



Guide to Telehealth Annual Wellness Visits (AWVs)

Reminder: A Welcome to Medicare visit is completed the first year the patient is on Medicare Part B.

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Introduction

Established in 2010 through the Affordable Care Act, Annual Wellness Visits were designed to encourage monitoring of physical and cognitive abilities, as well as development of plans associated with lessening the impact of increasing frailty on everyday life for elders. Several of the chronic conditions experienced by elders are typically not of acute onset. These conditions often display minor symptoms at earlier stages that may be missed if not specifically screened.

The Annual Wellness Visit is each provider's opportunity to spend focused time with their patients and

- Perform a health risk assessment
- Close “gaps in care” for immunizations, depression screening, fall risk, and other screenings
- Review the patient's chronic conditions and form an agreed-upon plan including treatment goals for the coming year
- Assure appropriate HCC coding of all chronic conditions.

During the COVID-19 outbreak, CMS placed Annual Wellness Visits on the list of approved services that can be administered via telehealth ([cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)).

The aim of this document is to help providers transition from in-person AWVs to telehealth visits. This document provides standard screening guidelines, portions may need to be adapted based on guidance by your local quality committee.

Annual Wellness Visits via Telehealth

Please note that Welcome to Medicare Visits (**G0402**) are NOT covered via Telehealth

Billable codes: **G0438** (Initial AWV) or **G0439** (Subsequent AWV)

Services can be completed by real-time audio/video communication or telephonically

Items that can be completed by clinical staff (MA, RN, etc.)

- Obtain and document patient verbal consent
- Document modality of visit (Zoom, Skype, etc.)
- Preventive screening schedule form (Addendum C)
 - Complete form to be scanned into AEHR
- Health risk assessment (HRA) form
 - Complete questionnaire with patient to be scanned into AEHR
- Reconcile medications, confirm with provider
- Obtain and document vitals provided by patient
 - Height (documented “as stated by patient”)
 - Weight (documented “as stated by patient”)
 - BMI calculation based on vitals provided by patient
 - Blood pressure (if patient not able to provide via home device, document why “unable to obtain due to telehealth restrictions”)
- Review and document patient medical, social, family histories

Items that can be completed by physician or APP

- Complete HPI (CHI initial/subsequent Medicare Annual Wellness Assessment template in AEHR)
 - Behavioral risk factors
 - Diet
 - Self-assessment of health status
 - Psychosocial risk factors
 - Functional ability and level of safety
 - List patient’s providers/suppliers
 - Preventive services
 - » Review preventive screening schedule form with patient and offer copy be mailed to patient
 - Administer preferred cognitive assessment tool (MMSE, MiniCog, etc.)
 - Advance directive planning
 - » If appropriate and patient agrees to discuss, may also bill ACP via telehealth
 - 16–45 minutes of ACP discussion **CPT 99497** (include time in note)
 - 46+ minutes of ACP discussion **CPT 99498** (include time in note)
- Document review of systems
- Please note that a physical exam is NOT required
- Document assessment plan discussion/summary

Clinical Staff Role

Remember a Welcome to Medicare visit is done the first year they are on Medicare Part B

We are unable to do Welcome to Medicare visits via Telehealth as it requires obtaining visual acuity and an EKG

- The clinical staff will fill out the preventive screening form for provider (Addendum C).
- Medications and allergies will be reconciled.
- Clinical staff can ask if the patient has the equipment at home to complete any vitals. If they are able to report, input as below.
 - If your EHR has a discreet field for home vital signs, input patient-reported vitals.
 - If not, vitals should be entered as text or as patient-reported in notes.
 - Do not enter under vitals tab.
- The clinical staff can discuss advance directives with the patient if they would like to discuss it. Please notify PCP when they take over to discuss.
- If physician/APP is working with clinical staff, the staff will schedule the mammograms, bone density, AAA; after the physician/APP reviews the completed preventive screening form (Addendum C) with patient and determines what needs to be ordered. Otherwise, the physician/APP will place orders to be deferred until the fall.
- The clinical staff will request records needed to update CQS.
 - Update immunizations in EHR; if patient refuses yearly influenza vaccines, the clinical staff will document that.
- The clinical staff will collect educational materials, such as fall prevention, Cologuard, BMI, and/or smoking cessation cards with information for scheduled appointments and a copy of the preventive screening form and prepare all to mail to patient.

