How to perform the new Medicare wellness visits

Maryland ACP Chapter Meeting
February 3, 2012
Mary M. Newman, MD
FACP
Jonathan Borofsky
Disclosures

- I spend 30% of my professional hours on general physicals and wellness visits
“I’m Still Standing”
The Affordable Care Act
March 23, 2010

The Affordable Care Act: A Timeline
Reforms under the Affordable Care Act bring to an end some of the worst abuses of the insurance industry. These reforms will give Americans new rights and benefits, including helping more children get health coverage, ending lifetime and most annual limits on care, allowing young adults under 26 to stay on their parent’s health insurance, and giving patients access to recommended preventive services without cost.
ACP Spring 2007 Resolution

Spring-2007
02-S07. Urging Congress to Legislate Medicare Coverage for Preventive Health Visits
(Sponsor: Maryland Florida Massachusetts New Hampshire New York South Carolina Wisconsin)

Clauses: WHEREAS, primary care internal medicine practice is on the verge of collapse; and
WHEREAS, this collapse is partially a result of inadequate reimbursement for cognitive services
especially preventive care; and WHEREAS, the number and complexity of preventive recommendations
has increased dramatically in the last two decades; and WHEREAS, Medicare (CMS) promotes the use
of preventive services to its beneficiaries on its website and publications; and WHEREAS, CMS covers
only one preventive health visit, the “Welcome to Medicare” visit, during a beneficiary’s entire life
which may span two decades or longer; and WHEREAS, most commercial insurers cover preventive
visits every 1-3 years and many reimburse for these services when they occur at the same time as an
evaluation and management visit; therefore be it
RESOLVED, that the Board of Regents urge Congress to legislate Medicare coverage for preventive
health visits on an annual basis; and be it further RESOLVED, that this legislation allow beneficiaries to
use a preventive health benefit in conjunction with an evaluation and management visit on the same day;
and be it further RESOLVED, that this legislation mandate a reimbursement level which recognizes the
amount of time and effort needed to advise a patient on appropriate preventive benefits and Medicare
coverage.
Goals for this session

- Can you improve your AWV work flow?
- What changes will you need to make to do the AWV?
- Who will do what parts of the AWV?
- How will you document the visit?
- Will you need some new forms?
- What about Health Risk Assessments (HRA)?
DID YOU KNOW?
MEDICARE PAYS MORE FOR WELLNESS VISITS THAN FOR TYPICAL OFFICE VISITS.

Initial wellness visit $166

Typical office visit $70
Our Medicare patients are diverse
There are 3 Medicare Wellness visits:

Welcome to Medicare
Annual Wellness Visit
(first and subsequent)
Non-covered preventive services under Medicare

- 99381-99387
- 99391-99397

- These are the codes you use for most commercial insurance “physicals”
- Some physicians bill for these as non-covered services under Medicare
Annual Wellness Exam

How often is it covered?
After you’ve had Part B for longer than 12 months, you can get a yearly wellness exam to develop or update a prevention plan just for you, based on your current health and risk factors. This exam is covered once every 12 months.

Who’s eligible?
All people with Medicare. If you got the "Welcome to Medicare" physical exam, you have to wait 12 months before you can get your first yearly wellness exam.

Your costs in Original Medicare
You pay nothing for the yearly wellness exam.

Welcome to Medicare Physical Exam
Medicare covers all the costs for a one-time, comprehensive "Welcome to Medicare" physical exam for beneficiaries within their first year of enrollment.

Learn what the exam includes and how you can take advantage of this benefit.
Welcome to Medicare IPPE (G0402)

- Review personal medical and social history
- History of depression or other mood disorder
- Screen for function, safety and hearing
- PE which includes Ht/Wt/BP/BMI/Vision
- Voluntary end of life planning
- Education and counseling
- Referral
Your Welcome to Medicare Visit

What should I bring to my "Welcome to Medicare" physical exam?

