



BlueCross BlueShield of Oklahoma

Medicare Advantage Annual Wellness Visit

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

This form and its accompanying [Medicare Advantage Annual Wellness Visit Guide](#) may be helpful to follow during our Medicare members' wellness visits. The guide is available 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 (ADL)

Dressing No Difficulty (ND) Feeding ND Toileting ND
 Grooming ND Balance/Risk of Falls ND Bathing ND

INSTRUMENTAL ADLs (IADL)

Shopping ND Food Preparation ND Using Phone ND
 Housekeeping ND Laundry ND Transportation ND
 Manage Own Medications ND Handle Finances ND

VISIT HISTORY DATE PROVIDER/LOCATION

Last Wellness Visit _____
 Last Hospitalization _____

Patient Last Name, First Name

Date of Birth

Date

Provider

MEDICAL HISTORY

<input type="checkbox"/> Anemia	<input type="checkbox"/> COPD	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Osteoarthritis
<input type="checkbox"/> Asthma	<input type="checkbox"/> <i>with exacerbation</i>	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Osteomyelitis
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> <i>without exacerbation</i>	<input type="checkbox"/> Fracture	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Atrial Flutter	<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> <i>Vertebral</i>	<input type="checkbox"/> Pancreatitis
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> <i>Femur</i>	<input type="checkbox"/> Paralysis
<input type="checkbox"/> Burn (19% of body or greater)	<input type="checkbox"/> CVA	<input type="checkbox"/> <i>Pelvic</i>	<input type="checkbox"/> Pituitary Disease
<input type="checkbox"/> Cardiomyopathy	<input type="checkbox"/> Dementia	<input type="checkbox"/> <i>Wrist</i>	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Chronic Bronchitis	<input type="checkbox"/> Depression	<input type="checkbox"/> GERD	<input type="checkbox"/> Pressure Ulcer
<input type="checkbox"/> Chronic Hepatitis	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Head/Spinal Injuries	<input type="checkbox"/> <i>Site:</i>
<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> <i>without Complications</i>	<input type="checkbox"/> HIV	<input type="checkbox"/> PUD
<input type="checkbox"/> <i>Stage 1 (GFR 90+)</i>	<input type="checkbox"/> <i>with Complications</i>	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> PVD
<input type="checkbox"/> <i>Stage 2 (GFR 60-89)</i>	<input type="checkbox"/> <i>with Ophthalmic Disease</i>	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> <i>Stage 3a (GFR 45-59)</i>	<input type="checkbox"/> <i>with Renal Disease</i>	<input type="checkbox"/> <i>with CHF</i>	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> <i>Stage 3b (GFR 30-44)</i>	<input type="checkbox"/> <i>with Neuropathy</i>	<input type="checkbox"/> <i>with Kidney Disease</i>	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> <i>Stage 4 (GFR 15-29)</i>	<input type="checkbox"/> <i>with PVD</i>	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> <i>Stage 5 (ESRD)</i>	<input type="checkbox"/> <i>Long Term Use of Insulin</i>	<input type="checkbox"/> Malignancy	<input type="checkbox"/> SLE
<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Drug/Alcohol Dependence	<input type="checkbox"/> <i>Specify:</i>	<input type="checkbox"/> Ulcerative Colitis
<input type="checkbox"/> Congestive Heart Failure <i>Ejection Fraction:</i>	<input type="checkbox"/> DVT	<input type="checkbox"/> Obesity	
<input type="checkbox"/> Constipation		<input type="checkbox"/> Prior Myocardial Infarction	

SURGICAL HISTORY

<input type="checkbox"/> Amputation	<input type="checkbox"/> Carotid endarterectomy	<input type="checkbox"/> Coronary artery bypass graft	<input type="checkbox"/> Implantable defibrillator
<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Cataract surgery	<input type="checkbox"/> Coronary stents	<input type="checkbox"/> Organ transplant
<input type="checkbox"/> Breast biopsy	<input type="checkbox"/> Cholecystectomy	<input type="checkbox"/> Hernia repair	<input type="checkbox"/> Pacemaker

