

Annual Health Review Visit Guide

Use this guide to assist with documentation of the Annual Health Review visit in the patient chart.

| Element | Attributes |
|--|---|
| <input type="checkbox"/> Review of Health History Summary | <p>The Premera Health History Summary identifies suspected chronic/complex conditions the patient may have based on claims data. Please review this document prior to or during the Annual Health Review and:</p> <ul style="list-style-type: none"> Review and address all present conditions Verify all conditions, medications, DME, injections/infusions Rule out any suspected conditions or address them <p><i>Example: "Patient is suspected to have CHF due to X medication. Reviewed history and confirmed with patient this is not present."</i></p> <ul style="list-style-type: none"> Use the HEDIS section at the bottom of the Health History Summary to address any care gaps |
| Reason for Visit | |
| <input type="checkbox"/> Statement validating medical necessity reason for visit | <p>Example: <i>"Patient is here today for their Annual Health Review."</i></p> |
| History (Subjective) | |
| <input type="checkbox"/> History of present illness | <ul style="list-style-type: none"> Status and severity of all conditions Features of each condition (location, quality, timing, severity) <p>Example: <i>"John Doe is a 57-year-old male with a history of severe, recurrent major depression. On Citalopram 40mg, for 6 months, in full remission. Mild but tolerable side effect of sexual dysfunction."</i></p> |
| <input type="checkbox"/> Past medical and social history | <ul style="list-style-type: none"> Document smoking, ETOH, and drug use/dependence Verify current medication list is up to date Review and update past medical history and active problem lists Avoid using "history of" for a condition that is chronic but currently stable, such as COPD, DM, or A-Fib <p>Example: <i>"Reviewed medication list with patient and confirmed dose and use are accurate."</i></p> |
| <input type="checkbox"/> Pertinent and focused review of systems | <ul style="list-style-type: none"> As a thorough complexity review of systems Typically an extended ROS (2-9 systems) |
| Exam (Objective) | |
| <input type="checkbox"/> Vitals | <ul style="list-style-type: none"> Height, weight, body mass index, blood pressure—indicate method and other measurements as deemed appropriate based on medical and family history |
| <input type="checkbox"/> Physical examination | <ul style="list-style-type: none"> Detailed physical exam based on the conditions present or requested by patient |
| Medical Decision-Making | |
| Provider's Statement and Treatment Plan for Condition(s) | |
| Assessment | |
| <input type="checkbox"/> Medical diagnoses for visit | <ul style="list-style-type: none"> Document and code to the highest specificity Document and code for all chronic conditions at least once annually <ul style="list-style-type: none"> Even if a condition is managed by a specialist, the condition should be listed with documentation of who is managing it and how it is being managed A review of medications for chronic conditions is sufficient documentation to report the code Clearly document a causal link between the disease and the complication such as diabetic neuropathy versus neuropathy and diabetes Confirm acute or chronic condition status <p>Example: <i>"Patient has recurrent major depression, mild episode."</i></p> |
| Plan | |
| <input type="checkbox"/> Treatment/management for conditions | <ul style="list-style-type: none"> Document the treatment and follow-up for conditions—labs, referrals, procedures, follow-up, medication prescribed, etc. <p>Examples (could be a smart phrase or quick text): <i>"Diabetes is well controlled; continue medications and RTC in two weeks for follow-up."</i> <i>"Patient has stage IV breast cancer, is seeing Dr. Jones, oncologist at Healthy Hospital, currently being treated with chemo."</i></p> |
| Closing the Chart Note | |
| <input type="checkbox"/> Signature | <p>Examples of an acceptable signature:</p> <ul style="list-style-type: none"> Legible full signature or first initial and last name followed by credentials and date signed Illegible signature over a typed or printed name followed by credentials and date signed "Electronically signed by" followed by provider's name, credentials, and date signed |
| <input type="checkbox"/> Procedure code | <ul style="list-style-type: none"> Use G0438—initial visit or G0439—subsequent visits Submit claim via normal claim submission process Fax completed chart note to 425-918-6738 (local) or 855-332-4527 (toll free) |