CommonSpirit

Guide to Telehealth Annual Wellness Visits (AWVs)

Reminder: A Welcome to Medicare visit is completed the first year the patient is on Medicare Part B.

Inside

Introduction

Established in 2010 through the Affordable Care Act, Annual Wellness Visits were designed to encourage monitoring of physical and cognitive abilities, as well as development of plans associated with lessening the impact of increasing frailty on everyday life for elders. Several of the chronic conditions experienced by elders are typically not of acute onset. These conditions often display minor symptoms at earlier stages that may be missed if not specifically screened.

The Annual Wellness Visit is each provider's opportunity to spend focused time with their patients and

- Perform a health risk assessment
- Close "gaps in care" for immunizations, depression screening, fall risk, and other screenings
- Review the patient's chronic conditions and form an agreed-upon plan including treatment goals for the coming year
- Assure appropriate HCC coding of all chronic conditions.

During the COVID-19 outbreak, CMS placed Annual Wellness Visits on the list of approved services that can be administered via telehealth (**cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet**).

The aim of this document is to help providers transition from in-person AWVs to telehealth visits. This document provides standard screening guidelines, portions may need to be adapted based on guidance by your local quality committee.

Annual Wellness Visits via Telehealth

Please note that Welcome to Medicare Visits (**G0402**) are NOT covered via Telehealth

Billable codes: **G0438** (Initial AWV) or **G0439** (Subsequent AWV)

Services can be completed by real-time audio/video communication or telephonically

Items that can be completed by clinical staff (MA, RN, etc.)

- **Obtain and document patient verbal consent**
- **Document modality of visit (Zoom, Skype, etc.)**
- **Preventive screening schedule form (Addendum C)**
  - Complete form to be scanned into AEHR
- **Health risk assessment (HRA) form**
  - Complete questionnaire with patient to be scanned into AEHR
- **Reconcile medications, confirm with provider**
- **Obtain and document vitals provided by patient**
  - Height (documented "as stated by patient")
  - Weight (documented "as stated by patient")
  - BMI calculation based on vitals provided by patient
  - Blood pressure (refer to page 4 for BP reporting guidelines)
- **Review and document patient medical, social, family histories**

Items that can be completed by physician or APP

- **Complete HPI** (CHI initial/subsequent Medicare Annual Wellness Assessment template in AEHR)
  - Behavioral risk factors
  - Diet
  - Self-assessment of health status
  - Psychosocial risk factors
  - Functional ability and level of safety
  - List patient's providers/suppliers
  - Preventive services
    - » Review preventive screening schedule form with patient and offer copy be mailed to patient
  - Administer preferred cognitive assessment tool (MMSE, MiniCog, etc.)
  - Advance directive planning
    - » If appropriate and patient agrees to discuss, may also bill ACP via telehealth
      - 16-45 minutes of ACP discussion **CPT 99497** (include time in note)
      - 46+ minutes of ACP discussion **CPT 99498** (include time in note)
- **Document review of systems**
- **Please note that a physical exam is NOT required**
- **Document assessment plan discussion/summary**

Clinical Staff Role

Remember a Welcome to Medicare visit is done the first year they are on Medicare Part B

We are unable to do Welcome to Medicare visits via Telehealth as it requires obtaining visual acuity and an EKG

- The clinical staff will fill out the preventive screening form for provider (Addendum C).
- Medications and allergies will be reconciled.
- Clinical staff can ask if the patient has the equipment at home to complete any vitals. If they are able to report, input as below (refer to your local informatics team for EMR-specific tip sheets and guidance).
  - All blood pressure readings performed face to face in a provider's office or those obtained by a remote monitoring device capable of storing and transmitting (visually/electronically) to the provider during a telehealth encounter, should be entered into the standard discrete vital sign field, or one designated as "visually verified" within your clinic's electronic medical record (EMR).
  - Blood pressure readings reported by the patient as being taken by a digital device during an outpatient visit, telephone, e-visit or virtual check-in without visual verification should be entered into the discrete vital sign or SmartLink field designated as "patient-reported" within your clinic's EMR. This field is for patient-reported (non-visually transmitted) digital BPs only.
  - All other blood pressure readings taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope should be documented in a narrative note and not in discrete vital sign fields.
  - If you are unable to obtain data, document "Unable to obtain due to COVID-19 public health emergency".
- The clinical staff can discuss advance directives with the patient if they would like to discuss it. Please notify PCP when they take over to discuss.
- If physician/APP is working with clinical staff, the staff will schedule the mammograms, bone density, AAA; after the physician/APP reviews the completed preventive screening form (Addendum C) with patient and determines what needs to be ordered. Otherwise, the physician/APP will place orders to be deferred until the fall.
- The clinical staff will request records needed to update CQS.
  - Update immunizations in EHR; if patient refuses yearly influenza vaccines, the clinical staff will document that.
- The clinical staff will collect educational materials, such as fall prevention, Cologuard, BMI, and/or smoking cessation cards with information for scheduled appointments and a copy of the preventive screening form and prepare all to mail to patient.