ALLERGIES

NKDA / Allergies:

Supplements including calcium and vitamins:

MEDICATIONS

Patient Last Name, First Name

Date of Birth

Date

Provider

PHYSICAL EXAM	
Height	
Weight	
BMI	
Blood pressure	
Visual acuity screen (for IPPE)	

DETECTION OF ANY COGNITIVE IMPAIRMENT	
<p>direct observation</p> <p>patient reports</p> <p>concerns raised by family members, friends or caretakers</p> <p>other</p>	

RISK FACTORS FOR DEPRESSION AND ANXIETY	
<input type="checkbox"/> Current and/or past experiences with depression or anxiety	<input type="checkbox"/> No current and/or past experiences with depression or anxiety
Patient Health Questionnaire (PHQ-9) <input type="checkbox"/> Score four or less	<input type="checkbox"/> Current and/or past experiences with other mood disorders (e.g. bipolar disorder, adverse reactions to antidepressants)
Generalized Anxiety Disorder (GAD-7) <input type="checkbox"/> Score four or less	

CURRENT PROVIDERS AND SUPPLIERS	

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)

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF) 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"/>	Aspirin preventive	All	50 to 59	All the following: $\geq 10\%$ ten-year cardiovascular risk, not at increased risk for bleeding, life expectancy ≥ 10 years and willing to take low-dose aspirin daily for ≥ 10 years	Low-dose aspirin (81 mg/d)	
<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 (BRCA) 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 and older	Screening mammography with or without clinical breast examination every 1 to 2 years		
<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	50 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	40 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 (CVD) risk factors	Intensive behavioral counseling interventions to promote healthy diet and physical activity for CVD prevention	

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF) A AND B RECOMMENDATIONS						
ELIGIBLE	TEST	GENDER	AGES	OTHER CRITERIA	RECOMMENDATION	SCHEDULE
<input type="checkbox"/>	Hepatitis B screening: adolescents and adults (nonpregnant)	All		High risk for infection	Screen for hepatitis B virus (HBV) infection	
<input type="checkbox"/>	Hepatitis C virus infection (HCV) screening	All		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 (PrEP) 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			
<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	30 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	18 and older	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	Any	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	

RISK FACTOR / CONDITION	TREATMENT OPTIONS	ASSOCIATED RISKS/BENEFITS

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	
		<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				
<input type="checkbox"/> Acute case where BH case mgr. may benefit	<input type="checkbox"/> Readmission to BH I/P or RTC within 30 days	<input type="checkbox"/> Two or more admissions to BH I/P or RTC in 12 months		
CASE MANAGEMENT				
<input type="checkbox"/> ER visits, three or more in last six months	<input type="checkbox"/> Inpatient admissions, more than three within six months	<input type="checkbox"/> Inpatient length of stay over 14 days		
<input type="checkbox"/> Medication management	<input type="checkbox"/> Social/financial	<input type="checkbox"/> End of life		
<input type="checkbox"/> ALS	<input type="checkbox"/> Burns, second degree over 20% of body	<input type="checkbox"/> CVA/subarachnoid hemorrhage with cognitive deficits	<input type="checkbox"/> Diabetic with new amputation	
<input type="checkbox"/> Diabetic with new diagnosis of renal failure	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Paraplegia / Quadriplegia	<input type="checkbox"/> Transplant	
<input type="checkbox"/> Trauma, severe multiple (e.g. MVA)	<input type="checkbox"/> Traumatic brain injury (TBI)	<input type="checkbox"/> Wound management, complicated		
DISEASE MANAGEMENT				
<input type="checkbox"/> Asthma	<input type="checkbox"/> CHF	<input type="checkbox"/> COPD	<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> Diabetes mellitus

Patient Last Name, First Name

Date of Birth

Date

Provider

ADVANCE CARE PLANNING SERVICES

Discussed future care decisions:

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