

	IPPE - G0402	Initial AWW - G0438	Subsequent AWW - G0439
Information gathering	<ul style="list-style-type: none"> <input type="checkbox"/> Review the medical and social history with attention to modifiable risk factors: <ul style="list-style-type: none"> • Past medical/surgical history, • Current medications and supplements, • Family history, • History of alcohol, tobacco, and illicit drug use, • Diet, • Physical activity. <input type="checkbox"/> Review potential risk factors for depression or other mood disorders <input type="checkbox"/> Review functional ability and level of safety: <ul style="list-style-type: none"> • Hearing impairment, • Activities of daily living, • Fall risk, • Home safety. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish the medical/family history: <ul style="list-style-type: none"> • Past medical/surgical history, • Current medications and supplements, • Family history. <input type="checkbox"/> Review the patient's health risk assessment, which includes: <ul style="list-style-type: none"> • Demographic data, • Self-assessment of health status, • Psychosocial risks, • Behavioral risks, • Activities of daily living (dressing, bathing, walking, etc.), • Instrumental activities of daily living (shopping, housekeeping, etc.). <input type="checkbox"/> Review potential risk factors for depression. <input type="checkbox"/> Review functional ability and level of safety: <ul style="list-style-type: none"> • Hearing impairment, • Activities of daily living, • Fall risk, • Home safety. <input type="checkbox"/> Establish a list of current providers and suppliers regularly involved in the individual's medical care. 	<ul style="list-style-type: none"> <input type="checkbox"/> Update the medical/family history: <ul style="list-style-type: none"> • Past medical/surgical history, • Current medications and supplements, • Family history. <input type="checkbox"/> Review the updated health risk assessment, which includes: <ul style="list-style-type: none"> • Demographic data, • Self-assessment of health status, • Psychosocial risks, • Behavioral risks, • Activities of daily living (dressing, bathing, walking, etc.), • Instrumental activities of daily living (shopping, housekeeping, etc.). <input type="checkbox"/> Update the list of current providers and suppliers regularly involved in the individual's medical care.
Exam/assessment	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain the following: <ul style="list-style-type: none"> • Height, • Weight, • Body mass index, • Blood pressure (BP), • Visual acuity, • Other items as appropriate. <input type="checkbox"/> Conduct end-of-life planning if the individual agrees. 	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain the following: <ul style="list-style-type: none"> • Height, • Weight, • BMI (or waist circumference), • BP, • Other items as appropriate. <input type="checkbox"/> Detect any cognitive impairment. 	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain the following: <ul style="list-style-type: none"> • Weight (or waist circumference), • BP, • Other items as appropriate. <input type="checkbox"/> Detect any cognitive impairment.
Counseling	<ul style="list-style-type: none"> <input type="checkbox"/> Educate, counsel, and refer based on the previous five elements. <input type="checkbox"/> Educate, counsel, and refer for other preventive services. Create a brief written plan (e.g., a checklist) that includes: <ul style="list-style-type: none"> • A once-in-a-lifetime screening electrocardiogram (G0403-G0405), as appropriate, • Other appropriate screenings and preventive services that Medicare covers. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish a written screening schedule, such as a checklist for the next 5 to 10 years, as appropriate. <input type="checkbox"/> Establish a list of risk factors and conditions for which interventions are recommended or underway. <input type="checkbox"/> Furnish personalized health advice and a referral as appropriate to health education or preventive counseling services or programs. <input type="checkbox"/> Provide any other element determined appropriate through the National Coverage Determination process. 	<ul style="list-style-type: none"> <input type="checkbox"/> Update the written screening schedule developed at the initial AWW. <input type="checkbox"/> Update the list of risk factors and conditions for which interventions are recommended or underway. <input type="checkbox"/> Furnish personalized health advice and a referral as appropriate to health education or preventive counseling services or programs. <input type="checkbox"/> Provide any other element determined appropriate through the National Coverage Determination process.