Medical records, including immunization records. Even if your current doctor does the exam, gather as much medical information as you can to make sure nothing is overlooked.

Family health history. Try to learn as much as you can about your family's health history before your appointment. The information will help you and your doctor better understand what screenings you should get and what to watch for in the future.
# New Patient Questionnaire

**PARK MEDICAL ASSOCIATES, LLC**

18766 FALLS RD., SUITE 200
LUTHERVILLE, MD 21093

Please print this form, complete, and bring with you.

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB</th>
<th>Age</th>
<th>Date</th>
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<tbody>
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**Operation performed & Reason:** (Include any complications related to surgery and date)

<table>
<thead>
<tr>
<th>Operation</th>
<th>Date</th>
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**Overnight hospitalizations:** (exclude Operations listed above)

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<th>Date</th>
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**Drugs currently taking:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Amount</th>
<th>Description</th>
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<tbody>
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</table>

**Previous Hospitalizations:**

<table>
<thead>
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<th>Hospitalization</th>
<th>Date</th>
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<tbody>
<tr>
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</table>

**Family Medical History**

- **Past Medical:**
  - Diabetes
  - Hypertension
- **Current Treatments:**
  - Blood work
    - Cholesterol
- **Pregnancies:**
  - Number | Live Births | Complications
  -       |            |             |

Please complete “Family Medical History” on the next page.
Billing for Welcome to Medicare IPPE

- Visit code is G0402
- Diagnosis code is V.70
- Must be during the first 12 months of Medicare eligibility, otherwise bill as Initial Wellness Visit G0438
Who can do the Annual Wellness Visit?

- Doctor of Medicine or Osteopathy
- Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist
- Medical Professional, or a team medical professionals, working under the direct supervision of a physician
  - Health Educator
  - Registered Dietitian
  - Nutrition Professional
  - or other licensed practitioner
Initial Wellness Visit AWV (G0438)

- Establishment of an individual’s medical/family history.
- Establishment of a list of current providers and suppliers that are regularly involved in providing medical care to the individual.
- Measurement of an individual’s height, weight, BMI (or waist circumference, if appropriate), BP, and other routine measurements as deemed appropriate, based on the beneficiary’s medical/family history.
Initial Wellness Visit (G0438)

- Cognitive impairment
- Functional screen
- Depression screen and history of mood disorder
- Voluntary advance planning
Depression Screen

During the past two weeks, have you ever been bothered by:

1. Little interest or pleasure in doing things?
2. Feeling down, depressed or hopeless?
Functional Ability Screen

1. Was the patient’s timed Up & Go test unsteady or longer than 30 seconds?
   ☑ Yes ☐ No

2. Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money?
   ☑ Yes ☐ No

3. Does your home have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs or have poor lighting?
   ☑ Yes ☐ No

4. Do you have trouble hearing?
   ☑ Yes ☐ No

Initial Wellness Visit (G0438): The Plan

- List of important risk factors and conditions
- Referrals:
  - weight loss
  - physical activity
  - smoking cessation
  - fall prevention
  - nutrition
- Screening schedule for 5-10 years
- Advance care planning
Subsequent Annual Wellness Visit G0439

- Update personal and family medical history
- Update provider list
- Weight and blood pressure, etc.
- Update risk factors
- Cognitive impairment
Ask your electronic provider to help you embed what you need

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<td>1988</td>
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<td>Hand Surgery</td>
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<tr>
<td>BSG</td>
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<table>
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<tr>
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<th>Notes</th>
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<tbody>
<tr>
<td>Mother</td>
<td>Yes</td>
<td>Parkinson's</td>
</tr>
<tr>
<td>Father</td>
<td>Yes</td>
<td>WWH</td>
</tr>
<tr>
<td>Brother</td>
<td>Yes</td>
<td>Cancer metastases</td>
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<tr>
<td>Sister</td>
<td>Yes</td>
<td>Down's congenital, sudden death</td>
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<tr>
<td>Sister</td>
<td>Yes</td>
<td>lymphoma, HIV</td>
</tr>
</tbody>
</table>
Subsequent AWV (G0439): the plan

