



ANNUAL WELLNESS VISIT

Required for all CPT/HCPCS codes:	Yes	No
Does all documentation meet signature requirements and include the name, signature and credentials of the person performing the service?		
Is the provider approved by Medicare (MD, DO, NP, PA, CCNS or Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of medical professionals directly supervised by a physician)?		
Does the Health risk assessment include the following elements: <ul style="list-style-type: none">i. Collects beneficiary self-reported informationii. Complete independently by the beneficiary or with assistanceiii. Considers needs of populations, language proficiency, and health literacy needs.iv. Takes less than 20 minutes to complete.v. Addresses the following topics:<ul style="list-style-type: none">A. Demographic data, age, sex, race, and ethnicity.B. Self assessment of health status, frailty, and physical functioning.C. Psychosocial risks, depression, stress, anger, loneliness, pain, and fatigue.D. Behavioral risks, tobacco use, physical activity, nutrition, alcohol consumption, sexual health, motor vehicle safety (seat belt use), and home safety.E. Assess ADLs, dressing, feeding, toileting, grooming, physical ambulation (falls), and bathing.F. IADLs, shopping, food preparation, telephone use, housekeeping, laundry, transportation, manage medications, handle finances. Review of the individual's functional ability and level of safety: <ul style="list-style-type: none">i. Hearing impairment.ii. Ability to successfully perform ADL's.iii. Fall risk.iv. Home safety.		

Required for CPT code: G0438	Yes	No
Has the beneficiary met Medicare eligibility for 12 months prior?		
Are the required initial AWV components discussed in the medical record? <ul style="list-style-type: none">• Establish medical and family history• Establish list of providers and suppliers• Use of medications and supplements• List of providers and suppliers• Cognitive assessment• Depression screening• Functional ability and safety• Establish screening schedule for beneficiary testing• Establish list of risk factors and conditions• Educational and counseling programs for health risks		



NAIL DEBRIDEMENT

Specific Documentation Required for CPT code: G0439	Yes	No
<p>Is there 12 months since prior AWV performed?</p> <ul style="list-style-type: none">• Are the required components reviewed in the medical record?• Establish medical and family history• Establish list of providers and suppliers• Use of medications and supplements• List of providers and suppliers• Cognitive assessment• Depression screening• Functional ability and safety• Establish screening schedule for beneficiary testing• Establish list of risk factors and conditions• Educational and counseling programs for health risks		
References		
<ul style="list-style-type: none">• CMS IOM Pub. 100-04, Chapter 12, Sections 30.6.1.1, 30.6.6 and 100.1.1.C• CMS IOM Pub. 100-04, Chapter 18, Section 140• CMS IOM Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15		