Tips to help determine eligibility:

- Look in EHR to determine date of last AWV.
  - If prior screening was a Welcome to Medicare visit, patient is due for an initial screening.
  - If prior screening was an initial or subsequent screening, patient will be due for a subsequent screening.
- If patient has not had a prior Medicare Annual Wellness Visit, Part B start date can be viewed in the practice management system.
  - If the patient has supplement insurance, the nurse can look in the practice management system to determine when it became effective.
    - **Remember a Welcome to Medicare visit is done the first year they are on Medicare Part B.** We do not schedule these patients for a telehealth visit, as a visual acuity and EKG is needed during the Welcome to Medicare exam.

Physician/APP* Role

Remember a Welcome to Medicare exam is done the first year they are on Medicare Part B

We are unable to do Welcome to Medicare visits via Telehealth as it requires obtaining visual acuity and an EKG.

- Review the health risk assessment (Addendum B) questions and questions entered in daily note (AWV note in EHR) that has been completed by clinical staff.
- Discuss any pertinent positives found that have not already been addressed with clinical staff
  - For example, discuss fall prevention if fall risk is positive.
- Review the preventive screening schedule form (Addendum C) that has been completed by the clinical staff and discuss what is due for the patient.
  - Lung cancer screening shared decision-making can be done and billed for during this visit.
    - If preventative screenings require separate appointments, consider scheduling them in the fall.
  - Any clinical testing needed (AAA screening, mammograms, Dexa scans, etc.) can and should be ordered during AWV visit if due.
    - Clinical staff is able to schedule these at time of AWV if order is placed. If clinical staff that is assisting provider with AWV is unable to schedule the patient at time of visit, use current office process for deferred orders.
  - Only Medicare is covering diabetic educator telehealth visits at this time. Need to clarify if all patients with AWV are eligible, if supplementary insurance makes a difference, etc.
- Discuss with the patient goals for care and management of risk factors and chronic disease (based on the assessment), discuss and document patient plan for health management.
- Physician/APP can also bill for advanced care planning (ACP) if at least 16 minutes was spent discussing advanced directives.
  - Advance care planning (ACP) is the face-to-face time a physician or other qualified health care professional spends with a patient, family member, or surrogate to explain and discuss advance directives.
- Physician/APP should document in the discussion/summary what is due, what has been ordered and what has been addressed.

*Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.

Addendum A

Billing Guidance

- Patients' chronic diseases should be listed and coded according to HCC hierarchical coding.
- **AWV requirements: documentation must include all 12 of the following elements to be considered billable:**
  1. Measurement of height, weight, BMI, and blood pressure (document: if there is a caregiver available or if patient knows weight, temperature, BP – refer to page 4 for BP reporting guidelines)
  2. Establishment of a current list of providers and suppliers
  3. Review of medical and family history
  4. Review of potential risk factors for depression and other mood disorders
  5. Review of functional ability and level of safety
  6. Detection of any cognitive impairment the patient may have
  7. Establishment of a written screening schedule (such as a checklist)
  8. Establishment of a list of risk factors
  9. Provision of personalized health advice and referral to appropriate health education or other preventive services
  10. Provide advance care planning (ACP) services at patient's discretion
  11. Review current opioid prescriptions
  12. Screen for potential substance used disorders (SUDs)

IPPE and AWV Billing		
Initial Preventative Physical Exam (IPPE) cannot be done via telehealth **Billing code: G0402** **ICD-10: Z00.00** – Normal findings **Z00.01** – Abnormal findings **Depression screening: Z13.89**	**First Annual Wellness Visit (AWV)** **Billing code: G0438** **ICD-10: Z00.00** – Normal findings **Z00.01** – Abnormal findings **Depression screening: Z13.89**	**Subsequent AWVs** **Billing code: G0439** **ICD-10: Z00.00** – Normal findings **Z00.01** – Abnormal findings **Depression screening: Z13.89**
Eligibility		
Within the first 12 months of Medicare Part B eligibility	After 12 months of Part B eligibility and more than 12 months since IPPE (a once-per-lifetime service)	Every year after the first AWV (each AWV must be 11 full months after the month of the last AWV)

ACP Coding

Use the following CPT codes to file claims for advance care planning (ACP) as an optional element of an AWV or subsequent AWV.

