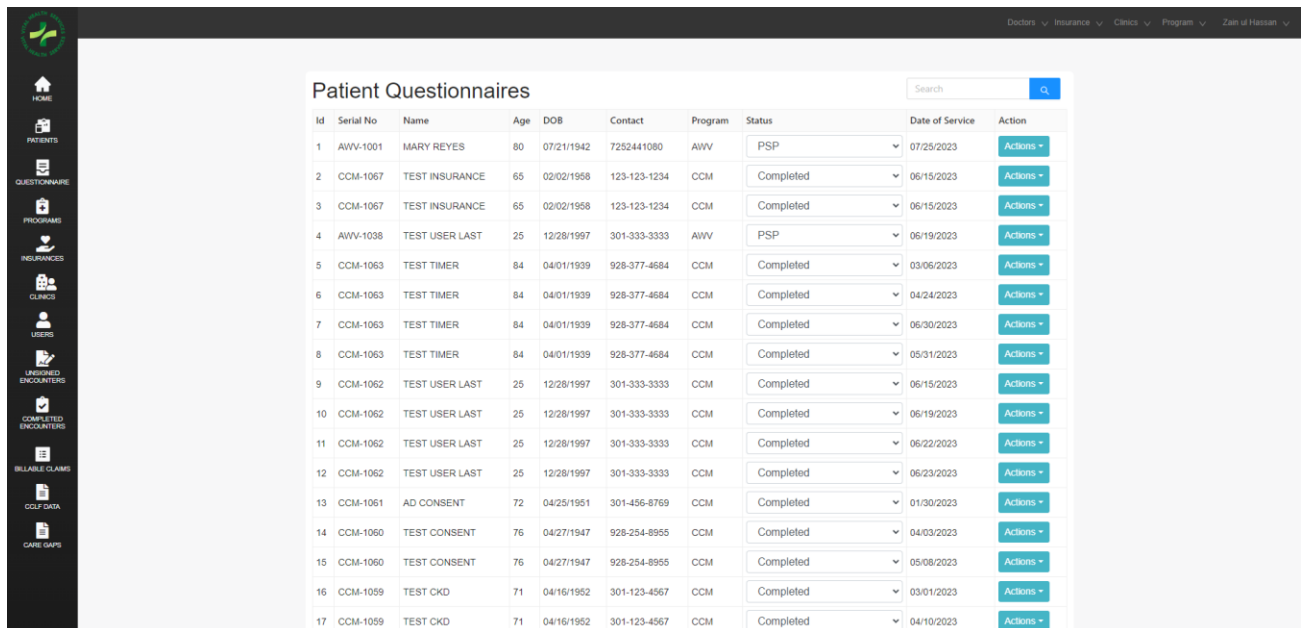


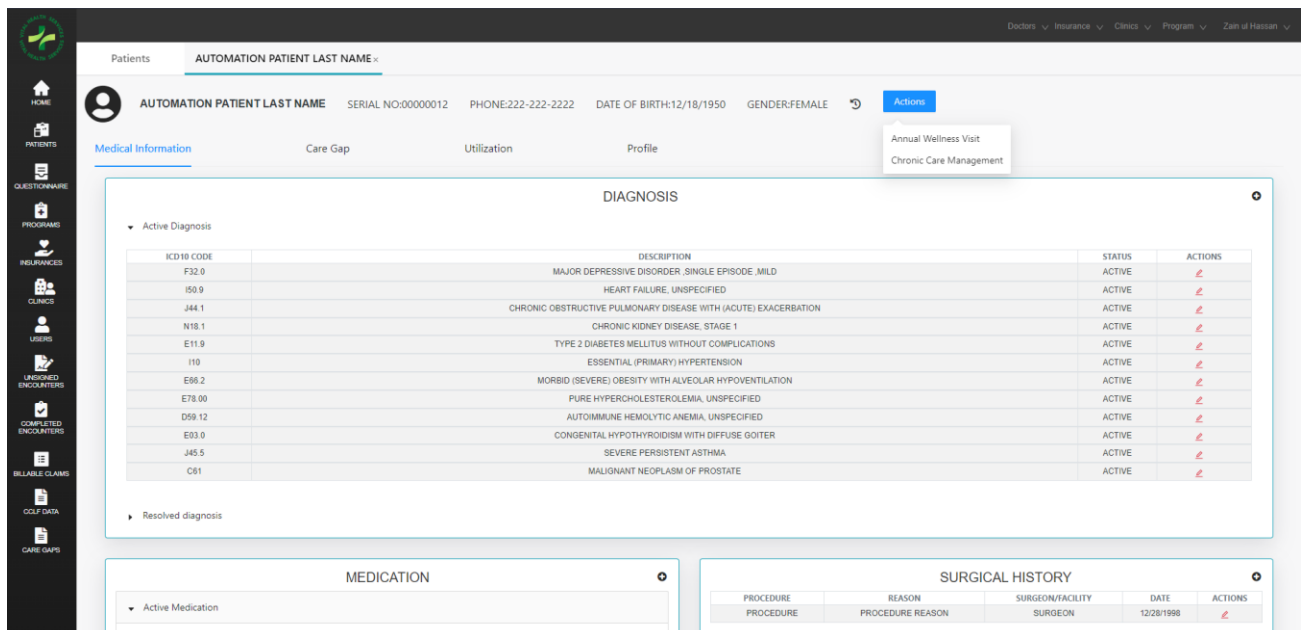
Annual Wellness Visit Guide

Questionnaire Page

- User can see edit and search for questionnaire of the patient.
- There are 2 questionnaire programs in this software e.g., AWW (Annual wellness visit) and CCM (Chronic Care Management).
- User can select the programs from the patient tab.



Id	Serial No	Name	Age	DOB	Contact	Program	Status	Date of Service	Action
1	AWV-1001	MARY REYES	80	07/21/1942	7252441080	AWV	PSP	07/25/2023	Actions +
2	CCM-1067	TEST INSURANCE	65	02/02/1958	123-123-1234	CCM	Completed	06/15/2023	Actions +
3	CCM-1067	TEST INSURANCE	65	02/02/1958	123-123-1234	CCM	Completed	06/15/2023	Actions +
4	AWV-1038	TEST USER LAST	25	12/28/1997	301-333-3333	AWV	PSP	06/19/2023	Actions +
5	CCM-1063	TEST TIMER	84	04/01/1939	928-377-4684	CCM	Completed	03/06/2023	Actions +
6	CCM-1063	TEST TIMER	84	04/01/1939	928-377-4684	CCM	Completed	04/24/2023	Actions +
7	CCM-1063	TEST TIMER	84	04/01/1939	928-377-4684	CCM	Completed	06/30/2023	Actions +
8	CCM-1063	TEST TIMER	84	04/01/1939	928-377-4684	CCM	Completed	05/31/2023	Actions +
9	CCM-1062	TEST USER LAST	25	12/28/1997	301-333-3333	CCM	Completed	06/15/2023	Actions +
10	CCM-1062	TEST USER LAST	25	12/28/1997	301-333-3333	CCM	Completed	06/19/2023	Actions +
11	CCM-1062	TEST USER LAST	25	12/28/1997	301-333-3333	CCM	Completed	06/22/2023	Actions +
12	CCM-1062	TEST USER LAST	25	12/28/1997	301-333-3333	CCM	Completed	06/23/2023	Actions +
13	CCM-1061	AD CONSENT	72	04/25/1951	301-456-8769	CCM	Completed	01/30/2023	Actions +
14	CCM-1060	TEST CONSENT	76	04/27/1947	928-254-8955	CCM	Completed	04/03/2023	Actions +
