

St Michael Medical Clinic: Medicare annual preventive-care “Wellness” visit.

- Medicare Wellness Visit covers a yearly visit to discuss your plan of preventive care in the coming year. We ask you to fill-out a Wellness Health Assessment questionnaire.
- Annual Wellness Visit is not a head-to-toe physical. Medicare does not cover a routine physical (RP). Medicare Wellness visit does not cover any RP blood work screening. But blood work may be ordered if you have been diagnosis or have enough “medical necessity” support. **Your labs deductible and coinsurance will apply.**
- If you receive any additional services, blood works, tests, or screenings during the Annual Wellness Visit, then you may be charged your usual deductible and coinsurance. Services not included in the Annual Wellness Visit are billed separately.
- If one or more of your chronic **problems is not stable** and/or you **have some concern** or issues and/or **need changes**, and require additional decision making then this will be **BILL AS AN ADDITIONAL SERVICES TO THE WELLNESS VISIT** and your **deductible and coinsurance WILL APPLY.** (Office: a separate evaluation and management (E/M) code could be billed with modifier 25)
- *For med refill: If your chronic problems (diabetes, hypertension, dyslipidemia, etc.) are stable, there's NO changes, NO issues or concern, and you are simply refilling medications, then this med refill should be reported with the Wellness visit. Any medication changes will be bill as additional services and your deductible/coinsurance office visit apply.*

Please review which of the following PREVENTIVE-CARE you need to discuss.

Note: Detail has cost or ded/coins apply, and who is eligible. “ded/coins” = deductible/coinsurance

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| <ul style="list-style-type: none"><input type="checkbox"/> Flu shots (pay \$0, only cover once per flu season Aug – March)<input type="checkbox"/> Hepatitis B shots (pay \$0. only covers if at medium or high risk= Some risk factors include hemophilia, End-Stage Renal Disease (ESRD), diabetes, if you live with someone who has Hepatitis B, or if you're a health care worker and have frequent contact with blood or body fluids.)<input type="checkbox"/> Hepatitis C screening test (pay \$0, one-time, repeat screening test if at high risk = current or past history of illicit injection drug use, had a blood transfusion before 1992, or were born between 1945 and 1965.)<input type="checkbox"/> Pneumococcal shots – help prevent certain type of pneumonia (pay \$0, one-time)<input type="checkbox"/> Abdominal aortic aneurysm ultrasound screening (pay \$0, one-time if at risk= family history of abdominal aortic aneurysms, or you're a man 65–75 and you've smoked at least 100 cigarettes in your lifetime)<input type="checkbox"/> Alcohol misuse screening and counseling (1 yr, use alcohol, but don't meet the medical criteria for alcohol dependency.)<input type="checkbox"/> Bone density test – Bone Mass Measurements (pay \$0, 24 months, repeat test if medical necessary) Dx= osteoporosis, osteopenia, post-menopausal, low T(males), Vit D. deficient, vertebral abnormalities. Medicare will NOT cover test for “screening”. Must have valid diagnosis<input type="checkbox"/> Breast cancer screening - mammograms test (pay \$0, 12 months, 40+) able have one baseline mammogram for women between 35–39<input type="checkbox"/> Cardiovascular disease - "CVD risk reduction visit". (behavioral therapy to help lower your risk, discuss aspirin use, check your blood pressure, tips to make sure you're eating well.)<input type="checkbox"/> Cardiovascular disease blood test screening - cholesterol, lipid, lipoprotein, triglyceride levels (5 yr, pay \$0 on labs plus ded/coins apply office visit)<input type="checkbox"/> Diabetes glucose screening if at risk (pay \$0 for test, up to 2 screening each yr)<input type="checkbox"/> Diabetes self-management training- eat healthy, active, monitor blood sugar, take med. (ded/coins apply)<input type="checkbox"/> Electrocardiogram (EKG- during “Welcome to Medicare” one-time, ded/coins apply)<input type="checkbox"/> Foot exam/treatment for Diabetes-related or medical necessary (ded/coins apply) | <ul style="list-style-type: none"><input type="checkbox"/> Glaucoma eye disease if high risk= have diabetes, a family history of glaucoma, are African -American and 50 or older, or are Hispanic and 65 or older. (12 months, hi-risk, ded/coins apply)<input type="checkbox"/> HIV screening -Human Immunodeficiency Virus (1 yr, if at risk) if increased risk for the virus, people who ask for the test, or pregnant women<input type="checkbox"/> Medical nutrition therapy services if have diabetes or kidney disease, or you have had a kidney transplant in the last 36 months (pay \$0, need referral)<input type="checkbox"/> Obesity screening and counseling (BMI of 30 or more, up to 22 visit per 1 yr, pay \$0)<input type="checkbox"/> Depression test screening, follow-up, and referral (pay \$0 for test plus ded/coins apply other svc)<input type="checkbox"/> Cervical and vaginal cancer screening - Pap and pelvic exam (24 months, if at risk then 12 months)<input type="checkbox"/> Prostate Specific Antigen test (50+, 1 yr, PSA- pay \$0, digital rectal-exam ded/coins apply)<input type="checkbox"/> Sexually transmitted infection (STI) for chlamydia, gonorrhea, syphilis, and Hepatitis B (1 yr, if at risk, up to 2 face/face, pay \$0 for test)<input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease, ded/coins apply) <p><u>Colorectal cancer screening (4 options)</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Option 1: Fecal occult blood test (pay \$0, 1 yr, 50+)<input type="checkbox"/> Option 2: Flexible Sigmoidoscopy (4 yrs, or colonoscopy result not hi-risk then 10yr, pay \$0)<input type="checkbox"/> Option 3: Colonoscopy (10yrs, high-risk is 2yrs, 4yrs after flex. Sigmoidoscopy, coins apply)<input type="checkbox"/> Option 4: Barium enema (4yrs, hi-risk is 2yrs, coins apply) |
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Medicare Preventive-care Wellness Health Assessment (14099)

