

AUDIT SHEET - Welcome To Medicare G0402

Provider Name _____	Provider E&M _____	Analyst E&M _____
Patient Name _____	Provider Dx _____	Analyst Dx _____
MRN # _____	_____	_____
DOS _____	_____	_____

CC _____

ELEMENTS

Components of the Welcome to Medicare: Acquire Beneficiary History

1. Review of the beneficiary's medical and social history
At a minimum, collect the following:

- Past medical/surgical history (experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments);
- Current medications and supplements (including calcium and vitamins);
- Family history (review of medical events in the beneficiary's family, including diseases that may be hereditary or place the beneficiary at risk);
- History of alcohol, tobacco, and illicit drug use;
- Diet; and
- Physical activities.

2. Review of the beneficiary's potential risk factors for depression and other mood disorders

Use any appropriate screening instrument for beneficiaries without a current diagnosis of depression recognized by national professional medical organizations to obtain current or past experiences with depression or other mood disorders.

3. Review of the beneficiary's functional ability and level of safety

4. Use any appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, the following areas:

- Hearing impairment;
- Activities of daily living;
- Falls risk; and
- Home safety.

5. An examination Obtain the following:

- Height, weight, and blood pressure;
- Visual acuity screen;
- Measurement of body mass index; and
- Other factors deemed appropriate based on the beneficiary's medical and social history and current clinical standards.

6. End-of-life planning, upon agreement of the beneficiary
 End-of-life planning is verbal or written information provided to the beneficiary about:

- The beneficiary's ability to prepare an advance directive in the case that an injury or illness causes the beneficiary to be unable to make health care decisions; and
- Whether or not you are willing to follow the beneficiary's wishes as expressed in the advance directive.

7. Education, counseling, and referral based on the previous SIX components

- Based on the results of the review and evaluation services provided in the previous six components, provide education, counseling, and referral as appropriate.

8. Education, counseling, and referral for other preventive services INCLUDES a brief written plan, such as a checklist, to be given to the beneficiary for obtaining:

- A screening electrocardiogram (EKG/ECG), as appropriate based on risk factors; and appropriate Medicare-covered preventive services
- A screening referral as a result of their Welcome to Medicare for a ONE time ultrasound screening for AAA in patient who are at risk (MUST meet at least 1 of the following criteria):
 - family history of AAA, man age 65-75 who has smoked at least 100 cigarettes in his lifetime, or Is a beneficiary, who manifests other risk factors in a beneficiary category recommended for screening by the United States Preventive Services Task Force regarding AAA, as specified by the Secretary of Health and Human Services, through the national coverage determinations process.

MEDICARE WELLNESS

NOTES:

AUDIT SHEET - Annual Wellness Visit G0438

Provider Name _____	Provider E&M _____	Analyst E&M _____	
Patient Name _____	Provider Dx _____	Analyst Dx _____	
MRN # _____	_____	_____	
DOS _____	_____	_____	