Tips to help determine eligibility:

- Look in EHR to determine date of last AWV.
 - If prior screening was a Welcome to Medicare visit, patient is due for an initial screening.
 - If prior screening was an initial or subsequent screening, patient will be due for a subsequent screening.
- If patient has not had a prior Medicare Annual Wellness Visit, Part B start date can be viewed in the practice management system.
 - If the patient has supplement insurance, the nurse can look in the practice management system to determine when it became effective.
 - » **Remember a Welcome to Medicare visit is done the first year they are on Medicare Part B.** We do not schedule these patients for a telehealth visit, as a visual acuity and EKG is needed during the Welcome to Medicare exam.

Physician/APP* Role

Remember a Welcome to Medicare exam is done the first year they are on Medicare Part B

We are unable to do Welcome to Medicare visits via Telehealth as it requires obtaining visual acuity and an EKG.

- Review the health risk assessment (Addendum B) questions and questions entered in daily note (AWV note in EHR) that has been completed by clinical staff.
- Discuss any pertinent positives found that have not already been addressed with clinical staff
 - For example, discuss fall prevention if fall risk is positive.
- Review the preventive screening schedule form (Addendum C) that has been completed by the clinical staff and discuss what is due for the patient.
 - Lung cancer screening shared decision-making can be done and billed for during this visit.
 - » If preventative screenings require separate appointments, consider scheduling them in the fall.
 - Any clinical testing needed (AAA screening, mammograms, Dexa scans, etc.) can and should be ordered during AWV visit if due.
 - » Clinical staff is able to schedule these at time of AWV if order is placed. If clinical staff that is assisting provider with AWV is unable to schedule the patient at time of visit, use current office process for deferred orders.
 - Only Medicare is covering diabetic educator telehealth visits at this time. Need to clarify if all patients with AWV are eligible, if supplementary insurance makes a difference, etc.
- Discuss with the patient goals for care and management of risk factors and chronic disease (based on the assessment), discuss and document patient plan for health management.
- Physician/APP can also bill for advanced care planning (ACP) if at least 16 minutes was spent discussing advanced directives.
 - Advance care planning (ACP) is the face-to-face time a physician or other qualified health care professional spends with a patient, family member, or surrogate to explain and discuss advance directives.
- Physician/APP should document in the discussion/summary what is due, what has been ordered and what has been addressed.

*Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.

Addendum A

Billing Guidance

- Who is eligible for these visits:
 - Medicare covers an AWV for beneficiaries who are no longer within 12 months of the effective date of their first Medicare Part B coverage period
 - Patients who have not received an IPPE or an AWV providing PPS within the past 12 months
- Initial AWV is performed the first year after the IPPE and coded as **G0438**, with DX code **Z00.00** (general adult medical examination **without** abnormal findings) or **Z00.01** (general adult medical examination **with** abnormal findings)
 - Subsequent AWV is performed every year thereafter and is coded as **G0439**, with DX code **Z00.00** or **Z00.01**
- Patients' chronic diseases should be listed and coded according to HCC hierarchical coding.
- **AWV requirements: documentation must include all 10 of the following elements to be considered billable:**
 - 1 Health risk assessment
 - 2 Establishment of a current list of providers and suppliers
 - 3 Review of medical and family history
 - 4 Measurement of height, weight, BMI, and blood pressure (document: if there is a caregiver available or if patient knows weight, temperature, BP – if patient has a BP monitor; document what you can and keep in mind that a more detailed exam may be necessary in the future)
 - 5 Review of potential risk factors for depression and other mood disorders
 - 6 Review of functional ability and level of safety
 - 7 Detection of any cognitive impairment the patient may have
 - 8 Establishment of a written screening schedule (such as a checklist)
 - 9 Establishment of a list of risk factors
 - 10 Provision of personalized health advice and referral to appropriate health education or other preventive services

IPPE and AWV Billing		
Initial Preventative Physical Exam (IPPE) Cannot be done via telehealth Billing code: G0402 ICD-10: Z00.00 – Normal findings Z00.01 – Abnormal findings Depression screening: Z13.89 Reimbursement: \$150 (2013)	First Annual Wellness Visit (AWV) Billing code: G0438 ICD-10: Z00.00 – Normal findings Z00.01 – Abnormal findings Depression screening: Z13.89 Reimbursement: \$170	Subsequent AWVs Billing code: G0439 ICD-10: Z00.00 – Normal findings Z00.01 – Abnormal findings Depression screening: Z13.89 Reimbursement: \$110
Eligibility		
Within the first 12 months of Medicare Part B eligibility	After 12 months of Part B eligibility and more than 12 months since an IPPE (This is a once per lifetime service)	Every year after the first AWV (each AWV must be 11 full months after the month of the last AWV)
Provider		
Physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist)	Same as IPPE requirements or by a medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of medical professionals who are working under the direct supervision of a physician	

