to health education or preventive counseling services or programs, or community-based lifestyle interventions to reduce identified risk factors and promote self-management and wellness
- Voluntary advance planning upon agreement with patient*

What is Included in Subsequent AWV with PPPS

- Update of health risk assessment
- Update of medical/family history
- Update the list of current providers and suppliers
- 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
- Voluntary advance planning upon agreement with patient*

Annual Wellness Visit Coding Tips

- G0438 is for the first AWV only and is paid only once in a patient's lifetime.
- G0438 and G0439 must not be billed within 12 months of a previous billing of a G0402, G0438 or G0439 for the same patient. Such subsequent claims will be denied.
- If a claim for a G0438 or G0439 is billed within the first 12 months after the effective date of the patient's Medicare Part B coverage, it will also be denied. A patient is eligible for only the “Welcome to Medicare” physical in the first 12 months of eligibility.
- 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.

* 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.
Document how all active problems and ongoing chronic conditions are monitored, evaluated, assessed, and/or treated in the Section 17.

### ALL FIELDS REQUIRED

<table>
<thead>
<tr>
<th>DATE OF SERVICE:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PATIENT NAME:</th>
<th>MEMBER ID #:</th>
<th>PLAN NAME:</th>
</tr>
</thead>
</table>

### PATIENT DEMOGRAPHICS & VITAL SIGNS

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Height</th>
<th>Age</th>
<th>Weight</th>
<th>lbs</th>
<th>Enter BMI; Circle if &lt;19 or &gt;25</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>O2 Sat %</th>
<th>Supplemental Oxygen Use?</th>
<th>RR</th>
<th>HR</th>
<th>ARM BP</th>
<th>ANKLE BP</th>
<th>ABI</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________ % Oxygen</td>
<td>□ Yes  □ No</td>
<td></td>
<td></td>
<td>Circle if Arm BP &gt; 140/90</td>
<td>Circle if BP ABI &gt;1.2 or &lt;0.9</td>
<td></td>
</tr>
</tbody>
</table>

### REASON FOR VISIT

- Annual Wellness Visit/Comprehensive History and Physical Examination
- Patient Also Has the Following Chief Complaints

### CURRENT PROVIDERS AND SUPPLIERS

<table>
<thead>
<tr>
<th>PRIMARY CARE</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIALIST (1)</td>
<td>Phone #</td>
</tr>
<tr>
<td>SPECIALIST (2)</td>
<td>Phone #</td>
</tr>
<tr>
<td>SUPPLIER (1)</td>
<td>Phone #</td>
</tr>
<tr>
<td>SUPPLIER (2)</td>
<td>Phone #</td>
</tr>
<tr>
<td>EMERGENCY CONTACT</td>
<td>Phone #</td>
</tr>
</tbody>
</table>

### PERSONAL AND FAMILY MEDICAL HISTORY

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>FATHER</th>
<th>MOTHER</th>
<th>SIBLINGS</th>
<th>CHILDREN</th>
<th>SPECIFY DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Disease</td>
<td>High Blood Pressure</td>
<td>High Cholesterol</td>
<td>Cerebrovascular Disease</td>
<td>Renal Disease</td>
<td>Malignancies (List Patient's Previous Cancer History)</td>
</tr>
</tbody>
</table>

### SOCIAL HISTORY

<table>
<thead>
<tr>
<th>CURRENT USAGE</th>
<th>PREVIOUS USAGE</th>
<th>PREVIOUS TREATMENT</th>
<th>SPECIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Alcohol</td>
<td>Marijuana</td>
<td>Illicit Drugs</td>
</tr>
</tbody>
</table>