15	CCM-1060	TEST CONSENT	76	04/27/1947	928-254-8955	CCM	Completed	05/08/2023	Actions +
16	CCM-1059	TEST CKD	71	04/16/1952	301-123-4567	CCM	Completed	03/01/2023	Actions +
17	CCM-1059	TEST CKD	71	04/16/1952	301-123-4567	CCM	Completed	04/10/2023	Actions +



ICD10 CODE	DESCRIPTION	STATUS	ACTIONS
F32.0	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	ACTIVE	⌵
I50.9	HEART FAILURE, UNSPECIFIED	ACTIVE	⌵
J44.1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	ACTIVE	⌵
N18.1	CHRONIC KIDNEY DISEASE, STAGE 1	ACTIVE	⌵
E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ACTIVE	⌵
I10	ESSENTIAL (PRIMARY) HYPERTENSION	ACTIVE	⌵
E66.2	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	ACTIVE	⌵
E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	ACTIVE	⌵
D59.12	AUTOMMUNE HEMOLYTIC ANEMIA, UNSPECIFIED	ACTIVE	⌵
E03.0	CONGENITAL HYPOTHYROIDISM WITH DIFFUSE GOITER	ACTIVE	⌵
J45.5	SEVERE PERSISTENT ASTHMA	ACTIVE	⌵
C61	MALIGNANT NEOPLASM OF PROSTATE	ACTIVE	⌵

Active Medication

PROCEDURE	REASON	SURGEON/FACILITY	DATE	ACTIONS
PROCEDURE	PROCEDURE REASON	SURGEON	12/28/1998	⌵

AWV Program

- User can select AWV program from the patient tab.
- AWV has 18 survey section which determine the patient medical info and generate a care plan accordingly.
- You have to enter the date of service and Type of Medicare. You can answers the given question by choosing the related option.
- AWV includes sections like Depression PHQ-9, Cognitive Assessment, Tobacco Use, BP Assessment and Miscellaneous etc.
- The care plan generated for this AWV can be seen by clicking the Black Icon.
- You can download the care plan as well as the super bill for AWV.
- You can also re-edit the AWV from the care plan.