FOR OFFICE: Once pt done, staff to review all answers.

- POP-up "Wellness DONE ..."
- mark fr page 1 to-discuss SUMMARY to last page
- if PQRS not done, ask pt fill-out PQRS too
- write on progress note any "PLAN" needed
- Addendum Staff initial done: _____

- "Welcome" to Medicare During the 1st 12 months that you have Part B (CPT= G0402) EKG (CPT= G0403, coins/ded apply)
- "Wellness" Must be 12 months after "Welcome" or No "Welcome" but here for the Yearly "Wellness". (CPT= 1st one G0438, afterward G0439)

Per Medicare: Identification of chronic diseases, injury risks, modifiable risk behavior & factors, and urgent health needs. Review of your medical and social history related to your health, education and counseling about preventive service, including certain screenings, shots, and referral for other care if needed.

Annual Wellness Visit (AWV) is not a head-to-toe physical. AWV is to discuss your plan of preventive care in the coming year. The AWV does not include any clinical laboratory tests. However, clinical laboratory tests can be order if there is medical necessary because of high risk factors and coinsurance/deductible will apply. Note: If you receive any additional services, medication changes, laboratory tests, or screenings during the Annual Wellness Visit, then you may have an additional charge for those services and will be billed separately and coinsurance/deductible apply.