### PREVIOUS SURGERIES/INTERVENTIONAL PROCEDURES

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

---
# REVIEW OF SYSTEMS

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>REVIEW OF SYSTEMS</th>
<th>PHYSICIAN COMMENTS/DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYES</td>
<td>Blurred/Double Vision: □ YES □ NO Glaucoma: □ YES □ NO Macular Degeneration: □ NO Other: ________________________________</td>
<td>Date of Last Vision Exam: <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>EARS/NOSE/THROAT</td>
<td>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: ________________________________</td>
<td>Date of Influenza Vaccine: <em><strong>/</strong></em>/____ Date of Last Hearing Exam: <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>NECK</td>
<td>Pain/Stiffness/Swelling: □ YES □ NO Other: ________________________________</td>
<td>Date of Pneumonia Vaccine: <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>RESPIRATORY</td>
<td>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: ________________________________</td>
<td>Date of LDL-C Screening: <em><strong>/</strong></em>/____ BP Controlled (&lt;140/90) Date of Previous MI: <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>CARDIOVASCULAR</td>
<td>□ Hypertension □ Hypercholesterolemia Coronary Artery Disease: Document Current Symptoms (i.e. Angina) or Past/Current Treatments Shortness of Breath: □ YES □ NO (Exertion/At Rest/Lying Flat) Leg Swelling: □ YES □ NO Claudication: □ YES □ NO Other: ________________________________</td>
<td>Date of Last Colorectal Cancer Screening: <em><strong>/</strong></em>/____ Type of Screening: ________________________________</td>
</tr>
<tr>
<td>GASTROINTESTINAL</td>
<td>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: ________________________________</td>
<td>Date of Last Colorectal Cancer Screening: <em><strong>/</strong></em>/____ Type of Screening: ________________________________</td>
</tr>
<tr>
<td>GENITOURINARY</td>
<td>Urinary/Kidney Infections: □ YES □ NO Kidney/Bladder Stones: □ YES □ NO Blood in Urine: □ YES □ NO Chronic Kidney Disease: □ YES □ NO Stage: ______ □ NO Urinary Hesitancy: □ YES □ NO Urinary Hesitancy/Incontinence: □ YES □ NO Other: ________________________________</td>
<td>Date of eGFR: _______ Date: <strong><em><strong>/</strong></em>/</strong>__ (circle if eGFR &lt;= 60) Proteinuria: □ YES □ NO Date: <strong><em><strong>/</strong></em>/</strong>__ (circle if ‘yes’) Prostate Cancer Screening: Type _____________ Results: ________________________________ Date of Last Pelvic Exam: <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>MUSCULOSKELETAL–EXTREMITIES</td>
<td>Pain: □ YES □ NO Location: ________________________________ Blood Clots/Phlebitis: □ YES □ NO Amputations: □ YES □ NO Location: ________________________________</td>
<td>Consider DMARD for Rheumatoid Arthritis</td>
</tr>
<tr>
<td>SKIN</td>
<td>Rashes/Skin Changes: □ YES □ NO New/Unusual Hair Loss: □ YES □ NO Other: ________________________________</td>
<td></td>
</tr>
<tr>
<td>BREAST</td>
<td>New Breast Mass/Pain/Nipple Discharge: □ YES □ NO</td>
<td>Date of Last Mammogram: <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>NEUROLOGIC</td>
<td>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: ________________________________</td>
<td></td>
</tr>
<tr>
<td>CANCER</td>
<td>Active Cancer Diagnoses</td>
<td></td>
</tr>
<tr>
<td>ENDOCRINE</td>
<td>Diabetes: □ YES □ NO Blood Sugar Checks: □ YES □ NO Diabetic Eye Exam: □ YES □ NO Exercise Program: □ YES □ NO Cognitive Impairment: □ YES □ NO</td>
<td>Date of HgbA1C: <em><strong>/</strong></em>/____ Results: ________________________________ Date of LDL-C: <em><strong>/</strong></em>/____ Results: ________________________________ Date of Diabetic Foot Checks: □ YES □ NO</td>
</tr>
</tbody>
</table>
Note: Modify the regimen and lower dosages, if applicable, as recommended in the 2012 Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. <http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012>
11 COMPREHENSIVE PAIN SCREENING

Does patient complain of pain? If yes, where and for how long?

