

# Annual Wellness Visit (AWV) Model Note

**GREEN** = Required Category **BOLD** = Required Component of that Category

**Patient Name:** Anne U. Awl **DOS** 01/20/25 **DOB:** 08/01/58

Pt. is a 67 yo female who presents today for her initial AWW. She had her Welcome to MCR visit > 1 year ago.

**Vital Signs:** Ht: 65" Wt: 145 lbs BMI: 24 BP: 132/80 P: 78 T: 98.5

**Health Risk Assessment:** She completed her HRA form at home.

HRA Reviewed: Pertinent Findings

**GENERAL:** Pt reports her overall health status is good and unchanged in the last year. She is independent in all ADL's and instrumental activities of daily living (IADL)

### Lifestyle and Habits:

- Tobacco use: None
- Alcohol use: Occasionally (1-2 drinks per week)
- Physical activity: Walks 30 minutes daily, 5 days per week
- Diet: Balanced diet with fruits, vegetables, and lean protein

### Psychosocial Risks:

- Depression screen (PHQ-2): Negative (score = 0)
- Social support: Lives with spouse; no concerns

### Cognitive Function Screening:

- Mini-Cog score: 3/3 (No cognitive impairment)

### MEDICAL HISTORY

#### Diagnoses:

- Hypertension (diagnosed in 2015)
- Hyperlipidemia (diagnosed in 2018)
- DM2 – has had for 10 years; no complications to date
- History of Breast CA: 10 yrs ago; need yearly mammography
- No history of major surgeries or hospitalizations in the last year. S/P Appy; TAHBSO

#### Family History:

Father: Deceased (age 80, myocardial infarction)  
Mother: Alive (age 90, no chronic illnesses)

#### Medication Review:

- Lisinopril 10 mg daily
- Atorvastatin 20 mg nightly
- Metformin 500 mg BID
- Multivitamin daily, Calcium and Vitamin D

**Allergies:** PCN – hives

#### Assessment and Plan:

- Encounter for general adult medical examination without abnormal findings Z00.00
- Hypertension I10, Stable will continue with Lisinopril 10 Mg PO daily
- DM type 2 without complication E11.9, Compliance with regimen, stable, Cont med

IPPE – 1<sup>st</sup> year in Medicare  
Initial AWW – 2<sup>nd</sup> year or later  
Subsequent AWW – 12 mo. after last AWW

Vitals as noted and “Other factors as deemed appropriate based on medical and family history” Complete Physical Exam not a part of AWW and is not reimbursed

HRA's can be completed on-line or in office. Can be entered into EHR by anyone. PCP reviews and enters pertinent information

No specific screening tool is mandated

Prescribed and OTC

Reporting all Chronic active conditions with Status and Plan.  
Z00.00 Examination without abnormal findings.  
Z00.01 Examination without abnormal findings.

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## Preventative Services and Screenings

- **Mammogram:** Completed 2023 (normal)
- **Colonoscopy:** Completed 2020 (normal)
- **Bone density (DEXA scan):** Completed 2022 (osteopenia noted)
- **Immunizations:**
  - Influenza: January 2025
  - COVID-19 Booster: October 2024
  - Pneumococcal: 2023

## PERSONALIZED PREVENTION PLAN (PPP)

### 1. Preventive Screenings:

- Repeat mammogram in 2025
- Colonoscopy due in 2030 unless symptoms arise
- Bone density screening in 2027 or sooner if symptoms of osteoporosis occur

### 2. Lifestyle Recommendations:

- Continue regular physical activity and balanced diet
- Maintain a healthy weight (goal BMI < 25)

### 3. Chronic Disease Management:

- Monitor blood pressure at home
- Lipid panel due in 6 months for hyperlipidemia follow-up

### 4. Immunizations:

- Shingles vaccine: Offer in 2025 if not yet completed
- Tdap booster: Due 2025

### 5. Referrals:

- None required at this time

### 6. Advance Care Planning:

- Advance directive completed and on file (confirmed January 2023)

The information presented above is to be used for general informational purposes only and individuals should adhere to official guidance in the areas associated with the topic, as guidance can change rapidly. It is not a complete list of ICD-10-CM codes, nor does it define a standard of care and should not substitute for an informed medical evaluation, or diagnosis and treatment performed by a licensed healthcare provider. This document does not replace ICD-10-CM Coding Guidelines; adherence to such guidance is required under HIPAA.

Reference: [MLN6775421 - Medicare Wellness Visits](#)