ACP CPT Codes and Descriptors

ACP CPT Codes	Billing Code Description
99497	Advance care planning, including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning, including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)

Diagnosis

You must report a diagnosis code when submitting a claim for ACP as an optional element of an AWV. Since you are not required to document a **specific** diagnosis code for ACP as an optional element of an AWV, you may choose any diagnosis code consistent with a beneficiary's exam.

For additional information on billing and coding for Advance Care Planning, visit **https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/advancecareplanning.pdf**

Provider	
Physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist)	Same as IPPE requirements or by a medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner) **or a team of medical professionals who are working under the direct supervision of a physician**

Addendum B

If available, use EHR Health Risk Assessment structured tool instead

Health Risk Assessment (HRA) for Use with Annual Wellness Visits

ALL FIELDS REQUIRED

Date of service: _____ Patient name: _____ DOB: _____

Member ID#: _____ Plan name: _____

Patient information / Demographic data	
Age / Gender	Age: _____ ☐ Male ☐ Female
Race	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White: indicate if ☐ Hispanic/Latino

Self-assessment – Health status		
Health risk assessment	**Response**	**Document recommendations given to patient**
In general, compared to other people your age, would you say that your health is:	☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent	
Do you have any concerns about your health and conditions?	☐ Yes ☐ No If yes, what are they? _____	
Have you been diagnosed with any chronic medical conditions?	☐ Yes ☐ No If yes, indicate condition: ☐ Diabetes ☐ Hypertension ☐ Heart Disease ☐ Heart failure ☐ Coronary artery disease ☐ COPD ☐ Asthma ☐ Arthritis / Location _____ Other _____	
Have you had any surgeries?	☐ Yes ☐ No If yes, what surgeries? _____ _____	
Have any close family members been diagnosed with a serious illness?	☐ Yes ☐ No If yes, which illness? _____ _____	
Have you had a flu shot?	☐ Yes ☐ No If yes, date & location _____ _____	
Have you had a pneumonia shot?	☐ Yes ☐ No If yes, date & location _____ _____	
Self-assessment – Falls		
In the past 12 months, have you fallen 2 or more times?	☐ Yes ☐ No If yes, date & location _____ _____	
Are you afraid that you might fall, because of walking or balance problems?	☐ Yes ☐ No	
Self-assessment – Activities of daily living (ADL)		
In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?	☐ Yes ☐ No (If yes, indicate all that apply from list in first column)	
In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications?	☐ Yes ☐ No (If yes, indicate all that apply from list in first column)	

Addendum B: Health Risk Assessment (continued)

Self-assessment – Nutrition		
Over the past 7 days, how many times did you eat fast food or snacks or pizza?	☐ 0 ☐ 1 ☐ 2 ☐ 3 or more	
Over the past 7 days, how many servings of fruits or vegetables did you eat each day?	☐ 0 ☐ 1 ☐ 2 ☐ 3 or more	
Over the past 7 days, how many sodas and sugar sweetened drinks (regular, not diet) did you drink each day?	☐ 0 ☐ 1 ☐ 2 ☐ 3 or more	
Self-assessment – Medication		
How often do you have trouble taking medicines the way you have been told to take them?	☐ I do not have to take medicine ☐ I always take them as prescribed ☐ Sometimes I take them as prescribed ☐ I seldom take them as prescribed	
Do you have any questions about your medications?	☐ Yes ☐ No If yes, what are they _____ _____	
Self-assessment – Oral health / Hearing / Sleep / Physical activity		
How would you describe the condition of your mouth and teeth, including false teeth and dentures?	☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor	
Do you have problems with your hearing?	☐ Yes ☐ No ☐ Sometimes	
Do you snore or has anyone told you that you snore?	☐ Yes ☐ No	
In the past 7 days, were you sleepy during the daytime?	☐ None ☐ Some ☐ A lot	
On how many of the last 7 days did you engage in moderate to strenuous exercise (like a brisk walk)?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	
On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise at this level?	_____minutes	
Psychosocial risks – Depression / Stress / Social isolation / Personal loss / Anxiety / Pain & fatigue / Behavioral risks		
Over the past 2 weeks, how often have you felt down, depressed, or hopeless?	☐ Not at all ☐ Several days ☐ More days than not ☐ Nearly every day	If answer is anything other than "not at all" provider needs to perform PHQ-9 (see page 10)
Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?	☐ Not at all ☐ Several days ☐ More days than not ☐ Nearly every day	If answer is anything other than "not at all" provider needs to perform PHQ-9 (see page 10)
Choose the number (0-10) that best describes how much distress you have been experiencing in the past week including today.	☐ 0 (no distress) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9	
Do you feel lonely?	☐ Yes ☐ No	
How often do you get the social and emotional support you need?	☐ None ☐ Some ☐ A lot	
Have you suffered a personal loss or misfortune in the last year? (i.e.: a job loss, disability, divorce, separation, jail term, or death of someone close to you)	☐ No ☐ Yes, one serious loss ☐ Yes, two or more serious losses	
Over past 2 weeks, how often have you felt nervous, anxious, or on edge?	☐ None ☐ Some ☐ A lot	