Addendum B

If available, use EHR Health Risk Assessment structured tool instead

Health Risk Assessment (HRA) for Use with Annual Wellness Visits

ALL FIELDS REQUIRED

Date of service: _____ Patient name: _____ DOB: _____

Member ID#: _____ Plan name: _____

Patient information / Demographic data

Age / Gender

Age: _____ Male Female

Race

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White: indicate if Hispanic/Latino

Self-assessment – Health status

Health risk assessment	Response	Document recommendations given to patient
In general, compared to other people your age, would you say that your health is:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	
Do you have any concerns about your health and conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they? _____	
Have you been diagnosed with any chronic medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate condition: <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Disease <input type="checkbox"/> Heart failure <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis / Location _____ Other _____	
Have you had any surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what surgeries? _____	
Have any close family members been diagnosed with a serious illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which illness? _____	
Have you had a flu shot?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date & location _____	
Have you had a pneumonia shot?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date & location _____	

Self-assessment – Falls

In the past 12 months, have you fallen 2 or more times?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date & location _____	
Are you afraid that you might fall, because of walking or balance problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Self-assessment – Activities of daily living (ADL)

In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate all that apply from list in first column)	
In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate all that apply from list in first column)	

Addendum B: Health Risk Assessment (continued)

Self-assessment – Nutrition		
Over the past 7 days, how many times did you eat fast food or snacks or pizza?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	
Over the past 7 days, how many servings of fruits or vegetables did you eat each day?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	
Over the past 7 days, how many sodas and sugar sweetened drinks (regular, not diet) did you drink each day?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	
Self-assessment – Medication		
How often do you have trouble taking medicines the way you have been told to take them?	<input type="checkbox"/> I do not have to take medicine <input type="checkbox"/> I always take them as prescribed <input type="checkbox"/> Sometimes I take them as prescribed <input type="checkbox"/> I seldom take them as prescribed	
Do you have any questions about your medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they _____ _____	
Self-assessment – Oral health / Hearing / Sleep / Physical activity		
How would you describe the condition of your mouth and teeth, including false teeth and dentures?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Do you have problems with your hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	
Do you snore or has anyone told you that you snore?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past 7 days, were you sleepy during the daytime?	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot	
On how many of the last 7 days did you engage in moderate to strenuous exercise (like a brisk walk)?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise at this level?	_____minutes	
Psychosocial risks – Depression / Stress / Social isolation / Personal loss / Anxiety / Pain & fatigue / Behavioral risks		
Over the past 2 weeks, how often have you felt down, depressed, or hopeless?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More days than not <input type="checkbox"/> Nearly every day	If answer is anything other than “not at all” provider needs to perform PHQ-9 (see page 10)
Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More days than not <input type="checkbox"/> Nearly every day	If answer is anything other than “not at all” provider needs to perform PHQ-9 (see page 10)
Choose the number (0-10) that best describes how much distress you have been experiencing in the past week including today.	<input type="checkbox"/> 0 (no distress) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
Do you feel lonely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often do you get the social and emotional support you need?	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot	
Have you suffered a personal loss or misfortune in the last year? (i.e.: a job loss, disability, divorce, separation, jail term, or death of someone close to you)	<input type="checkbox"/> No <input type="checkbox"/> Yes, one serious loss <input type="checkbox"/> Yes, two or more serious losses	
Over past 2 weeks, how often have you felt nervous, anxious, or on edge?	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot	

Addendum B: Health Risk Assessment (continued)

Psychosocial risks – Depression / Stress / Social isolation / Personal loss / Anxiety / Pain & fatigue / Behavioral risks (continued)

In the past 7 days, how much pain have you felt?	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot	
In the last 30 days, have you smoked cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the last 30 days, have you used a smokeless tobacco product	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex: How many different sexual partners have you had in the past year?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	
How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	
Do you drink alcohol?	_____ # of drinks per week	
Do you always fasten your seat belt when you are in a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you ever drive after drinking, or ride with a driver who has been drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Home safety