Patient Last Name: _____ **First:** _____ **Date of Birth:** _____

1a. Current medical condition: <input type="checkbox"/> NONE <input type="checkbox"/> Alcohol Dependence <input type="checkbox"/> Blackout <input type="checkbox"/> Loss of consciousness / Awareness <input type="checkbox"/> Cancer <input type="checkbox"/> Dementia or Alzheimer's	<input type="checkbox"/> Diabetes or Hypoglycemia <input type="checkbox"/> Drug Dependence <input type="checkbox"/> Heart attack <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure	<input type="checkbox"/> High cholesterol <input type="checkbox"/> Mental or Emotional Illness-Unstable <input type="checkbox"/> Motor Function/Ability Impaired <input type="checkbox"/> Narcolepsy- chronic sleep disorder <input type="checkbox"/> Obesity	<input type="checkbox"/> Seizure(s)-Alcohol related <input type="checkbox"/> Seizure(s)-Brain/mind - Cerebral <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Stroke <input type="checkbox"/> Visual Impairment
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1b. Additional information on current medical conditions:

1c. Past medical and surgical history, including estimate date, experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments:

1d. List of current doctors, specialty, and medical suppliers regularly involved in providing medical care:

1e. Father's health history:

<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> DECEASED	<input type="checkbox"/> Alcohol Dependence <input type="checkbox"/> Cancer <input type="checkbox"/> Dementia or Alzheimer's <input type="checkbox"/> Diabetes or Hypoglycemia <input type="checkbox"/> Drug Dependence	<input type="checkbox"/> Heart attack <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> High cholesterol <input type="checkbox"/> Mental or Emotional Illness	<input type="checkbox"/> Obesity <input type="checkbox"/> Seizure(s)-Alcohol related <input type="checkbox"/> Seizure(s)-Brain/mind - Cerebral <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Stroke
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1f. Mother's health history: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> DECEASED	<input type="checkbox"/> Alcohol Dependence <input type="checkbox"/> Cancer <input type="checkbox"/> Dementia or Alzheimer's <input type="checkbox"/> Diabetes or Hypoglycemia <input type="checkbox"/> Drug Dependence	<input type="checkbox"/> Heart attack <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> High cholesterol <input type="checkbox"/> Mental or Emotional Illness	<input type="checkbox"/> Obesity <input type="checkbox"/> Seizure(s)-Alcohol related <input type="checkbox"/> Seizure(s)-Brain/mind - Cerebral <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Stroke
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1g. Additional parent's health history notes:

1h. Sibling's health history: sex, status, and medical conditions:

SELF HEALTH ASSESSMENT: How often during the past four weeks have you been **bothered** by:

2a. ___ My general health is excellent.	3a. ___ Things are going very well.	4a. ___ Do not have much bodily pain.	5a. ___ Never tired or fatigue.
2b. ___ My general health is good.	3b. ___ Things are going good.	4b. ___ Have mild bodily pain.	5b. ___ Sometimes tired / fatigue.
2c. ___ My general health is fair.	3c. ___ Things are going bad.	4c. ___ Have moderate bodily pain.	5c. ___ Often tired / fatigue.
2d. ___ My general health is poor.	3d. ___ Things are going very bad.	4d. ___ Have severe bodily pain.	5d. ___ Always tired / fatigue.

6. PREVENTIVE SERVICES - Glaucoma eye screening by optometrist/ophthalmologist. Coinsurance/deduct apply. Factors at-risk if have 1) diabetes mellitus; 2) a family history of glaucoma; 3) are African-Americans aged 50 and older; 4) Are Hispanic-Americans aged 65 and older

7a. ___ I have good vision.	8a. ___ Difficult to follow a conversation in a crowded room.	8d. ___ Difficult understanding soft or whispered speech
7b. ___ I have fair vision.	8b. ___ Feel that people are mumbling or not speaking clearly	8e. ___ Experience ringing or noises in your ears
7c. ___ I have poor vision	8c. ___ Ask people to speak up or repeat themselves	8f. ___ Expose to significant noise during work/recreation/military

9. Hearing and balance exams assessment. Medicare **doesn't cover routine hearing exams**, hearing aids, or exams for fitting hearing aids. Medicare coverage for hearing rehabilitation services, including a comprehensive audiology assessment to determine if a hearing aid is appropriate. Coinsurance/deductible apply.