Have patient grade his/her pain using the scale below:

<table>
<thead>
<tr>
<th>Pain Rating Scale</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NO HURT</td>
<td>HURTS LITTLE BIT</td>
<td>HURTS LITTLE MORE</td>
<td>HURTS EVEN MORE</td>
<td>HURTS WHOLE LOT</td>
</tr>
</tbody>
</table>

Description of pain plan:

__________________________
__________________________
__________________________
__________________________

Timeframe:

__________________________
__________________________
__________________________
__________________________

12 PERIPHERAL NEUROPATHY SCREENING

DOES THE PATIENT COMPLAIN OF:

<table>
<thead>
<tr>
<th>RIGHT</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain, Aching, Burning in Legs/Feet</td>
<td></td>
</tr>
<tr>
<td>&quot;Pins and Needles&quot; in Legs/Feet</td>
<td></td>
</tr>
<tr>
<td>Numbness (Lack of Feeling) in Legs and Feet</td>
<td></td>
</tr>
</tbody>
</table>

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:

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


13 SIX ITEM COGNITIVE IMPAIRMENT TEST

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

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

3. Ask patient to remember the following address:
   John Brown - 42 West Street - Bedford
   (Make sure patient can repeat address properly and inform him/her that you will ask him for it later.)

4. What time is it?
   - 0 CORRECT
   - 3 INCORRECT
   - SCORE

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

6. Months of the year backwards
   - 0 CORRECT
   - 2 1 ERROR
   - 4 1+ ERRORS
   - SCORE

7. Repeat previous memory phrase (address in # 3)
   - 0 CORRECT
   - 3 1 ERROR
   - 4 2 ERRORS
   - SCORE

SCORING:

- 0 - 7 Normal
- 8 - 9 Mild Cognitive Impairment (consider referral)
- 10 - 28 Significant Cognitive Impairment (refer)
### 14. FUNCTIONAL ABILITIES / ACTIVITIES OF DAILY LIVING (ADL)

**Required for Welcome to Medicare and Initial Annual Wellness Visit (Optional for Subsequent Annual Wellness Visit)**

**Instructions:** Choose the scoring point for the statement that most closely corresponds to the patient’s current level of ability for each of the following 10 items. *Record actual, not potential, functioning.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Scoring Options</th>
<th>Patient’s Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOWELS:</strong></td>
<td>0 = Incontinent or constipated (requiring enemata) • 1 = Occasional accident (once/week) • 2 = Continent</td>
<td></td>
</tr>
<tr>
<td><strong>BLADDER:</strong></td>
<td>0 = Incontinent, or catheterized and unable to manage 1 = Occasional accident (max. once per 24 hours) • 2 = Continent (for over 7 days)</td>
<td></td>
</tr>
<tr>
<td><strong>GROOMING:</strong></td>
<td>0 = Needs help with personal care • 1 = Independent face/hair/teeth/shaving (implements provided)</td>
<td></td>
</tr>
<tr>
<td><strong>TOILET USE:</strong></td>
<td>0 = Dependent • 1 = Needs some help but can do some things alone 2 = Independent (on and off, dressing, wiping)</td>
<td></td>
</tr>
<tr>
<td><strong>FEEDING:</strong></td>
<td>0 = Unable • 1 = Needs help cutting, spreading butter, etc. • 2 = Independent (food provided within reach)</td>
<td></td>
</tr>
<tr>
<td><strong>TRANSFER:</strong></td>
<td>0 = Unable (no sitting balance) • 1 = Major help (one or two people, physical), can sit 2 = Minor help (verbal or physical) • 3 = Independent</td>
<td></td>
</tr>
<tr>
<td><strong>MOBILITY:</strong></td>
<td>0 = Immobile • 1 = Wheelchair independent, including corners, etc. 2 = Walks with help of one person (verbal or physical) • 3 = Independent (but may use any aid, e.g. stick)</td>
<td></td>
</tr>
<tr>
<td><strong>DRESSING:</strong></td>
<td>0 = Dependent • 1 = Needs help but can do about half unaided 2 = Independent (including buttons, zips, laces, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>STAIRS:</strong></td>
<td>0 = Unable • 1 = Needs help (verbal, physical, carrying aid) • 2 = Independent up and down</td>
<td></td>
</tr>
<tr>
<td><strong>BATHING:</strong></td>
<td>0 = Dependent • 1 = Independent (or in shower)</td>
<td></td>
</tr>
</tbody>
</table>