Addendum B: Health Risk Assessment (continued)

Psychosocial risks – Depression / Stress / Social isolation / Personal loss / Anxiety / Pain & fatigue / Behavioral risks (continued)		
In the past 7 days, how much pain have you felt?	☐ None ☐ Some ☐ A lot	
In the last 30 days, have you smoked cigarettes?	☐ Yes ☐ No	
In the last 30 days, have you used a smokeless tobacco product	☐ Yes ☐ No	
Sex: How many different sexual partners have you had in the past year?	☐ 0 ☐ 1 ☐ 2 ☐ 3 or more	
How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?	☐ 0 ☐ 1 ☐ 2 ☐ 3 or more	
Do you drink alcohol?	_____# of drinks per week	
Do you always fasten your seat belt when you are in a car?	☐ Yes ☐ No	
Do you ever drive after drinking, or ride with a driver who has been drinking?	☐ Yes ☐ No	
Home safety		
Is there anything in your home that makes moving around difficult?	☐ Yes ☐ No	
Are emergency numbers kept by the phone and regularly updated?	☐ Yes ☐ No	
Is there a friend, relative or neighbor who could help you for a few days, if necessary?	☐ Yes ☐ No	
Do you smoke in bed?	☐ Yes ☐ No	
Do you have smoke alarms in working order?	☐ Yes ☐ No	
Patient priorities		
Which of the previously discussed health topics is the most important one to talk to your doctor about today?	Which one(s)?	
Do you wish to discuss any end of life issues during this visit?	☐ Yes ☐ No	

Provider information	
Print provider name:	Group name:
Provider ID:	Tax ID number:
Provider address:	City, state, zip:
Provider signature:	
Check one ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other _____	Date: _____

Addendum B: Health Risk Assessment (continued)

PHQ-9 (To be completed if patient answered anything except "not at all" to the screening questions on page 8)	Scoring (0=0, 1=1, etc.)
Little interest or pleasure in doing things: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Feeling down, depressed, or hopeless: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Trouble falling or staying asleep, or sleeping too much: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Feeling tired or having little energy: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Poor appetite or overeating: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Feeling bad about yourself: or that you are a failure or have let yourself or your family down: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Trouble concentrating on things, such as reading the newspaper or watching television: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Moving or speaking so slowly that other people could have noticed. Or the opposite – being fidgety or restless that you have been moving around a lot more than usual: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Thoughts that you would be better off dead, or of hurting yourself in some way: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	

Biometric assessment	
Height, weight, BMI (body mass index)	HT _____ WT _____ BMI _____
Systolic/diastolic BP / blood lipids	HDL _____ LDL _____ total cholesterol _____ trig _____
Blood glucose	

Physician notes and summary comments		
Significant health risks and plans	**Risk**	**Plan**
Current additional providers and suppliers involved in care	**Name**	**Type**
Schedule for health screening	**Procedure**	**Frequency**
Further counseling provided		