Is there anything in your home that makes moving around difficult?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are emergency numbers kept by the phone and regularly updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a friend, relative or neighbor who could help you for a few days, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you smoke in bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have smoke alarms in working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Patient priorities

Which of the previously discussed health topics is the most important one to talk to your doctor about today?	Which one(s)?	
Do you wish to discuss any end of life issues during this visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Provider information

Print provider name:	Group name:
Provider ID:	Tax ID number:
Provider address:	City, state, zip:
Provider signature:	
Check one <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other _____	Date: _____

Addendum B: Health Risk Assessment (continued)

PHQ-9 (To be completed if patient answered anything except “not at all” to the screening questions on page 8)	Scoring (0=0, 1=1, etc.)
Little interest or pleasure in doing things: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Feeling down, depressed, or hopeless: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Trouble falling or staying asleep, or sleeping too much: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Feeling tired or having little energy: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Poor appetite or overeating: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Feeling bad about yourself: or that you are a failure or have let yourself or your family down: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Trouble concentrating on things, such as reading the newspaper or watching television: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Moving or speaking so slowly that other people could have noticed. Or the opposite – being fidgety or restless that you have been moving around a lot more than usual: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	
Thoughts that you would be better off dead, or of hurting yourself in some way: [0 = not at all][1 = several days][2 = more than 7 days][3 = nearly every day]	

Biometric assessment	
Height, weight, BMI (body mass index)	HT _____ WT _____ BMI _____
Systolic/diastolic BP / blood lipids	HDL _____ LDL _____ total cholesterol _____ trig _____
Blood glucose	

Physician notes and summary comments		
Significant health risks and plans	Risk	Plan
Current additional providers and suppliers involved in care	Name	Type
Schedule for health screening	Procedure	Frequency
Further counseling provided		

Addendum C

Medicare Wellness Visit Preventive Screening Schedule

Patient's Name: _____ Date of Exam: _____ Patient's DOB: _____

Preventive Services (Frequency)	Who is Covered	Date Previously Tested	Optimal Screening Date
Bone Mass Measurement (every 24 months)	Medicare patients at risk for developing osteoporosis	Date / results	If scheduled, when and where, if patient declines or what discussion was
Cardiovascular Screening Blood Tests (every five years)	All asymptomatic Medicare patients (12-hour fast required)	Lipid panel, date, total cholesterol value	Per provider Can look in EHR
Colorectal Cancer Screening (recommended for 50-75 years) <ul style="list-style-type: none"> Screening colonoscopy (every 24 months at high risk – G0105; every 10 years not at high risk – G0121) Cologuard multi-target stool DNA (9s DNA) test (every three years) Flexible sigmoidoscopy (every four years, or once every 10 years after a screening colonoscopy) Fecal occult blood test (annually) 	<ul style="list-style-type: none"> Screening colonoscopy – those at high risk, beginning at age 50 (colonoscopy is the gold standard for screenings) Medicare coverage at most every 24 months Cologuard for ages 50-75, but patient must have NO colon cancer risk factors or symptoms. Should be the 2nd option if patient declines colonoscopy/flex sigmoid 	What screening performed, date, results and when to repeat	Date to repeat, discussion of options, what they decided: schedule or declined, can mark no further screenings due to age as well Call to get report if not on record if possible
Diabetes Screenings (two screening tests per year for patient diagnosed with prediabetes; one screening per year if previously tested but not diagnosed with prediabetes or if never tested) A1C 7.0 -9.0 % 3045F or A1C < 7.0% 3044F	Medicare patients with risk factors for diabetes or if never tested or previously tested with prediabetes	Glucose value / date A1c value / date	Six months if diabetic or prediabetic One year if normal
Hepatitis C Screening (one-time screening)	All adults ages 18-79 years	Date / results	UTD or due
Glaucoma Screening (annually for high-risk patients) Include name of optometrist or clinic if known	Patients with diabetes mellitus, family history of glaucoma, African-Americans age 50+, or Hispanic-Americans age 65+	Date (month/year, at a minimum) / results Family history of glaucoma? Pt report acceptable	Yearly for diabetics, document how often / when due, call to get report if diabetic
Prostate Cancer Screening (annually)	Need individualized discussion based on risk, family history and patient preference.	PSA level / date	Prostate specific antigen test, if determined by provider
Screening Mammography (annually)	<ul style="list-style-type: none"> One-time screening age 35-40 for baseline Annually age 40 and over Minimum recommendation is every two years for age 50-74 	Date / results	Date due Call to get results if recent
Smoking Cessation (at every visit) document cessation discussion Counseling documented 4004F or non-user 1036F	Medicare patients who use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease	If smoker, document discussed smoking cessation and if wants information or not	If non-smoker, can put line through, write N/A or nonsmoker; if previous smoker put age or date quit
Seasonal Influenza Vaccine (once per flu season) Administered G8482 or declined G8483	All Medicare patients	Date (can be pt report, need month and year)	Yearly
Pneumococcal Vaccines <ul style="list-style-type: none"> One dose of PCV13 and PPSV23 should be given at least one year apart (give PCV13 first) Patients with previous PPSV23: do PCV13 at least 12 months after PPSV23 administration Admin/previously received 4040F	<ul style="list-style-type: none"> If vaccination history is unknown, document unknown history in chart and treat patient as if no pneumococcal vaccines have been given After the first two doses, additional pneumococcal vaccinations may be provided based on risk if at least five years have passed since previous dose 	Date / which was completed	Put when due and which one due or UTD, can also put not age 65 if applicable

