

## Annual Wellness Visit (AWV) Documentation Review Checklist

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Done	Documentation Elements description for Initial and Subsequent AWV	Reviewer Findings	Reviewer Suggestions
	<b>Documentation</b> has the correct date of service, correct patient, and contains a valid, legible provider signature.		
	<b>Documentation</b> supports that a face-to-face visit occurred, and the patient has not received an IPPE (Initial Preventive Physical Examination) or an initial or subsequent AWV within the last 12 months.		
<b>Documentation Elements description for Initial Preventive Physical Exam (IPPE):</b> (For any positive screenings a care plan should be included)			
Evidence of Review and Update to:			
	<ul style="list-style-type: none"> <li>○ Past medical/surgical history and Family Medical History.; discuss modifiable risk factors for disease</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Review any history or present use of opioids; if patient is using opioids, review the benefits of alternative pain therapies, even if the patient does not have opioid use disorder by may be at risk.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Current Medications and supplements and allergies</li> </ul>		
	<ul style="list-style-type: none"> <li>○ A checklist or brief written plan to obtain appropriate preventive screening services</li> </ul>		
	<ul style="list-style-type: none"> <li>○ History of alcohol, tobacco, and illicit drug use</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Depression or other mood disorder screenings</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Functional ability and level of safety                             <ul style="list-style-type: none"> <li>● Hearing Impairment</li> <li>● Activities of daily living</li> <li>● Fall risk and home safety</li> </ul> </li> </ul>		
Perform an exam and obtain the following:			
	<ul style="list-style-type: none"> <li>○ Height, weight, BMI, and Blood Pressure</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Visual Acuity screening</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Other factors deemed appropriate based on patient's history</li> </ul>		
	<ul style="list-style-type: none"> <li>○ ECG</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Evidence of End-of-Life planning services provided/discussed at the patient's discretion</li> </ul>		

	<ul style="list-style-type: none"> <li>○ Evidence of education, counseling, and referral, as appropriate based on results of review and evaluation services</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Evidence of education, counseling, and referral including written brief written plan provided to the patient for obtaining appropriate screening and other preventive services.</li> </ul>		
Prior year HCC Codes captured that need to be recaptured this year if still current. 1. 2. 3. 4. 5. 6.		7. 8. 9. 10. 11. 12.	
Update list of ALL active diagnoses to the highest degree of specificity that the patient deals with every day.			
Diagnosis's Codes Captured at this visit. 1. 2. 3. 4. 5. 6.		7. 8. 9. 10. 11. 12.	
<b>Documentation supports the following elements of the <i>Initial AWV</i>:</b> Health Risk Assessment (HRA) at minimum should include the following: (For any positive screenings a care plan should be included).			
	<ul style="list-style-type: none"> <li>○ Demographic data, Self-assessment of health, psychosocial risks, and behavioral risks.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Medical and family history.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Medication reconciliation and allergies</li> </ul>		
	<ul style="list-style-type: none"> <li>○ List of beneficiary's current providers and suppliers.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Patients' height, weight, BMI, Blood pressure and any other routine measurements deemed appropriate based on the medical and family history.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Assessment of cognitive function.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Review of the beneficiary's potential risk factors</li> <li>○ Screen for depression ( includes any current or past experiences with depression or mood disorders)</li> <li>○ screening for alcohol and substance misuse</li> <li>○ screening for tobacco use/cessation if applicable</li> </ul>		



	Review of the patient's functional ability and level of safety that includes the following at the minimum.		
	<ul style="list-style-type: none"> <li>○ Ability to perform ADLs(Activities of Daily Living) or IADLs</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Fall risk.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Hearing impairment.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Home Safety.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Establishment of an appropriate written screening schedule for the next 5-10 yrs.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Establishment of the patient's risk factors for which primary, secondary or tertiary Interventions are recommended.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Evidence of personalized health advice, education, prevention Counseling, and appropriate referrals were provided to the patient.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Advance Care Planning services provided/discussed at the patient's discretion.</li> </ul>		
Prior year HCC Codes captured that need to be recaptured this year if still current.			
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	
List of ALL active diagnoses to highest specificity that patient deals with every day.			
Diagnosis's Codes Captured at this visit			
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	
<b>Documentation</b> Elements supports the following elements of the <b>Subsequent AWW:</b>			
Update Health Risk Assessment(HRA) at minimum should include the following: (For any positive screenings a care plan should be included).			
	<ul style="list-style-type: none"> <li>○ Update demographic data, self-assessment of health, psychosocial risks and behavioral risks, ADL and IADLs, Fall risk, depression screening.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Update the medical and family history.</li> </ul>		
	<ul style="list-style-type: none"> <li>○ Update the Medication List and allergies</li> </ul>		

	○ Update list of beneficiary's current providers and suppliers.		
	○ Update patient's weight, blood pressure, any other routine measurements deemed appropriate based on medical and family history.		
	○ Update Cognitive function.		
	○ Update of the written screening schedule ( cancer screenings etc.)		
	○ Update list of the patient's risk factors for which primary, secondary or tertiary interventions are recommended or underway.		
	○ Update PPPS that includes personalized health advice, education, preventive counseling, and appropriate referrals for the patient.		
	○ Update any evidence of an advance care planning has been provided or discussed at patients' discretion.		
Prior year HCC Codes captured that need to be recaptured this year if still current.		7.	
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.			
Update List of ALL active diagnoses to the highest specificity that the patient deals with every day. (HCC)			
Diagnosis's Captured at this visit		7.	
1.		8.	
2.		9.	
3		10.	
4.		11.	
5.		12.	
6.			
Reviewer Notes:			
Reviewer signature: _____			