Addendum C

Medicare Wellness Visit Preventive Screening Schedule

Patient's Name: _____ Date of Exam: _____ Patient's DOB: _____

Preventive Services (Frequency)	Who is Covered	Date Previously Tested	Optimal Screening Date
Bone Mass Measurement (every 24 months)	Medicare patients at risk for developing osteoporosis	Date / results	If scheduled, when and where, if patient declines or what discussion was
Cardiovascular Screening Blood Tests (every five years)	All asymptomatic Medicare patients (12-hour fast required)	Lipid panel, date, total cholesterol value	Per provider **Can look in EHR**
Colorectal Cancer Screening (recommended for 50-75 years) • Screening colonoscopy (every 24 months at high risk – **G0105**; every 10 years not at high risk – **G0121**) • Cologuard multi-target stool DNA (9s DNA) test (every three years) • Flexible sigmoidoscopy (every four years, or once every 10 years after a screening colonoscopy) • Fecal occult blood test (annually)	• Screening colonoscopy – those at high risk, beginning at age 50 (colonoscopy is the gold standard for screenings) Medicare coverage at most every 24 months • Cologuard for ages 50-75, but patient must have NO colon cancer risk factors or symptoms. Should be the 2nd option if patient declines colonoscopy/flex sigmoid	What screening performed, date, results and when to repeat	Date to repeat, discussion of options, what they decided: schedule or declined, can mark no further screenings due to age as well **Call to get report if not on record if possible**
Diabetes Screenings (two screening tests per year for patient diagnosed with prediabetes; one screening per year if previously tested but not diagnosed with prediabetes or if never tested) A1C 7.0 -9.0 % **3045F** or A1C < 7.0% **3044F**	Medicare patients with risk factors for diabetes or if never tested or previously tested with prediabetes	Glucose value / date A1c value / date	Six months if diabetic or prediabetic One year if normal
Hepatitis C Screening (one-time screening)	All adults ages 18-79 years	Date / results	UTD or due
Glaucoma Screening (annually for high-risk patients) Include name of optometrist or clinic if known	Patients with diabetes mellitus, family history of glaucoma, African-Americans age 50+, or Hispanic-Americans age 65+	Date (month/year, at a minimum) / results Family history of glaucoma? **Pt report acceptable**	Yearly for diabetics, document how often / when due, call to get report if diabetic
Prostate Cancer Screening (annually)	Need individualized discussion based on risk, family history and patient preference.	PSA level / date	Prostate specific antigen test, if determined by provider
Screening Mammography (annually)	• One-time screening age 35-40 for baseline • Annually age 40 and over • Minimum recommendation is every two years for age 50-74	Date / results	Date due **Call to get results if recent**
Smoking Cessation (at every visit) document cessation discussion Counseling documented **4004F** or non-user **1036F**	Medicare patients who use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease	If smoker, document discussed smoking cessation and if wants information or not	If non-smoker, can put line through, write N/A or nonsmoker; if previous smoker put age or date quit
Seasonal Influenza Vaccine (once per flu season) Administered **G8482** or declined **G8483**	All Medicare patients	Date (can be pt report, need month and year)	Yearly
Pneumococcal Vaccines • One dose of PCV13 and PPSV23 should be given at least one year apart (give PCV13 first) • Patients with previous PPSV23: do PCV13 at least 12 months after PPSV23 administration Admin/previously received **4040F**	• If vaccination history is unknown, document unknown history in chart and treat patient as if no pneumococcal vaccines have been given • After the first two doses, additional pneumococcal vaccinations may be provided based on risk if at least five years have passed since previous dose	Date / which was completed	Put when due and which one due or UTD, can also put not age 65 if applicable

Addendum C: Medicare Wellness Visit Preventive Screening Schedule (continued)

Preventive Services (Frequency)	Who is Covered	Date Previously Tested	Optimal Screening Date
Shingrix (Zoster Vaccine) • Two doses given two to six months apart, age 50+ • Patients with previous Zostavax, give Shingrix at least two months from previous Zostavax administration (both doses of Shingrix recommended)	Part D coverage only (given at pharmacy) Send prescription to patient's preferred pharmacy	Date / which one completed	Discuss Shingrix if patient has not had
Alcohol Misuse Screening and Counseling (annually or for those with positive screening 4x a year. Must be completed by physician or APC)	• All Medicare beneficiaries are eligible for alcohol screening **G0442** • Medicare patients who screen positive are eligible for behavioral counseling for alcohol misuse **G0443** 4x a year	You can document what they drink if they do, however we cannot bill for this	
Diabetes Self-Management Training (up to 10 hours of initial training within a continuous 12 month period; subsequent years up to two hours of follow-up training each year after initial year)	Medicare beneficiaries who are diagnosed with diabetes.	They can have this yearly, discuss with diabetic patients what it is and offer if they want. If ordering make sure on form to document any impairments they may have, hearing mobility, understanding, etc.	Document if declines or wants, complete referral form if they want
Lung Cancer Screening Counseling and annual screening for lung cancer with low-dose computed tomography (Requires a shared decision-making discussion with patient's PCP and the discussion **MUST** be documented in EHR) Use procedure code **G0297** and diagnosis code **Z87.891**	**Requirements:** • Must be age 55-77 • Be asymptomatic of lung cancer • Have at least a 30-pack/year history of smoking (one pack equals 20 cigarettes) number of years X packs smoked per day • Must be a current smoker or have quit smoking within the last 15 years	Date / results document years smoked and when they quit	When due, if declined, want to schedule or non-smoker
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) (once in a lifetime)	**Requirements:** • No previous screening under Medicare • Must have one of the two risk factors: – Family history of AAA – Men age 65-75 who smoked at least 100 cigarettes in lifetime	Date / result If had echo or other testing, document that If had echo but never AAA and qualifies, can still have specific AAA screening done	When due, family history, smoking history, patient declines or wants to schedule

Provider Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Addendum D

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (updated 6/29/21)

To be used in conjunction with USPSTF recommendation statements for additional details (see tables and references at https://www.aafp.org/afp/PHCS)