Patient Name: JOSEPH S S SCHIAVELLO | Date of Birth: 03/28/1965 | Age: 58 | Gender: MALE | Insurance: HEALTHCHOICE PATHWAYS

Date of service: Please select from...

Physical Health - Fall Screening

Have you fallen in the past 1 year?

☐ Yes
☐ No

Do you feel like "blacking out" when getting up from bed or chair?

☐ Yes
☐ No

Do you feel unsteady or do things move when standing or walking?

☐ Yes
☐ No

Do you use any assistance device?

☐ Cane
☐ Walker
☐ Wheel Chair
☐ Crutches
☐ None

[Save and Next](#) [Finish and Next](#)

Patient Name: JOSEPH S S SCHIAVELLO | Date of Birth: 03/28/1965 | Weight: LBS | Gender: MALE | Primary Care Physician | Next Due: 09/26/2024 | Age: 58 | Date of Service: 09/26/2023 | Program: ANNUAL WELLNESS VISIT (AWV)

[Re-Edit](#) [Download](#) [SuperBill](#) [Close](#)

Section	Next due
Physical Activity	09/2024
Physical Health - Fall Screening	09/2024
Mental health	09/2024
Depression PHQ-9	09/2024
General Health	09/2024
High Stress	09/2024
General Health	09/2024
Social/Emotional Support	09/2024
Pain	09/2024
Cognitive Assessment	09/2024
Habits	09/2024
Physical Activity	09/2024
Alcohol Use	09/2024
Tobacco Use	09/2024
Nutrition	09/2024

CDC guidelines given and patient advised:
• Vegetables 2 cups every week.

- Careplan
SuperBill

*****PLEASE RETURN THIS TO THE RECEPTIONIST ON YOUR WAY OUT****

Close

Name	JOSEPH S S SCHIAVELLO		
DOB	03/26/1965		
DOS	09/26/2023		
Insurance	Healthchoice Pathways		
PCP			

ANNUAL WELLNESS VISIT

Initial	Periodic
99385 (18-39 years) <input type="checkbox"/>	99395 (18-39 years) <input type="checkbox"/>
99386 (40-64 years) <input type="checkbox"/>	99396 (40-64 years) <input type="checkbox"/>

WELCOME TO MCR G0402 ☒
ANNUAL MCR: INITIAL G0438 ☐
Subsequent G0439 ☐
Advance Care 99497(33) ☐
Depression Screen G0444 ☒
Alcohol Scr G0442 ☐
Cardiovascular G0446 ☐
Humana PAF 96160 ☐
Comp Eval w/Exam (humana) 99397 ☐

SMOKING CESSATION COUNSELING

upto 10 MIN	99406 <input type="checkbox"/>
> 10 MIN	99407 <input type="checkbox"/>
	G0296 <input type="checkbox"/>

LCOT Counseling G0296 ☐

ADD NEW CODE

Enter Code: Add

Enter Dx Code: Add

CPT Codes:

Dx Codes:
- | | | | | |
|---|--|---|---|--|
| BMI { > 18.5 and < 25g/m2} | If you are below normal must have flu plan | Normal:
Above:
Below:
Refused: | G8420
G8417
G8418
G8422 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| HTN | Systolic Bp < 140mm/Hg
Diastolic Bp < 90mm/Hg | | G8752
G8754 | <input type="checkbox"/>
<input type="checkbox"/> |
| Tobacco | Tobacco user and consulting given
Current Non-User | | 4004F
I036F | <input type="checkbox"/>
<input type="checkbox"/> |
| Depression | PHQ-9 < 9
PHQ-9 > 9 w/flu plan doc.
PHQ-9 Excep: Depression/Bipolar Disorder | | G8510
G8431
G9717 | <input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/> |
| Fall Screening | 2+ falls or any fall injury(Mark both)
Assess w/in 12mo of documented fall
P/no falls or 1 fall without injury | | I110F
3288F
I101F | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| General health | Pain severity quantified, pain present
Pain severity quantified; pain not present | | I125F
I126F | <input type="checkbox"/>
<input type="checkbox"/> |
| Vaccines | Pneumo revd
Document year rcvd and type if known
Flu Vaccine | | 4040F
G8482 | <input type="checkbox"/>
<input type="checkbox"/> |
| CA Screening | Flu Not Eligible:
Pt refuses, allergy, vaccine not available
Colo CA Screening (Report Viewed)
Htx of colectomy or Colon CA
Mammogram Docu. In last 27 mo.
Htx of bilateral mastectomy | | G8483
3017F
G9711
G9899
G9706 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| | A1c < 7%
A1c > 9%
A1c 7% - 8%
A1c 8% - 9%
In Office 7 field photos | | 3044F
3045F
3051F
3052F
2024F | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |

[illegible]