

Patient Name: _____ DOB: _____ Date: _____

Adult Assessment (Medicare)

Patient Use	Office Use																																								
Preventive Care																																									
Date of last flu shot: _____	<input type="checkbox"/> Administered or previously received G8482 <input type="checkbox"/> Declined G8483																																								
Date of last Colorectal Cancer Screening (Ages 45-75): Date: _____ 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 50-74 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 18 and older)? <input type="checkbox"/> Yes <input type="checkbox"/> No (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) 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	<input type="checkbox"/> Tobacco Use Screening Completed: <u>Non-User</u> G9903 <input type="checkbox"/> Tobacco Use Screening Completed: <u>User</u> G9902																																								
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 problems:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Not at all</th> <th style="width: 25%;">Several days</th> <th style="width: 25%;">More than half the days</th> <th style="width: 25%;">Nearly every day</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Not at all	Several days	More than half the days	Nearly every day	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
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Little interest or pleasure in doing things?																																									
Feeling down, depressed, or hopeless																																									
Trouble falling or staying asleep, or sleeping too much																																									
Feeling tired or having little energy																																									
Poor appetite or overeating																																									
Feeling bad about yourself or that you are a failure or have let yourself or your family down																																									
Trouble concentrating on things, such as reading the newspaper or watching TV																																									
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																																									
Thoughts that you would be better off dead or of hurting yourself in some way																																									
<input type="checkbox"/> Declined G8433 <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: _____

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 Misuse Screening (15 minutes) - G0442 <input type="checkbox"/> Depression Screening: 15 minutes - G0444 <input type="checkbox"/> Depression/Bipolar diagnosis, screening not required - 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% - 3044F <input type="checkbox"/> A1C ≥ 7.0% - < 8.0% - 3051F <input type="checkbox"/> A1C ≥ 8.0% - ≤ 9.0% - 3052F

Resource: <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

Top Trends: Most common ICD-10 codes missed during a visit

Diagnosis Description	Diagnosis (ICD-10) Code
CONGESTIVE HEART FAILURE HCC Category 85	
Heart failure, Unspecified	I50.9
SPECIFIED HEART ARRHYTHMIAS HCC Category 96	
Paroxysmal atrial fibrillation	I48.0
VASCULAR DISEASE HCC Category 108	
Atherosclerosis of aorta	I70.0
Peripheral vascular disease, unspecified	I73.9
DIABETES WITH CHRONIC COMPLICATION HCC Category 18	
Type 2 diabetes mellitus with other specified complication	E11.69
DIABETES WITHOUT COMPLICATIONS HCC Category 19	
Type 2 diabetes mellitus without complications	E11.9
Type 2 diabetes mellitus with hyperglycemia	E11.65
CHRONIC KIDNEY DISEASE, SEVERE (STAGE 4) HCC Category 137	
Chronic kidney disease, stage 4 (severe)	N18.4
CHRONIC KIDNEY DISEASE, MODERATE (STAGE 3) Category 138	
Chronic kidney disease, (stage 3a)	N18.31
MORBID OBESITY HCC Category 22	
Morbid (severe) obesity due to excess calories	E66.01
Body mass index [BMI] 40.0-44.9, adult	Z68.41
CHRONIC OBSTRUCTIVE PULMONARY DISEASE HCC Category 111	
Chronic obstructive pulmonary disease, unspecified	J44.9
REACTIVE AND UNSPECIFIED PSYCHOSIS HCC Category 59	
Major depressive disorder, recurrent, moderate	F33.1
BREAST, PROSTATE, AND OTHER CANCERS OR TUMORS HCC Category 12	
Malignant neoplasm of prostate	C61
Other nonthrombocytopenic purpura	D69.2
COAGULATION DEFECTS AND OTHER SPECIFIED HEMATOLOGIC DISORDERS HCC Category 48	
Thrombocytopenia, unspecified	D69.6
RHEUMATOID ARTHRITIS AND INFLAMMATORY CONNECTIVE TISSUE DISEASE HCC Category 40	
Sacroiliitis, not elsewhere classified	M46.1



Scan the QR code to access the HCC Value Q&A document!