Addendum C: Medicare Wellness Visit Preventive Screening Schedule (continued)

Preventive Services (Frequency)	Who is Covered	Date Previously Tested	Optimal Screening Date
Shingrix (Zoster Vaccine) <ul style="list-style-type: none"> Two doses given two to six months apart, age 50+ Patients with previous Zostavax, give Shingrix at least two months from previous Zostavax administration (both doses of Shingrix recommended) 	Part D coverage only (given at pharmacy) Send prescription to patient's preferred pharmacy	Date / which one completed	Discuss Shingrix if patient has not had
Alcohol Misuse Screening and Counseling (annually or for those with positive screening 4x a year. Must be completed by physician or APC)	<ul style="list-style-type: none"> All Medicare beneficiaries are eligible for alcohol screening G0442 Medicare patients who screen positive are eligible for behavioral counseling for alcohol misuse G0443 4x a year 	You can document what they drink if they do, however we cannot bill for this	
Diabetes Self-Management Training (up to 10 hours of initial training within a continuous 12 month period; subsequent years up to two hours of follow-up training each year after initial year)	Medicare beneficiaries who are diagnosed with diabetes.	They can have this yearly, discuss with diabetic patients what it is and offer if they want. If ordering make sure on form to document any impairments they may have, hearing mobility, understanding, etc.	Document if declines or wants, complete referral form if they want
Lung Cancer Screening Counseling and annual screening for lung cancer with low-dose computed tomography (Requires a shared decision-making discussion with patient's PCP and the discussion MUST be documented in EHR) Use procedure code G0297 and diagnosis code Z87.891	Requirements: <ul style="list-style-type: none"> Must be age 55-77 Be asymptomatic of lung cancer Have at least a 30-pack/year history of smoking (one pack equals 20 cigarettes) number of years X packs smoked per day Must be a current smoker or have quit smoking within the last 15 years 	Date / results document years smoked and when they quit	When due, if declined, want to schedule or non-smoker
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) (once in a lifetime)	Requirements: <ul style="list-style-type: none"> No previous screening under Medicare Must have one of the two risk factors: <ul style="list-style-type: none"> Family history of AAA Men age 65-75 who smoked at least 100 cigarettes in lifetime 	Date / result If had echo or other testing, document that If had echo but never AAA and qualifies, can still have specific AAA screening done	When due, family history, smoking history, patient declines or wants to schedule

Provider Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Addendum D

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (as of August 16, 2019)

To be used in conjunction with USPSTF recommendation statements for additional details (see tables and references at <https://www.aafp.org/afp/PHCS>)