- Update written screening schedule
- Personal health advice
- Advance care planning if desired
- Referrals
**AWV Practice Check List**

- **Before the visit:**
  - Verify eligibility: [ ] Medicare
  - [ ] Not eligible for Welcome to Medicare Visit
  - [ ] More than 365 days since initial AWV
  - Explain the Annual Wellness Visit to the patient
  - Is the problem list complete?
  - Is the medication list complete?
  - Is the family history complete?
  - Do we have a list of the patient’s other physicians?

- **During the visit:**
  - Have the patient complete a depression screen *(initial AWV only)*
  - Have the patient complete functional assessment *(initial and subsequent)*
  - Measure BP, weight, BMI and/or waist measurement
  - Complete list of risk factors.
  - Update immunization record and order immunizations.
  - Update preventive checklist.
  - Make new schedule of preventive and early detection interventions.
  - Discuss advance directive if desired.
  - Refer for:
    - [ ] Screening tests
    - [ ] Nutritional interventions
    - [ ] Treatment of depression
    - [ ] Fall prevention
    - [ ] Tobacco cessation
How to bill for the Initial Annual Wellness Visit

- Bill the service code G0438
- Diagnosis code is V70.0
- Patient may be entitled to certain screening tests including EKG, Lipid profile and diabetes screening, PSA
- If there is a substantive medical problem, use E&M coding and modifier 25 with that E&M code.
- Remember to document E&M in notes
How to bill for the Subsequent Medicare Annual Wellness Visit

- Bill the visit G0439
- Diagnosis code V70.0
- If there are substantive E&M elements to the visit, bill the appropriate E&M code attaching modifier 25 to that code.
- Remember to document the E&M service clearly in your notes
Health Risk Assessment
New in 2012

- 5% increase in relative value of initial AWV
- 3% increase in relative value subsequent AWV
- Introduction of the Health Risk Assessment
The Agency for Healthcare Research and Quality defines an evaluation tool that meets the following requirements:

- Collects self-reported information about the beneficiary.
- Can be administered independently by the beneficiary or administered by a health professional prior to or as part of the AWV encounter.
- Is appropriately tailored to and takes into account the communication needs of underserved populations, persons with limited English proficiency, and persons with health literacy needs.
- Takes no more than 20 minutes to complete.
HRA addresses, at a minimum, the following topics:

- Demographic data, including but not limited to age, gender, race, and ethnicity.

- Self assessment of health status, frailty, and physical functioning.

- Psychosocial risks, including but not limited to depression/life satisfaction, stress, anger, loneliness/social isolation, pain, or fatigue.

- Behavioral risks, including but not limited to tobacco use, physical activity, nutrition and oral health, alcohol consumption, sexual practices, motor vehicle safety (seat belt use), and home safety.

- Activities of daily living (ADLs), including but not limited to dressing, feeding, toileting, grooming, Instrumental activities of daily living (IADLs), including but not limited to shopping, food preparation, using the telephone, housekeeping, laundry, mode of transportation, responsibility for own medications, and ability to handle finances, physical ambulation (including balance/risk of falls), and bathing.
The good news for now, but we will need to prepare for 2013!

- "Additionally, health care professionals will be paid more to provide certain important services for people with Medicare. CMS has increased the payment amount for the initial and annual wellness visit - which has no cost sharing for patients -- to account for the introduction of health risk assessment (HRA). **CMS believes it is important to balance the comprehensiveness of the HRA with the potential burden on patients and health professional time constraints. As such, in 2012, CMS will allow for variation in the content of the HRA.**"
Should you use an Advance Beneficiary Notice?

- Yes
- No
- Maybe
My Approach

- It is great Medicare is providing this benefit
- It is not a traditional “physical”
- Some things are covered. Some are not.
- Our office does its best to make sure you get the best advantage of this benefit.
- If you have questions, call my staff.
- Written explanation available
On line resource for patients to track their prevention

Explains the benefits of what is covered

Could be printed for patients
What Medicare services have no co-pay or deductible?

