



Medicare Advantage Annual Wellness Visit

Patient Last Name, First Name _____ Date of Birth _____ Date _____ Provider _____

- ☐ Once-in-a-lifetime Initial Preventive Physical Examination (G0402)
☐ Once-in-a-lifetime Initial Annual Wellness Visit (G0438)
☐ Subsequent AWW (G0439)

Please note: Federally Qualified Health Center visit, IPPE or AWW use code G0468.

This form and its accompanying **Medicare Advantage Annual Wellness Visit Guide** may be helpful to follow during our Medicare Advantage members' wellness visits. The guide is in the [Clinical Resources section of our website](#) under Preventive Care Guidelines.

General Patient Info

Age _____ Gender _____ Race _____ Ethnicity _____

Health Status _____ Frailty _____

Physical Function _____ Hearing Impairment ☐ None _____

Risk Factors

Depression ☐ None _____ Life Satisfaction ☐ Good _____

Stress ☐ None _____ Anger ☐ None _____

Loneliness/Social Isolation ☐ None _____ Pain/Fatigue ☐ None _____

Tobacco Use ☐ Never ☐ Quit ☐ Packs per day _____ ☐ Pack year history _____ Illicit Drug Use ☐ Never ☐ Quit _____

Alcohol Use ☐ Never ☐ Quit ☐ Alcohol equivalents per day _____

Physical Activity ☐ Exercise _____ days per week for _____ minutes per episode _____

Diet/Nutrition ☐ Good without lack _____ Oral Health ☐ Brush/floss regularly _____

Seat Belt Use in Vehicle ☐ Always use _____ Sexual Health _____

Home Safety ☐ Safe _____

Family History (Medical Events/Hereditary Disease) _____

Activities of Daily Living

Dressing ☐ No Difficulty _____ Feeding ☐ ND _____ Toileting ☐ ND _____

Grooming ☐ ND _____ Balance/Risk of Falls ☐ ND _____

Bathing ☐ ND _____ Walking ☐ ND _____

Instrumental ADLs

Shopping ☐ ND _____ Food Preparation ☐ ND _____ Using Phone ☐ ND _____

Housekeeping ☐ ND _____ Laundry ☐ ND _____ Transportation ☐ ND _____

Manage Own Medications ☐ ND _____

Handle Finances ☐ ND _____

Visit History

Last Wellness Visit: Date _____ Provider/Location _____

If Diabetic, Last Diabetic Eye Exam: Date _____ Provider/Location _____

Last Hospitalization: Date _____ Provider/Location _____



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Medical History

- ☐ Anemia
- ☐ Asthma
- ☐ Atrial Fibrillation
- ☐ Atrial Flutter
- ☐ Autoimmune Disorder
Specify: _____
- ☐ Behavioral Health Disorder
Specify: _____
- ☐ Burn (19% of body or greater)
- ☐ Cardiomyopathy
- ☐ Cerebral Vascular Accident
- ☐ Chronic Bronchitis
- ☐ Chronic Hepatitis
- ☐ Chronic Kidney Disease

☐ Stage 1 (GFR 90+)

☐ Stage 2 (GFR 60-89)

☐ Stage 3a (GFR 45-59)

☐ Stage 3b (GFR 30-44)

☐ Stage 4 (GFR 15-29)

☐ Stage 5 (ESRD)

☐ Chronic Obstructive Pulmonary Disease

☐ with exacerbation

☐ without exacerbation

☐ Cirrhosis☐ Congestive Heart Failure
Ejection fraction: _____☐ Constipation☐ Coronary Artery Disease☐ Crohn's Disease☐ Deep Vein Thrombosis☐ Dementia☐ Diabetes Mellitus

☐ without complications

☐ with complications

☐ with ophthalmic disease

☐ with renal disease

☐ with neuropathy

☐ with peripheral vascular disease

☐ long-term use of insulin

☐ Drug/Alcohol Dependence☐ Emphysema☐ Epilepsy☐ Fracture
Specify location and type: _____☐ Gastroesophageal Reflux Disease☐ Head/Spinal Injuries☐ HIV☐ Hyperlipidemia☐ Hypertension

☐ with CHF

☐ with CKD

☐ Insomnia☐ Malignancy
Specify: _____☐ Obesity☐ Osteoarthritis☐ Osteomyelitis☐ Osteoporosis☐ Pancreatitis☐ Paralysis☐ Peptic Ulcer Disease☐ Peripheral Vascular Disease☐ Pituitary Disease☐ Pneumonia☐ Pressure Ulcer
Site: _____☐ Prior Myocardial Infarction☐ Schizophrenia☐ Seizure Disorder☐ Sickle Cell Disease☐ Ulcerative Colitis

Surgical History

- ☐ Amputation
- ☐ Appendectomy
- ☐ Breast surgery
Specify type: _____
- ☐ Other surgery: _____
- ☐ Carotid endarterectomy
- ☐ Eye surgery/procedure
- ☐ Cholecystectomy
- ☐ Coronary artery bypass graft
- ☐ Coronary stents
- ☐ Hernia repair
- ☐ Implantable defibrillator
- ☐ Organ transplant
- ☐ Pacemaker