Only grade A/B recommendations are shown

Age 18 21 24 25 35 40 45 50 55 59 65 70 74 75 80

USPSTF screening recommendations

Alcohol misuse ¹	(B)															
Depression ²	(B)															
Hypertension ³	(A)															
Obesity/weight loss ⁴	(B) if BMI 30 kg per m ² or greater															
Tobacco use and cessation ⁵	(A)															
HIV infection ⁶	(A)												(A) if at increased risk			
Hepatitis B virus infection ⁷	(B) if at increased risk															
Syphilis ⁸	(A) if at increased risk															
Tuberculosis ⁹	(B) if at increased risk															
BRCA gene risk assessment ¹⁰	(B) if appropriate personal or family history of BRCA-related cancer or ancestry															
Chlamydia and gonorrhea ¹¹	(B) if sexually active				(B) if at increased risk											
Intimate partner violence ¹²	(B) women of childbearing age															
Cervical cancer ¹³	(A) See p. 3 for test options and screening intervals															
Abnormal glucose/type 2 diabetes mellitus ¹⁴	(B) if overweight or obese															
Hepatitis C virus infection ¹⁵	(B) if at high risk						(B) birth years 1945-1965				(B) if at high risk					
Colorectal cancer ¹⁶	(A)															
Breast cancer ¹⁷	(B) biennial screening															
Lung cancer ¹⁸	(B) if 30-pack-year history and current or former smoker (quit in past 15 years)															
Osteoporosis ¹⁹	(B) if postmenopausal and elevated risk										(B)					
Abdominal aortic aneurysm ²⁰	(B) if an "ever smoker"															

USPSTF preventive therapies recommendations

HIV preexposure prophylaxis ²¹	(A) if at high risk of HIV infection															
Primary prevention of breast cancer ²²	(B) if at increased risk and only after shared decision-making															
Folic acid supplementation ²³	(A) if capable of conceiving															
Statins for primary prevention of CVD ²⁴	(B) see criteria on p. 4															
Aspirin for primary prevention of CVD and colorectal cancer ²⁵	(B) if ≥ 10% 10-year CVD risk															
Fall prevention in community-dwelling older adults ²⁶	(B) exercise interventions if at increased fall risk															

USPSTF counseling recommendations

Sexually transmitted infection prevention ²⁷	(B) if at increased risk															
Diet/activity for CVD prevention ²⁸	(B) if overweight or obese and with additional CVD risk															
Skin cancer prevention ²⁹	(B) if fair skinned															

Legend

Normal risk

With specific risk factor

Recommendation for men and women
Recommendation for men only
Recommendation for women only

Recommendation grades

- A Recommended (likely significant benefit)
- B Recommended (likely moderate benefit)
- C Do not use routinely (benefit is likely small)
- D Recommended against (likely harm or no benefit)
- I Insufficient evidence to recommend for or against

BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.

Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carrilo C, and Clutter J.

Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

HIV RISK FACTORS

IV drug use	Sex with individuals who are IV drug users, bisexual, or HIV positive
Men who have sex with men	
Other STI	Unprotected sex, including anal intercourse
Requesting STI testing	
Sex exchanged for drugs or money	

Patients in whom to consider PrEP:

Sexually active men who have sex with men who have any of the following:

- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms during anal sex
- Syphilis, gonorrhea, or chlamydia infection in last six months

Sexually active heterosexual patients with any of the following:

- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms with high-risk partner
- Syphilis or gonorrhea infection in last six months

Injection drug users with any of the following:

- Shared drug-injection equipment
- Risks of infection through sex (see above)

IV = intravenous; PrEP = preexposure prophylaxis; STI = sexually transmitted infection.

CHLAMYDIA AND GONORRHEA RISK FACTORS

New or multiple sex partners	Sex exchanged for drugs or money
Other STI, including history of STI	Sexually active adolescents
Partner with STI	Unprotected sex or inconsistent condom use
Partners who have multiple sex partners	

STI = sexually transmitted infection.

CARDIOVASCULAR DISEASE RISK FACTORS

Diabetes mellitus	Metabolic syndrome
Dyslipidemia	Obesity
Family history	Tobacco use
Hypertension	

HEPATITIS C INFECTION RISK FACTORS

Blood transfusion before 1992	Intravenous or intranasal drug use
Chronic hemodialysis	
High-risk sexual behaviors	Maternal infection (concern for vertical transmission)
Incarceration	Unregulated tattoo

HEPATITIS B INFECTION RISK FACTORS

HIV infection	Men who have sex with men
Infected sex partner	Origin from regions* with prevalence \geq 2%
Intravenous drug use	
Living with an infected individual	U.S.-born children of immigrants from regions* with prevalence \geq 8%, if unvaccinated

**Risk of regions can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>*

BREAST CANCER RISK FACTORS

Consider use of a risk-assessment model for patients with a history of biopsy or positive family history

SYPHILIS RISK FACTORS

High-risk sexual behaviors	Men who have sex with men
Incarceration	Sex exchanged for money for drugs
Local prevalence	