- Pneumococcal, influenza, and hepatitis B vaccine and administration
- Screening mammography
- Screening pap smear and screening pelvic exam
- Prostate cancer screening tests (with exception of digital exam)
- Colorectal cancer screening tests (with exception of barium enemas)
- Bone mass measurement
- Medical nutrition therapy services
- Cardiovascular screening blood tests
- Diabetes screening tests
- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Human Immunodeficiency Virus (HIV) testing
- Annual wellness visit
- IPPE
Abdominal Aortic Aneurysm

- One time screening
- Referral based on Welcome to Medicare screening. Must be referred first year on Medicare B.
- The person with Medicare has at least one of the following risk factors
  - a family history of abdominal aortic aneurysm
  - is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime
Bone Density Measurements

- How often is it covered?
  - Once every 24 months (more often if medically necessary)
- For whom?
  - All people with Medicare who are at risk for osteoporosis.
- Your costs if you have Original Medicare
  - Before January 1, 2011, you pay 20% of the Medicare-approved amount, and the Part B deductible applies. Starting January 1, 2011, you pay nothing for this test if the doctor accepts assignment.
Cardiovascular Screening

Medicare covers cardiovascular screenings that check your cholesterol and other blood fat (lipid) levels. High levels of cholesterol can increase your risk for heart disease and stroke. These screening tests will tell if you have high cholesterol. You might be able to make lifestyle changes (like changing your diet) to lower your cholesterol and stay healthy. Medicare will cover these tests every five years.
Colon Cancer Screening

- **How often is it covered?**
- Fecal Occult Blood Test: Once every 12 months.
- Flexible Sigmoidoscopy: Generally, once every 48 months, or 120 months after a previous screening colonoscopy for people not at high risk.
- Screening Colonoscopy: Generally once every 120 months (once every 24 months if you're at high risk), or 48 months after a previous flexible sigmoidoscopy.
- Barium Enema: Your doctor can decide to use this test instead of a flexible sigmoidoscopy or colonoscopy. This test is covered every 24 months if you are at high risk for colorectal cancer and every 48 months if you aren't at high risk.
Diabetes Screening

How often is it covered?

- Medicare covers up to two Fasting Blood Glucose tests each year.

Who's eligible?

- Medicare covers these tests for people who have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Medicare also covers these tests if you answer yes to two or more of the following questions:
  - Are you age 65 or older?
  - Are you overweight?
  - Do you have a family history of diabetes (parents, brothers, sisters)?
  - Do you have a history of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds?
Immunizations

- Yearly influenza
- Hepatitis B for high risk
- Pneumococcal
  - Once for most
  - After five years for higher risk
- Zostavax is on Medicare Part D
- Not covered: travel, Td, TdaP
Worst Foods in America

2900 calories
Medical Nutrition Therapy

- For people with diabetes or kidney disease.
- An initial assessment of nutrition and lifestyle assessment
- Nutrition counseling
- Information regarding managing lifestyle factors that affect diet
- Follow-up visits to monitor progress managing diet
- Medicare covers 3 hours of one-on-one counseling services the first year, and 2 hours each year after that. If your condition, treatment, or diagnosis changes, you may be able to get more hours of treatment with a doctor’s referral.
Prostate Cancer Screening (G0102-3)

- **How often is it covered?**
- Medicare covers a digital rectal exam and Prostate Specific Antigen (PSA) test once every 12 months.
- **Who’s eligible?**
- All men with Medicare age 50 and older (coverage for this test begins the day after your 50th birthday).
- **Your costs in Original Medicare**
- Generally, you pay 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. You pay nothing for the PSA test.
Smoking Cessation Counseling (G0436-7)

- **How often is it covered?**
  Medicare will cover up to 8 face-to-face visits during a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.
- **Who’s eligible?**
  People with Medicare who use tobacco.
- **Your costs in Original Medicare**
  You pay nothing for the counseling sessions.
Glaucoma Screening

- **How often is it covered?**
  - Medicare covers a glaucoma screening exam once every 12 months, which includes:
    - A dilated eye exam with an intraocular pressure measurement
    - A direct opthalmoscopy exam or a slit-lamp biomicroscopic exam
    - An eye doctor who is legally allowed by the state must do the tests.