**SCORING:**
- □ Significant Risk for Falls (Check if Mobility Score <=2, Transfer Score <=2, and/or Stairs Score <=1)
- □ Assess for Supervised Care (Check if Total Score is <=15)

The index should be used as a record of what a patient does, *not as a record of what a patient could do.* The main aim is to establish degree of independence from any help, physical or verbal, however minor and for whatever reason. *The need for supervision renders the patient not independent.* A patient’s performance should be established using the best available evidence. Asking the patient, friends/relatives and nurses will be the usual source, but direct observation and common sense are also important.

### 15. DEPRESSION SCREEN

**Required for Welcome to Medicare and Initial Annual Wellness Visit (Optional for Subsequent Annual Wellness Visit)**

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

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

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

(Please thoroughly complete each section unless exam component was deferred)

## GENERAL
- **General appearance:**
  - □ Well Nourished
  - □ Well Developed
  - □ Cachectic
- □ Alert
- □ Anxious (Level of distress):
  - □ NAD
  - □ Mild
  - □ Moderate
  - □ Severe
- Race: __________________________
- □ 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
- □ Supple/NL
- □ Cervical Lymphadenopathy:
  - □ Yes
  - □ No
- **Thyroid Exam:**

## EYES
- □ Vision:
  - □ NL or □ ABNL
  - □ Lids / Lashes:
    - □ NL or □ ABNL
    - □ Erythema
    - □ Drainage
- □ Conjunctiva:
  - □ Normal
  - □ Pale
  - □ Injected
  - □ ABNL
- □ 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: __________)
- □ Auditory Canal NL
- □ Normal
- □ ENT Inspection NL
- □ Supple/NL
- □ Cervical Lymphadenopathy:
  - □ Yes
  - □ No
  - □ Right
  - □ Left
  - □ Bilateral
- **ABNL Exam Findings:**

## NECK
- □ 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
  - □ Yes
  - □ No
- □ S3 Present
- □ S4 Present
- □ Tachycardia
- □ Bradycardia
- □ Rhythm Regular
- □ Rhythm Irregular
- □ Rubs Present
- □ No Murmurs
- □ Pacemaker/AICD Present
- If murmur present, please describe location and grade:
  - □ Race: _______________
  - □ Other (please explain):
- **ABNL Exam Findings:**

## 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:
  - □ Race: _______________
  - □ Other (please explain):
- □ Pulse:
  - □ Normal
  - □ Rapid
  - □ Slow
- □ Pedal Pulse:
  - □ Normal
  - □ Rapid
  - □ Slow
- □ No Calf Tenderness
  - □ No Clubbing
  - □ No Edema
  - □ No Varicosities
  - □ Erythema
  - □ No Ulceration Present
  - □ No Nipple Inversion
  - □ No Axillary Nodes Bilaterally
- □ No Calf Tenderness
- □ No Clubbing
- □ No Edema
- □ No Varicosities
- □ Erythema
- □ No Ulceration Present
- □ No Nipple Inversion
- □ No Axillary Nodes Bilaterally
- □ Pulse:
  - □ Normal
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  - □ Slow
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  - □ Slow
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  - □ No Clubbing
  - □ No Edema
  - □ No Varicosities
  - □ Erythema
  - □ No Ulceration Present
  - □ No Nipple Inversion
  - □ No Axillary Nodes Bilaterally
- □ Other (please explain):
- **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
- □ Race: _______________
- □ Other (please explain):
- **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 Poor
- **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
- □ Race: _______________
- □ Other (please explain):
- **ABNL Exam Findings:**
### PHYSICAL EXAM