10. Daily Living Assessment: Can do the following by myself, without help:

<input type="checkbox"/> Standing up from a sitting position <input type="checkbox"/> Getting dressed <input type="checkbox"/> Using the phone <input type="checkbox"/> Bathing or showering	<input type="checkbox"/> Preparing meals <input type="checkbox"/> Eating a meal <input type="checkbox"/> Getting to the toilet <input type="checkbox"/> Driving or getting to places (car/bus/taxi)	<input type="checkbox"/> Grocery shopping <input type="checkbox"/> Housekeeping/doing Housework <input type="checkbox"/> Managing/taking own medications <input type="checkbox"/> Handling your money/finances
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11. ___ Need help with the following activities: (who & what)

12 BEHAVIORAL RISK ASSESSMENT: During the past 4 weeks, how many drinks of wine, beer/other alcoholic beverages did you have?		
12a. ___ Do not drinks (wine/beer/other alcohol).	12f. ___ Drink more 7 per week. (women) G0442 ***	
12b. ___ Drinks more 14 per week. (men) G0442 ***	12g. ___ Drink more 3 per occasion (women). G0442 ***	
12c. ___ Drink more 4 per occasion (men). G0442 ***	12h. ___ Drink less than 7 per week. (women)	
12d. ___ Drink less than 14 per week (men).	12i. ___ Drink less than 3 per occasion (women).	
12e. ___ Drink less than 4 per occasion (men).		
13. PREVENTIVE SERVICES -Everyone eligible for annual Alcohol Misuse Screening G0442. For those who screen positive after the screening, 4 times per year for counseling G0443. Coinsurance/deductible waived on screening. Office visit coinsurance/deductible apply.		13a. ___ I am not ready to cut down. 13b. ___ I am thinking of cutting down. Screening-G0442***
14. PREVENTIVE SERVICES - Counseling to Prevent Tobacco Use (for Asymptomatic Beneficiaries). Office visit coinsurance/deductible apply. Coinsurance/deductible waived on counseling. Benefit: 1) Extra money in your pocket. 2) No more smoky smell. 3) Food tastes so much better. 4) Healthier looking skin. 5) A quiet night's sleep - no snoring. 6) after 12hrs - carbon monoxide level in blood drop to normal. 7) after 2wks-3months - lung function improve. 8) after 1-9months - coughing and shortness of breath decrease. 9) coronary heart disease risk reduce. 10) stroke risk reduce. 11) lung cancer risk reduce.		
14a. ___ Use tobacco products (how much, how often per week)	14b. ___ Do not use tobacco products. 14c. ___ Am not ready to quit. 14d. ___ Am thinking of cutting down/quitting. ***	14e. ___ I would like additional information on reducing/quitting tobacco use. I understand the information above and the benefit about ceasing tobacco use. (DX 305.1 or V15.82) (counsel G0436)
15. PREVENTIVE SERVICES - Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs. For screening for chlamydia, gonorrhea, and syphilis in women at increased risk for STIs who are not pregnant report V74.5 and V69.8. For screening for syphilis in men at increased risk, report V74.5 and V69.8. Additional DX V22.0, V22.1, or V23.9 if pt pregnant. Coinsurance/deductible waived on counseling. Office visit coinsurance/deductible apply.		15a. ___ I never have sexual problems. 15b. ___ I sometime have sexual problems. 15c. ___ I often have sexual problems. *** 15d. ___ I always have sexual problems. *** 15e. ___ I would like more information about STI. ***