CC	_____
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E L E M E N T S	<p><i>Health Risk Assessment</i> <i>Collects self-reported information the beneficiary knows:</i> <i>At a minimum, addresses the following topics:</i></p> <ul style="list-style-type: none"> <i>Demographic data;</i> <i>Self-assessment o health status;</i> <i>Psychosocial risks;</i> <i>Behavioral risks;</i> <i>Activities of Daily Living (ADLs) including but not limited to: dressing, bathing, and walking;</i> <i>Instrumental ADLs including but not limited to: shopping, housekeeping, and handling finances;</i> <p><i>Establishment of the beneficiary's medical / family history</i> <i>At a minimum, collect and document the following:</i></p> <ul style="list-style-type: none"> ■ <i>Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk;</i> ■ <i>Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments; and</i> ■ <i>Use of or exposure to medications and supplements, including calcium and vitamins.</i> ■ <i>Review of the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders</i> ■ <i>Review of the beneficiary's functional ability and level of safety by direct observation of beneficiary, or any appropriate screening questions or questionnaire recognized by national professional medical organizations to address, at a minimum, the following:</i> <ul style="list-style-type: none"> <i>Ability to successfully perform ADLs;</i> <i>Fall risk;</i> <i>Hearing impairment; and</i> <i>Home safety.</i> <p><i>An assessment Obtain the following measurements:</i></p> <ul style="list-style-type: none"> ■ <i>Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure; and</i> ■ <i>Other routine measurements as deemed appropriate, based on medical and family history.</i> ■ <i>Establishment of a list of current providers and suppliers that are regularly involved in providing medical care to beneficiary</i> ■ <i>Detection of any cognitive impairment that beneficiary may have</i> <ul style="list-style-type: none"> <i>Assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.</i> <p><i>Establishment of a list of risk factors and conditions to include the following:</i></p> <ul style="list-style-type: none"> ■ <i>Any mental health conditions or any such risk factors or conditions identified as a result of an IPPE; and</i> ■ <i>A list of treatment options and their associated risks and benefits.</i> ■ <i>Furnishing of personalized health advice to the beneficiary and a referral, as appropriate, to health education / preventive counseling services</i> <p><i>Includes referrals to programs aimed at:</i></p> <ul style="list-style-type: none"> <i>Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;</i> <i>Fall prevention;</i> <i>Nutrition;</i> <i>Physical activity;</i> <i>Tobacco-use cessation; and</i> <i>Weight loss.</i>
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M E D I C A R E W E L L N E S S	<p>NOTES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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AUDIT SHEET - Subsequent Annual Wellness Visit G0439

Provider Name _____	Provider E&M _____	Analyst E&M _____
Patient Name _____	Provider Dx _____	Analyst Dx _____
MRN # _____	_____	_____
DOS _____	_____	_____

CC _____

ELEMENTS

Health Risk Assessment
 Collects self-reported information the beneficiary knows:
At a minimum, addresses the following topics:

- Demographic data;*
- Self-assessment of health status;*
- Psychosocial risks;*
- Behavioral risks;*
- Activities of Daily Living (ADLs) including but not limited to: dressing, bathing, and walking;*
- Instrumental ADLs including but not limited to: shopping, housekeeping, and handling finances;*

An UPDATE of the beneficiary's medical / family history
At a minimum, update and document the following:

- *Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk;*
- *Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments; and*
- *Use of or exposure to medications and supplements, including calcium and vitamins.*

An assessment Obtain the following measurements:

- *Weight (waist circumference, if appropriate), and blood pressure; and*
- *Other routine measurements as deemed appropriate, based on medical and family history.*
- *UPDATE list of current providers and suppliers that are regularly involved in providing medical care to beneficiary*
- *Assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.*

UPDATE of the written screening schedule for the beneficiary, as that schedule was developed at the Initial AWV
Base written screening schedule on:

- *Age-appropriate preventive services Medicare covers;*
- *Recommendations from the USPSTF and the ACIP; and*
- *The beneficiary's health status and screening history.*

UPDATE of list of risk factors and conditions to include the following:

- *Include any such risk factors or conditions identified.*
- *Furnishing of personalized health advice to the beneficiary and a referral, as appropriate, to health education / preventive counseling services*

Includes referrals to programs aimed at:

- Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;*
- Fall prevention;*
- Nutrition;*
- Physical activity;*
- Tobacco-use cessation; and*
- Weight loss.*

MEDICARE WELLNESS

NOTES:

Other Medicare Part B Preventive Services

- Bone Mass Measurements
- Cardiovascular Disease Screening Blood Tests
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use for Asymptomatic Patients
- Diabetes Screening Tests
- Diabetes Self-Management Training (DSMT)
- Glaucoma Screening
- Human Immunodeficiency Virus (HIV) Screening
- Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD), also referred to as a CVD risk reduction visit
- IBT for Obesity
- Medical Nutrition Therapy (MNT)
- Prostate Cancer Screening
- Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse
- Screening for Depression in Adults
- Screening Mammography
- Screening Pap Tests and Pelvic Examination
- Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

NOTE: Eligible beneficiaries must receive a referral for an ultrasound screening for AAA from their physician, physician assistant, nurse practitioner, or clinical nurse specialist.

For additional information on Medicare preventive services, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> or refer to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNProducts_list_serv.pdf on the Centers for Medicare & Medicaid Services (CMS) website.