Only grade A/B recommendations are shown

Age	*18*	*21*	*24*	*25*	*35*	*40*	*45*	*50*	*55*	*59*	*65*	*70*	*74*	*75*	*80*
USPSTF screening recommendations															
Alcohol misuse[1]	(B)														
Depression[2]	(B)														
Hypertension[3]	(A)														
Obesity/weight loss[4]	(B) if BMI 30 kg per m^2 or greater														
Tobacco use and cessation[5]	(A)														
HIV infection[6]	(A)											(A) **if at increased risk**			
Hepatitis B virus infection[7]	(B) **if at increased risk**														
Syphilis[8]	(A) **if at increased risk**														
Tuberculosis[9]	(B) **if at increased risk**														
BRCA gene risk assessment[10]	(B) **if appropriate personal or family history of *BRCA*-related cancer or ancestry**														
Chlamydia and gonorrhea[11]	(B) if sexually active			(B) **if at increased risk**											
Intimate partner violence[12]	(B) women of childbearing age														
Cervical cancer[13]		(A) See p. 3 for test options and screening intervals													
Abnormal glucose/type 2 diabetes mellitus[14]						(B) if overweight or obese									
Hepatitis C virus infection[15]	(B)														
Colorectal cancer[16]							(B)								(C)
Breast cancer[17]								(B) biennial screening							
Lung cancer[18]								(B) if 20-pack-year history and current or former smoker (quit in past 15 years)							
Osteoporosis[19]							(B) if postmenopausal and elevated risk				(B)				
Abdominal aortic aneurysm[20]											(B) if an "ever smoker"				
USPSTF preventive therapies recommendations															
HIV preexposure prophylaxis[21]	(A) **if at high risk of HIV infection**														
Primary prevention of breast cancer[22]					(B) **if at increased risk**										
Folic acid supplementation[23]	(A) if capable of conceiving														
Statins for primary prevention of CVD[24]						(B) see criteria on p. 16									
Aspirin for primary prevention of CVD and colorectal cancer[25]								(B) if ≥ 10% 10-year CVD risk							
Fall prevention in community-dwelling older adults[26]											(B) exercise interventions if at increased fall risk				
USPSTF counseling recommendations															
Sexually transmitted infection prevention[27]	(B) **if at increased risk**														
Diet/activity for CVD prevention[28]	(B) if CVD risk														
Skin cancer prevention[29]	(B) if fair skinned														

Legend	*Normal risk*	*With specific risk factor*
Recommendation for men and women		
Recommendation for men only		
Recommendation for women only		

Recommendation grades

- A Recommended (likely significant benefit)
- B Recommended (likely moderate benefit)
- C Do not use routinely (benefit is likely small)
- D Recommended against (likely harm or no benefit)
- I Insufficient evidence to recommend for or against

BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.

Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carrilo C, and Clutter J.

Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

HIV RISK FACTORS

IV drug use
Men who have sex with men
Other STI
Requesting STI testing
Sex exchanged for drugs or money
Sex with individuals who are IV drug users, bisexual, or HIV positive
Unprotected sex, including anal intercourse

Patients in whom to consider PrEP:

Sexually active men who have sex with men who have any of the following:
- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms during anal sex
- Syphilis, gonorrhea, or chlamydia infection in last six months

Sexually active heterosexual patients with any of the following:
- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms with high-risk partner
- Syphilis or gonorrhea infection in last six months

Injection drug users with any of the following:
- Shared drug-injection equipment
- Risks of infection through sex (see above)

IV = intravenous; PrEP = preexposure prophylaxis; STI = sexually transmitted infection.

HEPATITIS B INFECTION RISK FACTORS

HIV infection
Infected sex partner
Intravenous drug use
Living with an infected individual
Men who have sex with men
Origin from regions* with prevalence ≥ 2%
U.S.-born children of immigrants from regions* with prevalence ≥ 8%, if unvaccinated

**Risk of regions can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm*

SYPHILIS RISK FACTORS

High-risk sexual behaviors
Incarceration
Local prevalence
Men who have sex with men
Sex exchanged for money for drugs

TUBERCULOSIS RISK FACTORS

Health professionals*
Homelessness, including former
Immunosuppression*
Prisoners, including former
Residents of high-risk regions, including former

**Evidence for screening not reviewed by the USPSTF because this is standard practice in public health and standard of care for patients with immunosuppression, respectively.*

CHLAMYDIA AND GONORRHEA RISK FACTORS

New or multiple sex partners
Other STI, including history of STI
Partner with STI
Partners who have multiple sex partners
Sex exchanged for drugs or money
Sexually active adolescents
Unprotected sex or inconsistent condom use

STI = sexually transmitted infection.