(Please thoroughly complete each section unless exam component was deferred)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LYMPH</strong></td>
<td>Palpation of lymph nodes (note all that apply): □ Neck □ Axilla □ Groin □ Other Site</td>
</tr>
<tr>
<td>□ No Lymph Node Enlargement Noted</td>
<td></td>
</tr>
<tr>
<td>□ Lymphadenopathy Present: □ Anterior □ Cervical Posterior □ Cervical Postauricular □ Submental</td>
<td></td>
</tr>
<tr>
<td>□ Supraclavicular Inguinal Axillary</td>
<td></td>
</tr>
<tr>
<td>ABNL Exam Findings:</td>
<td></td>
</tr>
<tr>
<td>□ No Lymph Node Enlargement Noted</td>
<td></td>
</tr>
<tr>
<td>□ Lymphadenopathy Present: □ Anterior □ Cervical Posterior □ Cervical Postauricular □ Submental</td>
<td></td>
</tr>
<tr>
<td>□ Swelling Present (please specify):</td>
<td></td>
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<tr>
<td>Peripheral Joint Exam Findings:</td>
<td></td>
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<tr>
<td>Central Joint Exam Findings:</td>
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<tr>
<td>ABNL Exam Findings:</td>
<td></td>
</tr>
<tr>
<td><strong>MUSCULOSKELETAL</strong></td>
<td>□ No Joint Abnormality</td>
</tr>
<tr>
<td>□ Joint Abnormality (please specify joint and abnormality):</td>
<td></td>
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<tr>
<td>□ Kyphosis +/- □ Scoliosis +/- □ Prevertebral Tenderness</td>
<td></td>
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<tr>
<td>□ Osteoarthritis □ Bouchard’s Nodes Present □ Heberden’s Nodes Present □ Paronychia Present</td>
<td></td>
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<tr>
<td>□ Swelling Present (please specify):</td>
<td></td>
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<tr>
<td>Peripheral Joint Exam Findings:</td>
<td></td>
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<tr>
<td>Central Joint Exam Findings:</td>
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<tr>
<td>ABNL Exam Findings:</td>
<td></td>
</tr>
<tr>
<td><strong>SKIN</strong></td>
<td>□ Skin Warm, Dry, Intact □ Good Skin Turgor □ Poor Skin Turgor □ No Rashes □ No ABNL Lesions</td>
</tr>
<tr>
<td>□ No Ulcers □ Cyanosis Present □ Diaphoresis Present □ Nails:</td>
<td></td>
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<tr>
<td>□ Foot Exam Reveals Callus Present</td>
<td></td>
</tr>
<tr>
<td>□ Ulcers Present Type of Ulcer: ___________ Location: ___________ Stage: ___________</td>
<td></td>
</tr>
<tr>
<td>ABNL Exam Findings:</td>
<td></td>
</tr>
<tr>
<td><strong>PSYCH</strong></td>
<td>□ Mood and Affect: □ NL □ Depressed □ Anxious □ Agitated</td>
</tr>
<tr>
<td><strong>NEURO</strong></td>
<td>□ Orientation: Time ___________ Place ___________ Person ___________ Other ___________</td>
</tr>
<tr>
<td>□ Able to Follow Commands</td>
<td></td>
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<tr>
<td>□ Hearing: □ NL □ Impaired □ Total Loss</td>
<td></td>
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<tr>
<td>□ Sense of Smell: □ NL or □ ABNL □ Gait</td>
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<tr>
<td>□ Balance ___________ □ Gross Motor Skills ___________ □ Fine Motor Skills ___________ □ Tremors</td>
<td></td>
</tr>
<tr>
<td>□ DTRs (Upper) RT □ LT □</td>
<td></td>
</tr>
<tr>
<td>□ DTRs (Lower) RT □ LT ___________ □ LOPS (Loss of Protective Sensation) □ NL Pinprick Sensation</td>
<td></td>
</tr>
<tr>
<td>□ Coordination ___________ □ Vibration (use DIP) □ RT +/- □ LT +/-</td>
<td></td>
</tr>
<tr>
<td>□ Speech ___________ □ Monofilament Testing □ RT +/- □ LT +/-</td>
<td></td>
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<tr>
<td>□ CN II-XII</td>
<td></td>
</tr>
<tr>
<td>ABNL Exam Findings:</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>Lipid Profile: HDL _______ LDL _______ Total Cholesterol _______ Triglyceride _______ Date: _______/<em><strong><strong>/</strong></strong></em></td>
</tr>
<tr>
<td>Calcium (circle if Ca++&gt;=10.0) _______ Date: _______/<em><strong><strong>/</strong></strong></em></td>
<td></td>
</tr>
<tr>
<td>Renal Function: eGFR _______ Date: _______/<em><strong><strong>/</strong></strong></em> Proteinuria □ Yes □ No Date: _______/<em><strong><strong>/</strong></strong></em></td>
<td></td>
</tr>
<tr>
<td>If no previous diagnosis of CKD/ESRD, repeat in 3 months if eGFR&lt;60ml/min or presence of proteinuria</td>
<td></td>
</tr>
<tr>
<td><strong>LABORATORY FINDINGS</strong> (State specific findings and add diagnosis to assessment/plan)</td>
<td></td>
</tr>
<tr>
<td><strong>RADIOGRAPHIC FINDINGS</strong> (State specific findings and add diagnosis to assessment/plan)</td>
<td></td>
</tr>
<tr>
<td><strong>SCREENING EKG FINDINGS</strong> (State date specific findings and add diagnosis to assessment/plan)</td>
<td></td>
</tr>
</tbody>
</table>
17 DIAGNOSIS/PERTINENT FINDINGS
(Link any diagnosis with the underlying chronic condition, such as diabetes or hypertension, whenever appropriate)