- **Who's eligible?**
  - People at high risk for the eye disease glaucoma. You're at high risk if you have diabetes, a family history of glaucoma, are African-American and 50 or older, or are Hispanic and 65 or older.
Mammograms

- *How often is it covered?*
- All women with Medicare ages 40 and older can get a breast cancer screening mammogram every 12 months.
- Medicare also covers digital technologies for screening mammograms.
- Medicare also pays for one baseline mammogram for women with Medicare between ages 35 and 39.
Pelvic and Pap

- **How often is it covered?**
- Medicare covers one Pap test and pelvic exam to check for cervical, vaginal, and breast cancers every year for women who:
  - Are of childbearing age and who had an exam that indicated cervical or vaginal cancer or other abnormalities in the past 3 years
  - Are considered high risk for developing cervical or vaginal cancer
- Medicare covers one Pap test and pelvic exam every 2 years for women who are at low risk for cervical cancer. A clinical breast exam is included as part of the pelvic exam.
Quick Reference for Medicare Preventive Services

Listed below are our commonly used forms. All can be printed as an Adobe Acrobat PDF and then filled out by hand. Those marked with a Microsoft Word logo may be filled out on your computer and then printed once complete.

- ALL NEW PATIENTS, PLEASE BRING WITH YOU OR MAIL TO THE OFFICE THE FOLLOWING COMPLETED FORMS:
  - PATIENT REGISTRATION
  - GENERAL RELEASE OF MEDICAL RECORDS
  - NEW PATIENT QUESTIONNAIRE
  - FINANCIAL POLICY

Patient Registration
General Release of Medical Records (HIPAA)
New Patient Questionnaire
Financial Policy
Complete Physical (Established Patients)
Authorization for Release of Medical Records
Notice of Privacy Practices
Guide to Selecting Medicare Prescription Drug Plans
MVA Disability Parking
Maryland Advance Directive Packet

- Click here to download Acrobat Reader® software free. It enables you to view and print Adobe PDF files.
Sources of Paper Forms

http://www.acponline.org/running_practice/practice_management/forms/matrix.htm#chart_forms
Handwritten forms
<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Last done</th>
<th>Due Again</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Wellness Visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSA testing</td>
<td></td>
<td>Yearly</td>
</tr>
<tr>
<td>Abdominal aortic aneurysm</td>
<td></td>
<td>Once. Repeat if abnormal.</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonoscopy or other colorectal cancer screen</td>
<td></td>
<td>Every 10 years unless higher risk. Stool cards are yearly</td>
</tr>
<tr>
<td>Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia vaccine</td>
<td></td>
<td>Once after age 65</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td></td>
<td>Yearly</td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

Your major risk factors:
- Family history of ________________
- Obesity
- Diabetes
- Hypertension
- Fall risk
- Smoking use
- Other _________________________

Recommendations for improvement:
- Diet
- Tobacco cessation
- Weight change
- Exercise
- Other _________________________

Referrals
Streamlining the Visit
(Or some things you don’t need to do!)

- Review of systems
- Extensive physical examination
- Teaching breast self exam/ testicular self exam
- Vitamins and supplements
Some things you may want to do which aren’t clearly covered

- Seat belts, helmets, and other safety recommendations
- Local or seasonal coaching about risks in your area (Lyme disease, giardiasis, mosquito borne disease)
- Personal coaching for those at risk for STDs or other lifestyle issues
- Skin check
- The latest health fad
- Reduce polypharmacy or poly-doctoring
Do I need a mammogram?