CARDIOVASCULAR DISEASE RISK FACTORS

Diabetes mellitus
Dyslipidemia
Family history
Hypertension
Metabolic syndrome
Obesity
Tobacco use

HEPATITIS C INFECTION RISK FACTORS

Blood transfusion before 1992
Chronic hemodialysis
High-risk sexual behaviors
Incarceration
Intravenous or intranasal drug use
Maternal infection (concern for vertical transmission)
Unregulated tattoo

BREAST CANCER RISK FACTORS

Consider use of a risk-assessment model for patients with a history of biopsy or positive family history

SEXUALLY TRANSMITTED INFECTION RISK FACTORS

Similar to those risk factors listed previously for sexually transmitted infections; consider local and population-based prevalence in individual risk assessment

Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Adult Preventive Health Care Schedule: Recommendations from the USPSTF

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations):

Alcohol misuse screening[1]

(B) Screen adults and provide brief behavioral interventions for risky alcohol use

Depression screening[2]

(B) Screen adults with systems for evaluation and management

Hypertension screening[3]

(A) Screen adults; exclude white coat hypertension before starting therapy

Obesity/weight loss screening[4]

(B) Refer obese adults to intensive behavioral interventions for weight loss

Tobacco use and cessation screening[5]

(A) Screen adults and provide behavior therapy and U.S. Food and Drug Administration–approved intervention therapy for cessation

(I) IETRFOA electronic nicotine delivery systems for tobacco cessation

HIV infection screening[6]

(A) Screen individuals 15 to 65 years of age

(A) Screen older and younger persons who are at increased risk

Hepatitis B virus infection screening[7]

(B) Screen adolescents and adults at high risk

Syphilis screening[8]

(A) Screen individuals at increased risk

Tuberculosis screening[9]

(B) Screen individuals at increased risk

***BRCA*-related cancer risk assessment/screening[10]**

(B) Assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.

(D) Recommend against screening for patients without appropriate family history, personal history, or ancestry

Chlamydia and gonorrhea screening[11]

(B) Screen sexually active women 24 years and younger, and women at increased risk who are 25 years and older

(I) IETRFOA screening sexually active males

Intimate partner violence screening[12]

(B) Screen women of childbearing age and refer to appropriate services

(I) IETRFOA screening all vulnerable and older adults for abuse or neglect

Cervical cancer screening[13]

(A) Screen women

- Age 21 to 29 every three years with cytology alone
- Frequency of screening may increase to every five years for women age 30 to 65 with cytology and high-risk human papillomavirus cotesting or high-risk human papillomavirus testing alone

(D) Recommend against screening in women

- Age 20 years and younger
- Older than 65 years if adequately screened previously and no increased risk of cervical cancer
- With hysterectomy (including cervix) without history of cervical intraepithelial neoplasia grade 2 or 3 or cervical cancer
- Younger than 30 years with human papillomavirus testing alone or in combination with cytology

Abnormal glucose and type 2 diabetes mellitus screening[14]

(B) Screen overweight or obese adults 40 to 70 years of age and refer patients with abnormal glucose levels for intensive counseling for healthy diet and exercise

Hepatitis C virus infection screening[15]

(B) Screen adults age 18 to 79 years

Colorectal cancer screening[16]

(A) Screen patients 45 to 75 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test

(C) Recommend against routine screening of patients 76 to 85 years of age

Breast cancer screening[17]

(B) Biennial screening mammography in women 50 to 74 years of age

(C) Screening is an individualized decision for women 40 to 49 years of age

(I) IETRFOA

- Mammography after 75 years of age
- Screening with digital breast tomosynthesis
- Adjunctive screening in women with dense breast tissue and negative screening mammogram

Lung cancer screening[18]

(B) Screen annually with low-dose computed tomography for individuals 50 to 80 years of age with a 20-pack-year history who currently smoke or quit within the past 15 years; consider overall health in decision to screen

Osteoporosis screening[19]

(B) Screen women 65 years and older

(B) Screen postmenopausal women if increased fracture risk shown with an osteoporosis risk tool (e.g., 8.4% in 10 years by U.S. FRAX tool)

(I) IETRFOA screening men

Abdominal aortic aneurysm screening[20]

(B) Screen men 65 to 75 years of age who ever smoked with one-time abdominal aortic aneurysm ultrasonography

(C) Recommend selective screening of men 65 to 75 years who have never smoked

(I) IETRFOA women 65 to 75 years of age who ever smoked

(D) Recommend against routine screening in women who have never smoked

HIV prevention with PrEP[21]

(A) Offer PrEP to persons at high risk of infection. See original text for considerations in patient selection.

continues

CHD = coronary heart disease; CVD = cardiovascular disease; FRAX = Fracture Risk Assessment; IETRFOA = insufficient evidence to recommend for or against; PrEP = preexposure prophylaxis; USPSTF = U.S. Preventive Services Task Force.

Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Adult Preventive Health Care Schedule: Recommendations from the USPSTF *(continued)*

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations): *(continued)*

Primary prevention of breast cancer[22]

(B) Recommend clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects aged 35 years or older

(D) Recommend against routine use if no increased risk

Folic acid supplementation[23]

(A) 0.4 to 0.8 mg daily for women capable of conceiving

Statins for primary prevention of CVD[24]

(B) Recommend low- to moderate-dose statin therapy in patients meeting all three criteria:

(1) 40 to 75 years of age

(2) Dyslipidemia, diabetes, hypertension, or smoker

(3) 10-year CVD risk of 10% or greater

(C) Consider low- to moderate-dose statin therapy in appropriate candidates meeting the first two criteria but with a 10-year CVD risk of 7.5% to 10%

(I) IETRFOA initiating statin therapy after 75 years of age for primary prevention

Aspirin for primary prevention of CVD and colorectal cancer[25]

(B) Recommend low-dose aspirin for patients 50 to 59 years of age with a 10-year CVD risk of 10% or greater, appropriate bleeding risk, and life expectancy of at least 10 years

(C) Recommend individualized decision-making for patients 60 to 69 years of age who meet the same criteria

(I) IETRFOA low-dose aspirin for patients younger than 50 years or 70 years or older

Fall prevention in community-dwelling older adults[26]

(B) Recommend exercise interventions for individuals 65 years and older at increased risk of falls

(C) Recommend multifactorial interventions for appropriate individuals 65 years and older; see Clinical Considerations in original recommendation statement for patient selection

(D) Recommend against vitamin D supplementation for fall prevention

Counseling to prevent sexually transmitted infection[27]

(B) Recommend counseling to prevent sexually transmitted infection for adolescents and adults at increased risk

Counseling to promote healthy diet and physical activity[28]

(B) Recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity

Counseling for skin cancer prevention[29]

(B) Recommend counseling fair-skinned patients six months to 24 years of age about minimizing ultraviolet radiation

(C) Recommend selectively counseling fair-skinned patients older than 24 years about minimizing exposure to ultraviolet radiation

(I) IETRFOA counseling adults about skin self-examination

Grade C Recommendations:

Physical activity and healthy diet counseling to reduce cardiovascular risk in adults without obesity or known CVD risk factors[30]

Prostate cancer screening with prostate-specific antigen testing in men 55 to 69 years of age after shared decision-making[31]

Grade D Recommendations:

Bacteriuria (asymptomatic) screening in men and nonpregnant women[32]

Beta carotene or vitamin E supplementation for CVD or cancer risk reduction[33]

Carotid artery stenosis screening[34]

CVD screening with resting or exercise electrocardiography in low-risk patients[35]

Chronic obstructive pulmonary disease screening with spirometry[36]

Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy[37]

Genital herpes screening[38]

Ovarian cancer screening[39]

Pancreatic cancer screening[40]

Prostate cancer screening with prostate-specific antigen testing in men 70 years and older[31]

Testicular cancer screening[41]

Thyroid cancer screening[42]

Vitamin D (≤ 400 IU) and calcium (≤ 1,000 mg) supplementation daily for primary prevention of fracture in postmenopausal women[43]

Grade I Statements:

Atrial fibrillation screening with electrocardiography[44]

Bladder cancer screening[45]

Celiac disease screening[46]

CVD screening in patients with nontraditional risk factors[47]

CVD screening with resting or exercise electrocardiography in intermediate- to high-risk patients[35]

Chronic kidney disease screening[48]

Cognitive impairment screening in older adults[49]

Gynecologic condition screening with pelvic examination[50]

Hearing loss screening in older adults[51]

Illicit drug use screening[52]

Impaired visual acuity screening in older adults[53]

Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)[33]

Obstructive sleep apnea screening[54]

Oral cancer screening[55]

Peripheral artery disease and CVD risk screening with ankle-brachial index[56]

Primary open-angle glaucoma screening[57]

Primary prevention of fractures with vitamin D and calcium supplementation (alone or combined; dose unspecified) in men or premenopausal women, and in postmenopausal women with daily dosages > 400 IU of vitamin D and > 1,000 mg of calcium[43]

Skin cancer screening[58]

Suicide risk screening[59]

Thyroid dysfunction screening[60]

Vitamin D deficiency screening in community-dwelling nonpregnant adults[61]

CHD = coronary heart disease; CVD = cardiovascular disease; IETRFOA = insufficient evidence to recommend for or against; USPSTF = U.S. Preventive Services Task Force.

Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Adult Preventive Health Care Schedule: Recommendations from the USPSTF *(continued)*

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Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Adult Preventive Health Care Schedule: Recommendations from the USPSTF *(continued)*

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