Arizona Care Network — Abrazo Health · Dignity Health. · Phoenix Children's Care Network

Patient Name: _____ DOB: _____ Date: _____

Adult Assessment (Non-Medicare)

Patient Use	Office Use
Preventive Care	
Date of last Colorectal Cancer Screening (Ages 45-75): Date: _____ **Results:** _____	☐ Screening results documented and reviewed **3017F** ☐ Exclusion: Total Colectomy or Colorectal Cancer **G9711**
Female Patients ☐ Date of last Mammogram: _____ Facility performed: _____ Ordering Provider: _____ Results: ☐ Normal ☐ Abnormal ☐ Bilateral mastectomy or evidence of a right and a left unilateral mastectomy ☐ Date of last Pap Smear (Ages 21-64): _____ ☐ Date of last Chlamydia Testing (Ages 16-24 if sexually active): _____ If you are 67-85 years of age, have you suffered a fracture in the past 6 months? ☐ Yes ☐ No If yes, did you receive a bone mineral density test or prescription for a drug to treat osteoporosis in the six months after the fracture? ☐ Yes ☐ No	☐ Ages 50-74 every 27 months **G9899** ☐ Bilateral mastectomy or evidence of a right and a left unilateral mastectomy **G9708** ☐ Pap smear within the last 3 years **88141, P3000, G0147, G0476, 87624** ☐ Chlamydia Testing once a year **87110, 87270, 87320, 87490, 87810**
Disease Management	
Have you previously been diagnosed with Hypertension? ☐ Yes ☐ No	**Blood Pressure:** _____ Date:_____ If greater than ≥140/90 retake blood pressure Systolic: ☐ < 130 **3074F** ☐ 130-139 **3075F** Diastolic: ☐ < 80 **3078F** ☐ 80-89 **3079F**
Are you currently prescribed and taking a statin (cholesterol) medication? ☐ Yes ☐ No Name of Medication: _____	☐ Member on statin therapy **G9664**
Have you been diagnosed with Diabetes? ☐ Yes ☐ No Do you see a diabetic specialist? ☐ Yes ☐ No Name of Specialist: _____ When was your last dilated retinal Eye Exam Date? _____ Provider: _____	
Social Determinants of Health (SDOH)	
Did you graduate high school? Yes/No If you need to work, do you currently have a job? Yes/No Do you have a place to live? Yes/No Are there any issues with your home, for example, utilities shut off? Yes/No Do you have enough money to meet your needs? Yes/No	Do you typically have enough food to eat? Yes/No Do you have reliable transportation to get where you need to go? Yes/No Do you have family and/or friend support? Yes/No Do you have any personal safety concerns? Yes/No Are there any other areas that you need help? Yes/No If Yes, please explain:

Annual Depression Screening PHQ-9

Over the last 2 weeks, how many days have you been bothered by any of the following problems:	Not at all	Several days	More than half	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
☐ Declined **G8433** ☐ Negative **G8510** ☐ 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: _____

Colorectal Screening Codes	Depression Screening Billable Codes
☐ Fecal Occult Blood Test (e.g., gFOBT, FIT every year) ☐ Stool DNA Test (e.g., Cologuard every 3 years) ☐ Flexible Sigmoidoscopy (every 5 years) ☐ Computed Tomography Colonography (every 5 years) ☐ Colonoscopy (every 10 years) ☐ Screening results documented and reviewed - **3017F** ☐ Exclusion: History of Total Colectomy or Colorectal Cancer - **G9711**	☐ Depression Screening: 15 minutes - **G0444** ☐ Depression/Bipolar diagnosis, screening not required - **G9717**
Annual Wellness Visit Billable Codes	**Patients with Diabetes Billable Codes**
Annual Wellness Visit (AWV) New Patient ☐ **99385** – 18-39 years old ☐ **99386** – 40-64 years old ☐ **99387** – 65 years and older **Annual Wellness Visit (AWV) Established Patient** ☐ **99395** – 18-39 years old ☐ **99396** – 40-64 years old ☐ **99397** – 65 years and older	Date:_____ A1C Level:_____ ☐ A1C < 7.0% - **3044F** ☐ A1C ≥ 7.0% - < 8.0% - **3051F** ☐ A1C ≥ 8.0% - ≤ 9.0% - **3052F** **Screening for Diabetic Retinal Disease** ☐ Low risk for retinopathy (no evidence of retinopathy in the prior year) **3072F** ☐ Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed **2022F** ☐ Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; no retinopathy **2023F** **Kidney Health Evaluation** ☐ Estimated Glomerular Filtration Rate: **80047; 80048; 80050; 80053; 80069; 82565** ☐ Quantitative Urine Albumin Lab Test: **82043** ☐ Urine Creatinine Lab Test: **82570** ☐ Urine Albumin Creatinine Ratio Lab Test: **82043, 82570**

Standard SDOH Assessments:

https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/patient-short-print.pdf

https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf

SDOH Z Codes

Diagnosis Description	Z Code
Problems related to education and literacy	Z55
Problems related to employment and unemployment	Z56
Occupational exposure to risk factors	Z57
Problems related to physical environment	Z58
Problems related to housing and economic circumstances	Z59
Problems related to social environment	Z60
Problems related to upbringing	Z62
Other problems related to primary support group, including family circumstances	Z63
Problems related to psychosocial circumstances	Z64, Z65