Allergies

☐ No known drug allergies / ☐ Allergies: _____

Supplements including calcium and vitamins: _____

Medications (Type, dose, route, frequency)



BlueCross BlueShield of Texas

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Physical Exam

Height _____ Weight _____ BMI _____

Blood pressure (If blood pressure is above 139/89, please retake and record the second blood pressure reading) _____

Pain assessment on scale of 0 to 10 (10 is worst) _____

Visual acuity screen (for IPPE):

Detection of Any Cognitive Impairment

Direct observation; patient reports; concerns raised by family members, friends or caretakers; other:

Risk Factors for Depression and Anxiety

☐ Current and/or past experiences with depression or anxiety

Patient Health Questionnaire (PHQ-9) ☐ Score four or less

Generalized Anxiety Disorder (GAD-7) ☐ Score four or less

☐ No current and/or past experiences with depression or anxiety

☐ Current and/or past experiences with other mood disorders (e.g. bipolar disorder, adverse reactions to antidepressants)

Specify: _____

Current Providers, Specialists and Pharmacies (In-home delivery company and local pharmacy)



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Establish a written screening schedule, such as a checklist, for the next five to 10 years based on recommendations from the following resources and the member's health risk assessment, health status and screening history:

- [U.S. Preventive Services Task Force](#) (see below for nonpregnant members)
- [Advisory Committee on Immunization Practices](#)
- Age-appropriate [preventive services covered by Medicare](#) (see Annual Wellness Visit Guide)

Establish a list of risk factors and conditions that have a recommended intervention (see below table)

U.S. Preventative Services Task Force A and B Recommendations

ELIGIBLE	TEST	GENDER	AGES	OTHER CRITERIA	RECOMMENDATION	SCHEDULE
<input type="checkbox"/>	Abdominal aortic aneurysm screening	Men	65 to 75	Ever smoked	One-time screening with ultrasonography	
<input type="checkbox"/>	Anxiety disorder in adults	All	19 to 64	Don't currently have a diagnosed mental health disorder	Screen for anxiety	
<input type="checkbox"/>	Blood pressure screening	All	18 and older	Obtain measurements outside the clinical setting for diagnostic confirmation before starting treatment	Screen for hypertension	
<input type="checkbox"/>	Breast cancer gene risk assessment and genetic counseling/testing	Women		Personal or family history of breast, ovarian, tubal or peritoneal cancer or ancestry associated with BRCA1 or BRCA2 gene mutations, use familial risk assessment tool	If positive result on risk assessment tool then give genetic counseling and, if indicated after counseling, genetic testing	
<input type="checkbox"/>	Breast cancer preventive medications	Women		Increased risk for breast cancer and at low risk for adverse medication side effects	Offer risk-reducing medications such as tamoxifen, raloxifene or aromatase inhibitors	
<input type="checkbox"/>	Breast cancer screening	Women	40 to 74	Biennial screening mammography with or without clinical breast examination		
<input type="checkbox"/>	Cervical cancer screening	Women	21 to 29	Screen with cervical cytology alone every 3 years		
			30 to 65	As above or hrHPV testing alone every 5 years or hrHPV + cytology every 5 years		
<input type="checkbox"/>	Chlamydia screening	Women	24 or younger	Sexually active	Screen for chlamydia	
			25 and older	Increased risk for infection		
<input type="checkbox"/>	Colorectal cancer screening	All	45 to 75		Screen for cancer	
<input type="checkbox"/>	Depression screening	All	18 and older	Screen with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up		
<input type="checkbox"/>	Diabetes screening	All	35 to 70	Overweight or obese	Screen for abnormal blood glucose and offer or refer if abnormal to intensive behavioral counseling interventions to promote a healthy diet and physical activity	
<input type="checkbox"/>	Fall prevention	All	65 and older	Community-dwelling at increased risk for falls	Exercise interventions to prevent falls	
<input type="checkbox"/>	Folic acid supplementation	All	See other criteria	Planning or capable of pregnancy	Take folic acid supplement: 0.4 to 0.8 mg per day	
<input type="checkbox"/>	Gonorrhea screening	Women	24 or younger	Sexually active	Screen for gonorrhea	
			25 and older	Increased risk for infection		
<input type="checkbox"/>	Healthy diet and physical activity counseling to prevent cardiovascular disease	All	18 and older	Overweight or obese with additional cardiovascular disease risk factors	Intensive behavioral counseling interventions to promote healthy diet and physical activity for CVD prevention	
<input type="checkbox"/>	Hepatitis B screening: adolescents and adults (nonpregnant)	All		High risk for infection	Screen for hepatitis B virus infection	



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U.S. Preventative Services Task Force A and B Recommendations

