



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, Diabetes Mellitus, etc.

Surgical History

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

Allergies

Allergies section with checkboxes for drug allergies and a field for 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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| <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 | |
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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

| MEASURE | DESCRIPTION | COMPLETED DATE |
|-------------------|--|----------------|
| Functional Status | Assess ability to perform ADLs | |
| 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.