



Patient Name: _____ DOB: _____ Date: _____

Adult Assessment (Medicare)

Patient Use	Office Use			
Preventive Care				
Date of last Colorectal Cancer Screening (Ages 45-75): Date: _____ Type of test: _____ Results: _____		<input type="checkbox"/> Screening results documented and reviewed 3017F		
Female Patients <input type="checkbox"/> Date of last Mammogram: _____ Facility performed: _____ Ordering Provider: _____ Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bilateral mastectomy or evidence of a right and a left unilateral mastectomy		<input type="checkbox"/> Ages 40-74 every 27 months G9899 <input type="checkbox"/> Bilateral mastectomy or evidence of a right and a left unilateral mastectomy G9708		
Tobacco and Alcohol Use				
Current tobacco user (Ages 12 and older)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, circle the tobacco product used: (I.E.: cigarettes, cigars, dissolvable, hookah tobacco, nicotine gels, pipe tobacco, roll-your-own tobacco, dip, snuff, snus, chewing tobacco, vapes, e-cigarettes, hookah, and other electronic nicotine delivery systems)		<input type="checkbox"/> Patient Screened for Tobacco Use, Identified as a Tobacco User or Tobacco Non-User: G9902 <input type="checkbox"/> Tobacco Use Screening Completed: User and received cessation intervention: G0030 <input type="checkbox"/> Identified Tobacco User and received cessation intervention: G9902 & G9906		
How often do you have a drink containing alcohol? <input type="checkbox"/> Never <input type="checkbox"/> Monthly or Less <input type="checkbox"/> 2-4/month <input type="checkbox"/> 2-3/week <input type="checkbox"/> 4 or more times/week				
Disease Management				
Have you previously been diagnosed with Hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blood Pressure: _____ Date: _____ If greater than $\geq 140/90$ retake blood pressure <input type="checkbox"/> Systolic <140 G8752 <input type="checkbox"/> Diastolic <90 G8754		
Are you currently prescribed and taking a statin (cholesterol) medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Medication: _____		<input type="checkbox"/> Member on statin therapy G9664		
Have you been diagnosed with Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you see a diabetic specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Specialist: _____ When was your last dilated retinal Eye Exam Date? _____ Provider: _____				
Fall Risk				
Have you had a fall within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did it result in an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		1 fall with injury or 2 or more falls 1100F <input type="checkbox"/> Plan documented in chart 0518F		
Annual Depression Screening PHQ-9				
Over the last 2 weeks, how often have you been bothered by any of the following:	None	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<input type="checkbox"/> Declined G8433 <input type="checkbox"/> Bipolar disorder G9717 <input type="checkbox"/> Negative G8510 <input type="checkbox"/> Positive and follow-up plan documented G8431				TOTAL

How difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?
 Not difficult at all Somewhat difficult Very difficult Extremely difficult

Patient Signature: _____ Date: _____

FOR OFFICE USE ONLY

Additional Annual Wellness Visit Coding Guidance

Patient Name: _____ DOB: _____ Date: _____

Annual Wellness Visit Billable Codes	Tobacco Use, Alcohol Screening, Depression Screening Billable Codes
<p>Annual Wellness Visit (AWV)</p> <ul style="list-style-type: none"> <input type="checkbox"/> G0402 - New to Medicare (first 12 months in Medicare) <input type="checkbox"/> G0438 - Once per lifetime (first AWV) <input type="checkbox"/> G0439 - Annually (subsequent AWV) <p><i>*Medicare Fee-For-Service allows for one Annual Wellness Visit (AWV) per 366 days. If your patient has a Medicare Advantage plan, confirm their AWV benefits specific to the patients plan.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cessation Counseling Documented (>3 minutes to <10 minutes) - 99406 <input type="checkbox"/> Cessation Counseling Documented (>10 minutes) - 99407 <input type="checkbox"/> Annual Alcohol Use Screening (15 minutes) - G0442 <input type="checkbox"/> Depression Screening: 15 minutes - G0444 <input type="checkbox"/> Bipolar Diagnosis, Depression Screening Exclusion- G9717
Colorectal Screening Codes	Most Recent Hemoglobin A1C
<ul style="list-style-type: none"> <input type="checkbox"/> Fecal Occult Blood Test (e.g., gFOBT, FIT every year) <input type="checkbox"/> Stool DNA Test (e.g., Cologuard every 3 years) <input type="checkbox"/> Flexible Sigmoidoscopy (every 5 years) <input type="checkbox"/> Computed Tomography Colonography (every 5 years) <input type="checkbox"/> Colonoscopy (every 10 years) <input type="checkbox"/> Screening results documented and reviewed - 3017F <input type="checkbox"/> Exclusion: History of Total Colectomy or Colorectal Cancer - G9711 	<p>Date: _____ A1C Level: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> A1C < 7.0% - M1371 <input type="checkbox"/> A1C ≥ 7.0% - < 8.0% - M1372 <input type="checkbox"/> A1C ≥ 8.0% - ≤ 9.0% - M1373 <input type="checkbox"/> A1C > 9.0% - M1211