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<input type="checkbox"/>	Hepatitis C virus infection screening	All	18 to 79	High risk for infection or if born between 1945 and 1965 (inclusive) offer one-time screening	Screen for HCV infection	
<input type="checkbox"/>	HIV pre-exposure prophylaxis for the prevention of HIV infection			High risk of HIV acquisition	Offer PrEP with effective antiretroviral therapy	
<input type="checkbox"/>	HIV screening: adolescents and adults (nonpregnant)	All	15 to 65		Screen for HIV infection	
			< 15 or > 65	At increased risk		
<input type="checkbox"/>	Intimate partner violence screening	Women	Reproductive age	Screen for intimate partner violence. If positive, then provide or refer to ongoing support services.		
<input type="checkbox"/>	Lung cancer screening	All	50 to 80 without a substantial limit to life expectancy	20 pack-year history and current smoker or within 15 years since quitting and without a health problem that would limit ability or willingness to have curative lung surgery	Low-dose computed tomography	
<input type="checkbox"/>	Obesity screening and counseling	All	Any	BMI >= 30	Intensive multicomponent behavioral interventions	
<input type="checkbox"/>	Osteoporosis screening	Women	64 and younger	Postmenopausal and at increased risk of osteoporosis as determined by a formal risk assessment tool (e.g. FRAX)	Screen for osteoporosis with bone measurement testing	
			65 and older		Screen as above	
<input type="checkbox"/>	Sexually transmitted infections counseling	All	Reproductive age	Increased risk for sexually transmitted infections	Intensive behavioral counseling	
<input type="checkbox"/>	Skin cancer behavioral counseling	All	24 and younger	Fair skin type	Counseling to minimize exposure to UV radiation	
<input type="checkbox"/>	Statin preventive medication	All	40 to 75	All the following: no history of CVD, >= 1 CVD risk factors (i.e. dyslipidemia, diabetes, hypertension or smoking) and 10-year cardiovascular risk of >= 10%	Low- to moderate-dose statin	
<input type="checkbox"/>	Syphilis screening: nonpregnant	All	Any	At increased risk for infection	Screen for syphilis	
<input type="checkbox"/>	Tobacco use counseling and interventions: nonpregnant adults	All	Any		Advise to stop using, provide behavioral interventions and FDA-approved medication for cessation	
<input type="checkbox"/>	Tuberculosis screening	All	18 and older	Populations at increased risk	Screen for latent TB	
<input type="checkbox"/>	Unhealthy alcohol use	All	18 and older	Risky or hazardous drinking	Brief behavioral counseling interventions to reduce unhealthy alcohol use	
<input type="checkbox"/>	Unhealthy drug use	All	18 and older	Don't currently have a diagnosed drug use disorder	Ask questions about unhealthy drug use	

RISK FACTOR/CONDITION

TREATMENT OPTIONS

ASSOCIATED RISKS/BENEFITS



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Condition Confirmation

ICD-10	CONDITION	STATUS	PLAN	IMPRESSION
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown	<input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Monitor <input type="checkbox"/> Work up	

Care Coordination (Check all that apply)

BEHAVIORAL HEALTH

- ☐ Acute case where BH case manager may benefit
- ☐ Readmission to BH inpatient or residential treatment center within 30 days
- ☐ Two or more admissions to BH inpatient or residential treatment center in 12 months

CASE MANAGEMENT

- ☐ Asthma
 - ☐ Burns, second degree over 19% of body
 - ☐ Cerebral vascular accident/subarachnoid hemorrhage with cognitive deficits
 - ☐ Chronic obstructive pulmonary disease
 - ☐ Congestive heart failure
 - ☐ Coronary artery
 - ☐ Diabetes
 - ☐ Diabetic with new amputation
- ☐ Diabetic with new diagnosis of renal failure
 - ☐ End of life
 - ☐ ER visits, three or more in last six months
 - ☐ HIV/AIDS
 - ☐ Inpatient admissions, more than three within six months
 - ☐ Inpatient length of stay over 14 days
 - ☐ Medication management
 - ☐ Paraplegia/quadruplegia
- ☐ Social/financial
 - ☐ Transplant
 - ☐ Trauma, severe multiple (such as motor vehicle accident)
 - ☐ Traumatic brain injury
 - ☐ Wound management, complicated
 - ☐ Other
- Specify: _____



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Advance Care Planning Services

Discussed future care decisions: _____

Are advance directives (plans around resuscitation, life-sustaining treatment and end-of-life care) in place at this time? ☐ Yes ☐ No

Does the member need assistance completing advance directives? ☐ Yes ☐ No

Encouraged member to inform others about care preferences: _____

Explained advance directives (may require completion of standard forms): _____

☐ Member did not wish to discuss any of the above at this time

Additional Measures (Eligible for both Medicare and Medicaid)

MEASURE	DESCRIPTION	COMPLETED DATE
Functional Status	Assess ability to perform ADLs	
Pain Screening	Screening/pain management plan at least once per year	
Medication Review	Annual review of all medications and supplements	

Personalized health advice with referral (if appropriate) to reduce risk factors, improve self-management and wellness (see Care Coordination table for additional options):

PROVIDER SIGNATURE

PROVIDER CREDENTIALS

DATE