Home Safety and few recommendation to avoid falls. 1) Assess home for raised doorway thresholds. 2) Remove clutter, loose carpet, unsecured floor coverings. 3) Always maintain a clean dry floor. 4) No electrical cords in walk ways. 5) Maintenance of assistive devices. 6) Handrails in hallways. 7) Install grab bars in the bathroom. 8) Use non-skid mats inside and outside of shower/tub/toilet. 9) Use of appropriate bathing aides/chair. 10) Store household items on lower shelves so that you can access them easily. 11) Use reaching devices to access things that are higher than you can reach. 12) Wear low heeled, comfortable shoes that fit well. 13) Have night lights installed. 14) Keep home well lit. 15) Always make sure to sit up on the edge of the bed and get use to light before attempting to walk. 16) Smoke detectors at home. 17) Carbon monoxide detector.		16. Reduce Car Accident 16a. ___ Always fasten seat belt. 16b. ___ Often fasten seat belt. 16c. ___ Sometime fasten seat belt. 16d. ___ Never fasten seat belt.
		17. Reduce Fall Accident 17a. ___ No fall within 12 months. 17b. ___ Am afraid of falling. *** 17c. ___ Have fallen within 12months. *** Continue fall risk assessment in annual PQRS questionnaire.
18. Physical activities / exercise assessment - The Benefits of Physical Activity: 1) Control your weight. 2) Reduce your risk of cardiovascular disease. 3) Reduce your risk for type 2 diabetes and metabolic syndrome. 4) Reduce your risk of some cancers. 5) Strengthen your bones and muscles. 6) Improve your mental health and mood. 7) Improve your ability to do daily activities and prevent falls, if you're an older adult. 8) Increase your chances of living longer		Regular exercises have many benefits. 18a. ___ Mostly exercise for about 20 min 3+ days a wk 18b. ___ Sometime exercise for about 20 min 3+ days a wk 18c. ___ Seldom exercise for about 20 min 3+ days a wk.*** 18d. ___ Never exercise for about 20 min 3+ days a wk.***
19. Diet Assessment: Healthy eating helps prevent high cholesterol and high blood pressure and helps reduce the risk of developing chronic diseases such as cardiovascular disease, heart disease, cancer, stroke, and diabetes. Healthy eating helps reduce one's risk for developing obesity, osteoporosis, iron deficiency, and dental caries (cavities). Eat healthy food (as fresh fruits, fish and vegetables). Unhealthy food (such as fried foods, sweets and "junk food")		19a. ___ Almost always healthy meals 19b. ___ Most of the time healthy meals 19c. ___ A little of the time healthy meals 19d. ___ Some of the time healthy meals 19e. ___ Almost never healthy meals. *** 19f. ___ Mostly eat unhealthy meals. ***
20a. ___ Balanced diet	20d. ___ Low salt	20h. ___ Doctor have recommend special diet
20b. ___ Vegetarian diet	20e. ___ Low fat	20i. ___ Doctor have told me to lose weight
20c. ___ Diabetic diet	20f. ___ Low carb	20j. ___ Additional comments special diet:
20g. ___ Low cholesterol		
Psychosocial Assessment: During the past 4 weeks, was someone available to help you if you needed and wanted help? For example, if you felt very nervous, lonely or blue, got sick and had to stay in bed, needed someone to talk to, needed help with daily chores, or needed help just taking care of yourself.		21a. ___ Always have someone available to help when I needed it. 21b. ___ Sometime have someone to help when I needed it. 21c. ___ Do not have someone to help when I needed it. 21d. ___ Additional Notes:
Depression Assessment: During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad or downhearted and blue? 22a. ___ Not at all bothered by emotional problems. 22b. ___ Slightly bothered by emotional problems. 22c. ___ Moderately bothered 22d. ___ Extremely bothered		Have you ever needed treatment for a mental health disorder such as depression, anxiety disorder, bipolar disorder or psychosis? 23a. ___ Yes, have/had treatment 23b. ___ No treatment
Patient Signature: _____ Date: _____		FOR OFFICE: Once pt done, staff to review all answers. <input type="checkbox"/> POP-up "Wellness DONE ..." <input type="checkbox"/> mark fr page1 to-discuss SUMMARY to last page <input type="checkbox"/> if PQRS not done, ask pt fill-out PQRS too <input type="checkbox"/> write on progress note any "PLAN" needed <input type="checkbox"/> Addendum Staff initial done: _____