<table>
<thead>
<tr>
<th># 1:</th>
<th>CLINICAL ASSESSMENT</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
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<td># 2:</td>
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<td># 11:</td>
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<tr>
<td># 12:</td>
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</tr>
</tbody>
</table>
## SCREENING/COUNSELING

### PATIENT CRITERIA

<table>
<thead>
<tr>
<th>SCREENING/COUNSELING</th>
<th>PATIENT CRITERIA</th>
<th>DATE ORDERED/PERFORMED</th>
<th>COMMENTS/EXCEPTIONS (PHYSICIAN ONLY)</th>
</tr>
</thead>
</table>
| **VACCINATION SCHEDULE** | Pneumococcal - Once after age 65 and if more than 5 years since last vaccination and/or uncertainty of vaccine status  
Influenza - Once per fall or winter season  
Hepatitis B Vaccine - Schedule course of vaccines if patient not previously vaccinated  
*additional shots if medically necessary | __/__/__ |                                    |
| **BREAST CANCER SCREENING (MAMMOGRAPHY)** | Annual screening mammography for all women aged 50-74 years | __/__/__ |                                    |
| **COLORECTAL CANCER SCREENING** | For ALL patients 50 and older:  
• Annual fecal occult blood test or  
• Colonoscopy every 10 years or Flexible Sigmoidoscopy every 5 years  
• Lower Endoscopy to be performed more frequently, if advised by GI | Type of Screening: __/__/__ |                                    |
| **CERVICAL CANCER SCREENING** | Every 2 years for low-risk or annually if: sexual activity began before age 16, more than 5 partners in a lifetime, history of STD, any abnormal PAP in the past 7 years, DES-exposure | __/__/__ |                                    |
| **PROSTATE CANCER SCREENING** | Once every 12 months for patients age $\geq$ 50 includes:  
• Digital rectal exam and/or  
• Prostate specific antigen test | Type of Screening: __/__/__ |                                    |
| **CARDIOVASCULAR DISEASE SCREENING BLOOD TESTS** | Asymptomatic patients: every 5 years  
High-risk patients to be screened more frequently:  
• Fasting lipid panel | Results: __/__/__ | LDL-C __/__/__ |
| **DIABETES SCREENING TESTS** | Annually or every 6 months if previous diagnosis of elevated FBS, elevated HbA1c, or impaired GGT, or glucosuria | Type of Screening: __/__/__ | BMD Result: __/__/__  
Medication/Supplement Regimen: __/__/__ |
| **OSTEOPOROSIS SCREENING** | Every 24 months in patients with at least one of the conditions below:  
• In 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  
• Patient with vertebral abnormalities identified by X-ray  
• Patient receiving, or expected to receive, glucocorticoid therapy equivalent to an average of $\geq$5.0mg of prednisone per day, for more than 3 months  
• Patient with known primary hyperparathyroidism | BMD Result: __/__/__  
Medication/Supplement Regimen: __/__/__ |                                    |
| **GLAUCOMA SCREENING** | Document name of physician who performed glaucoma screen: _____________________ | Results: __/__/__ |                                    |
| **ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSM** | One-time-only benefit within first six months of enrollment IPPE for following risk factors:  
• Family history of AAA (Dx Z82.49)  
