

Annual Wellness Exam

Name:	HI	ID:	Form Date:	03/19/2019	12:50 pm
Admitted:			Unit:	1	
Gender:	Birthdate:	Age:			

See continuation sheet? Yes ☐ No

Assessment of any Cognitive Impairment:

General Appearance:

Mood/affect:

Input from others:

Patient cognitive impairment tested with CANS-MCI (If Yes remember 96103 & 96120) ☐ Yes ☐ No

If Yes, results:

Notes and Plan:

See continuation sheet? Yes ☐ No

Depression Screening:

Over the past two weeks, the patient expresses little interest or pleasure in doing things: ☐ Yes ☐ No

Over the past two weeks, the patient, felt down, depressed or hopeless Yes No

Notes and Plan:

See continuation sheet? Yes ☐ No

Functional Ability:

Does the patient exhibit a steady gait? Yes ☐ No

How long did it take the patient to get up and walk from a sitting position?

Is the patient self-reliant? (i.e. can he/she do own laundry, prepare meals, do household chores) **D** Yes ☐ No

Does patient handle his/her own medications? **D** Yes ☐ No

Does patient handle his/her own money? **D** Yes ☐ No

Is the patient's home safe (ie good lighting, handrails on stairs and bath etc.)? **D** Yes ☐ No

Did you notice or did patient express and hearing difficulties? **D** Yes ☐ No

Did you notice or did patient express any vision difficulties? **D** Yes ☐ No

Were distance and reading eye charts used? **D** Yes ☐ No

Notes and Plan:

See continuation sheet? Yes ☐ No

Advance Care Planning: (At discretion of patient)

Patient was offered the opportunity to discuss advance care planning: **D** Yes ☐ No

Does patient have an Advance Directive: **D** Yes ☐ No

If no, did you provide information on Caring Connections? **D** Yes ☐ No

Notes and Plan:

See continuation sheet? Yes ☐ No

EKG Results: (Not Mandatory)

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See continuation sheet? ☐ Yes ☐ No

other Relevant Findings:

Notes and Plan:

See continuation sheet? ☒ Yes ☐ No

Provider Signature:

Date:

Schedule of Personalized Health Plan (Provide Copy to Patient)

Service	Date of Most Recent Service	Date Scheduled
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Vaccines: Pneumococcal (Once after 65). Influenza (Annually) Hepatitis B (if medium/high risk)

Medicare Coverage Requirements:

Medium/ high risk factors: End stage renal disease. Hemophiliacs who received Factor VIII or IX concentrates. Clients of institutions for the mentally retarded. Persons who live in the same house as a HepB virus carrier. Homosexual men illicit injectable drug abusers

Provider Recommendation:

Service	Date of Most Recent Service	Date Scheduled
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Mammogram (biennial age 50-74)

Medicare Coverage Requirements:

Annually (age 40 or over)

Provider Recommendation:

Service	Date of Most Recent Service	Date Scheduled
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Pap and pelvic exams (up to age 70 and after 70 if unknown history or abnormal study last 10 years)

Medicare Coverage Requirements:

Every 24 months except high risk

Provider Recommendation:

Service	Date of Most Recent Service	Date Scheduled
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Prostate cancer screening (annually to age 75) Digital rectal exam (DRE) Prostate specific antigen

Medicare Coverage Requirements:

Annually (age 50 or over), DRE not paid separately when covered E/M service is provided on same date

Provider Recommendation:

Service	Date of Most Recent Service	Date Scheduled
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Colorectal cancer screening (to age 75). Fecal occult blood test (annual). Flexible sigmoidoscopy (Sy). Screening colonoscopy (10y). Barium enema

Medicare Coverage Requirements:

Provider Recommendation:

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Diabetes self- management training (no USPSTF recommendation)				
Medicare Coverage Requirements:				
Requires referral by treating physician for patient with diabetes or renal disease. 10 hours of initial DSMT sessions of no less than 30 minutes each in a continuous 12-month period. 2 hours of follow-up DSMT in subsequent years.				
Provider Recommendation:				
Service	Date of Most Recent Service	Date Scheduled		
Bone mass measurements (age 65 & older, biennial)				
Medicare Coverage Requirements:				
Requires diagnosis related to osteoporosis or estrogen deficiency. Biennial benefit unless patient has history of long term glucocorticoid use or baseline is needed.				
Provider Recommendation:				
Service	Date of Most Recent Service	Date Scheduled		
Glaucoma screening (no USPSTF recommendation)				
Medicare Coverage Requirements:				
Diabetes mellitus, family history African American, age 50 or over, Hispanic American age 65 or over				
Provider Recommendation:				
Service	Date of Most Recent Service	Date Scheduled		
Medical nutrition therapy for diabetes or renal disease (no recommended schedule)				
Medicare Coverage Requirements:				
Requires referral by treating physician for patient with diabetes or renal disease. Can be provided in same year as diabetes self-management training (DSMT), and CMS recommends medical nutritional therapy take place after DSMT, Up to 3 hours for initial year and 2 hours in subsequent years				
Provider Recommendation:				
Service	Date of Most Recent Service	Date Scheduled		
Cardiovascular screening blood tests (every 5 years) Total Cholesterol, High-density lipoproteins, Triglycerides				
Medicare Coverage Requirements:				
Provider Recommendation:				
Service	Date of Most Recent Service	Date Scheduled		
Diabetes screening test (at least every 3 years Medicare covers annually or at 6month intervals for pre-diabetic patients). Fasting blood sugar (FBS) or glucose tolerance test (GTT)				
Medicare Coverage Requirements:				
Patient must be diagnosed with one of the following: Hyper Tension, Dyslipidemia, Obesity (BMI >30kg/m2) Previous elevated impaired FBS or GTT or any two of the following: Over weight (BMI >25 but <30) Family History, Age 65 years or older, History of gastrointestinal diabetes or birth of baby weighing more than 9 pounds				

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Abdominal aortic aneurysm screening (once)

Medicare Coverage Requirements:

Patient must be referred through IPPE and not have had a screening for abdominal aortic aneurysm before under Medicare. Limited to patients who meet one of the following criteria: Men who are 65-75 years old and have smoked more than 100 cigarettes in their lifetime. Anyone with a family history of aortic aneurysm. Anyone recommended for screening by the USPSTF

Provider Recommendation:

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HIV screening (annually for increased risk patients) HIV-1 and HIV-2 by EIA, ELSIA, rapid antibody test or oral mucosa transudate.

Medicare Coverage Requirements:

Patient must be at increased risk for HIV infect per USPSTF guidelines or pregnant. Test covered annually for patients at increased risk. Pregnant patients may receive up to 3 tests during pregnancy.

Provider Recommendation:

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Smoking cessation counseling (up to 8 sessions per year) Counseling greater than 3 and up to 10 minutes. Counseling greater than 3 and up to 10 minutes. Counseling greater than 10 minutes

Medicare Coverage Requirements:

Patients must be a smoker

Provider Recommendation:

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Subsequent annual wellness visit

Medicare Coverage Requirements:

At least 12 months since **IPPE** or AWW

Provider Recommendation:

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Other based on patient's risk factors

Medicare Coverage Requirements:

Provider Recommendation:

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Other based on patient's risk factors:

Medicare Coverage Requirements:

Provider Recommendation:

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