- 89.5 year old woman
- Frail with gait instability due to treated normal pressure hydrocephalus
- Mild dementia
- Dependent in almost all activities of daily living
- Recurrent urinary tract infections, hypertension, generalized anxiety disorder
On what parts of the annual wellness visit should we focus?

- Safety/ Falls
- Advance directive
- End of life discussion
- Depression screening
Doctor, what about my kidney tests?

- 75 year old executive/financial planner
- Hypertension, coronary artery disease, multiple stents and CABG
- Plays tennis regularly
- BP/ BMI/Lipids all at target
- Nonsmoker
- On aspirin/clopidogel
What parts of annual wellness visit should we emphasize?

- Cancer screening
- Aneurysm screening
- Medication compliance
- Safety on anticoagulation
- What to do in an emergency
- Depression screening
- Healthy diet
This is Your Song (from Elton John)

And you can tell everybody this is your song
It may be quite simple but now that it's done
I hope you don't mind
I hope you don't mind that I put down in words
How wonderful life is while you're in the world
## Men's Preventive Plan for You

**Mary M. Newman, MD FACP**

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**Your major risk factors:**

- Family history of _________________
- Obesity
- Diabetes
- Hypertension
- Fall risk
- Smoking use
- Other ________________________________

**Recommendations for improvement:**

- Diet
- Tobacco cessation
- Weight change
- Exercise
- Other ________________________________

**Referrals**
Welcome to the Patient Resources
Updated: 7.23.2010

View Clinician Related Materials

This site contains a wide array of resources specifically designed to help people who are living with diabetes. One of the primary sources of material is the *Living with Diabetes* publication created through the Diabetes Initiative project funded by an unrestricted grant from Novo Nordisk. More information on the project is provided below.

Clinicians are encouraged to provide the guide to their patients, helping them become a more active participant in the care team.

http://diabetes.acponline.org/patient
Dietary Guidelines 2010
Selected Messages for Consumers

Take action on the Dietary Guidelines by making changes in these three areas. Choose steps that work for you and start today.

Balancing Calories

- Enjoy your food, but eat less.
- Avoid oversized portions.

Foods to Increase

- Make half your plate fruits and vegetables.
- Switch to fat-free or low-fat (1%) milk.

Foods to Reduce

- Compare sodium in foods like soup, bread, and frozen meals—and choose the foods with lower numbers.
- Drink water instead of sugary drinks.
The Annual Wellness Visit is a great benefit for patients. 
Its not a “routine physical.”
There are specific benefits included.
We will need to use forms and tools in our paper or electronic charts to do this well and consistently
It take practice to master the coding and patient education
Check with your Medicare carrier periodically as guidelines may change
This is going right on my refrigerator!
Selected Bibliography

- [http://www.acponline.org/running_practice/practice_management/](http://www.acponline.org/running_practice/practice_management/) Many tools for the practicing internist including forms for all kinds of common clinical situations. ACP’s Center for Practice Improvement and Innovation
- [http://www.ama-assn.org/ama1/pub/upload/mm/433/cpt-medicare-ps.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/433/cpt-medicare-ps.pdf) Card format outlines all the current preventive visit codes and requirements
- [http://www.medicare.gov/](http://www.medicare.gov/) The Official website for your patients. Find out what they are reading about their benefits under Medicare.
- [http://www.cms.gov/](http://www.cms.gov/) The official CMS website for providers. You may also wish to check for coverage information from your local carrier.
- [http://www.cdc.gov/vaccines/recs/acip/default.htm](http://www.cdc.gov/vaccines/recs/acip/default.htm) CDC website for the Advisory Committee on Immunization Practices.
- [http://iom.edu/Global/Topics/Food-Nutrition.aspx](http://iom.edu/Global/Topics/Food-Nutrition.aspx) Institute of Medicine which gives current scientific advice on nutrition and the RDA.