• Men age 65-75 smoked at least 100 cigarettes in their lifetime (Dx Z87.891) | __/__/__ |                                    |
<table>
<thead>
<tr>
<th>MEDICAL COUNSELING</th>
<th>RECOMMENDATION</th>
<th>CHECK ONE</th>
<th>DOCUMENT RECOMMENDATIONS GIVEN TO PATIENT</th>
</tr>
</thead>
</table>
| COUNSELING FOR TOBACCO CESSATION | • For all tobacco users, including those who are asymptomatic. Also included are smoking cessation treatments prescribed by a physician.  
• Two cessation counseling attempts (or up to eight cessation counseling sessions) are allowed every 12 months. | □ APPLICABLE  
□ NOT APPLICABLE | |
| COUNSELING ON FALL PREVENTION | • Discuss if any falls over past 12 months | □ YES | |
| | • Review high-risk medications (neuropsychiatric, opioid analgesic agents and cardiovascular medications)  
• Review the medical necessity for any medications that fall into the American Geriatric Society’s Beers Criteria* | □ YES | |
| | • Assess living environment for lighting, hazards, assistive devices | □ YES | |
| COUNSELING ON EXERCISE | • 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 | □ Discussed with Patient | |
| COUNSELING ON NUTRITION | • Assess and review protein, fat, simple sugar and fiber intake | □ Discussed with Patient | |
| | • Recommend that half of plate is filled with fresh fruit, raw or steamed vegetable per meal | □ Discussed with Patient | |
| COUNSELING/SCREENING FOR HIV | • Discuss risk of HIV in the elderly and consider HIV screening | □ Patient Counselled on HIV  
□ HIV Screening Test Ordered | |
| COUNSELING ON URINARY INCONTINENCE | • Review history of bowel and urinary incontinence and any recent changes in bowel habits and micturition  
• Discuss bladder training, exercises, medication and surgery | □ APPLICABLE  
□ NOT APPLICABLE | |
| DIABETES MANAGEMENT (for patients with known diabetes) | Consider education for all pre-diabetics | |
| | • Ophthalmology Referral | | |
| | • Nephropathy Screen | eGFR: __________  
Microalbuminuria: □ Positive  
□ Negative | |
| | • Foot Examination | __________ / __________ / __________ | |
| | • HbA1c Performed | Result: __________ / __________ / __________ | |
| | • Lipid Profile Performed | Total Chol____ HDL____  
LDL____ Triglyc____ | |
| | • Enroll in Diabetes Education Course | __________ / __________ / __________ | |


**Provider Information**

<table>
<thead>
<tr>
<th>Print Provider Name:</th>
<th>Group Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID:</td>
<td>Tax ID Number:</td>
</tr>
<tr>
<td>Provider Address:</td>
<td>City, State, Zip:</td>
</tr>
</tbody>
</table>
| Provider Signature: | (check one) MD  
DO  
NP  
PA  
Other | |
| Date: | _______ / _______ / _______ |
How can we help you?

Our goal is to help healthcare 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 Healthcare Advocate to find out how we can help you improve outcomes for your patients.

From the ICD-10-CM Official Guidelines for Coding and Reporting 2014 by the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): “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.”

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Please note, payment policies regarding the AWV and the comprehensive physical exam (CPE) vary by plan. Please check with your contracted plan for further information prior to billing.