TUBERCULOSIS RISK FACTORS

Health professionals*	Prisoners, including former
Homelessness, including former	Residents of high-risk regions, including former
Immunosuppression*	

**Evidence for screening not reviewed by the USPSTF because this is standard practice in public health and standard of care for patients with immunosuppression, respectively.*

SEXUALLY TRANSMITTED INFECTION RISK FACTORS

Similar to those risk factors listed previously for sexually transmitted infections; consider local and population-based prevalence in individual risk assessment

Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Adult Preventive Health Care Schedule: Recommendations from the USPSTF

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations):

Alcohol misuse screening¹

(B) Screen adults and provide brief behavioral interventions for risky alcohol use

Depression screening²

(B) Screen adults with systems for evaluation and management

Hypertension screening³

(A) Screen adults; exclude white coat hypertension before starting therapy

Obesity/weight loss screening⁴

(B) Refer obese adults to intensive behavioral interventions for weight loss

Tobacco use and cessation screening⁵

(A) Screen adults and provide behavior therapy and U.S. Food and Drug Administration–approved intervention therapy for cessation

(I) IETRFOA electronic nicotine delivery systems for tobacco cessation

HIV infection screening⁶

(A) Screen individuals 15 to 65 years of age

(A) Screen older and younger persons who are at increased risk

Hepatitis B virus infection screening⁷

(B) Screen adolescents and adults at high risk

Syphilis screening⁸

(A) Screen individuals at increased risk

Tuberculosis screening⁹

(B) Screen individuals at increased risk

BRCA-related cancer risk assessment/screening¹⁰

(B) Use a familial risk assessment tool (evaluated assessment tools listed in full text) in women with either:

- Personal or family history of breast, ovarian, tubal, or peritoneal cancers
- Ashkenazi Jewish ancestry (i.e., ancestry with increased risk of *BRCA* mutation)

For positive risk tools, offer genetic counseling and genetic testing, if indicated.

(D) Recommend against screening for patients without appropriate family history, personal history, or ancestry

Chlamydia and gonorrhea screening¹¹

(B) Screen sexually active women 24 years and younger, and women at increased risk who are 25 years and older

(I) IETRFOA screening sexually active males

Intimate partner violence screening¹²

(B) Screen women of childbearing age and refer to appropriate services

(I) IETRFOA screening all vulnerable and older adults for abuse or neglect

Cervical cancer screening¹³

(A) Screen women

- Age 21 to 29 every three years with cytology alone
- Frequency of screening may increase to every five years for women age 30 to 65 with cytology and high-risk human papillomavirus cotesting or high-risk human papillomavirus testing alone

(D) Recommend against screening in women

- Age 20 years and younger
- Older than 65 years if adequately screened previously and no increased risk of cervical cancer
- With hysterectomy (including cervix) without history of cervical intraepithelial neoplasia grade 2 or 3 or cervical cancer
- Younger than 30 years with human papillomavirus testing alone or in combination with cytology

Abnormal glucose and type 2 diabetes mellitus screening¹⁴

(B) Screen overweight or obese adults 40 to 70 years of age and refer patients with abnormal glucose levels for intensive counseling for healthy diet and exercise

Hepatitis C virus infection screening¹⁵

(B) Offer one-time screening of patients born between 1945 and 1965

(B) Screen patients at high risk

Colorectal cancer screening¹⁶

(A) Screen patients 50 to 75 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test

(C) Recommend against routine screening of patients 76 to 85 years of age

Breast cancer screening¹⁷

(B) Biennial screening mammography in women 50 to 74 years of age

(C) Screening is an individualized decision for women 40 to 49 years of age

(I) IETRFOA

- Mammography after 75 years of age
- Screening with digital breast tomosynthesis
- Adjunctive screening in women with dense breast tissue and negative screening mammogram

Lung cancer screening¹⁸

(B) Screen annually with low-dose computed tomography for individuals 55 to 80 years of age with a 30-pack-year history who currently smoke or quit within the past 15 years; consider overall health in decision to screen

Osteoporosis screening¹⁹

(B) Screen women 65 years and older

(B) Screen postmenopausal women if increased fracture risk shown with an osteoporosis risk tool (e.g., 8.4% in 10 years by U.S. FRAX tool)

(I) IETRFOA screening men

Abdominal aortic aneurysm screening²⁰

(B) Screen men 65 to 75 years of age who ever smoked (100 or greater lifetime cigarettes) with one-time abdominal aortic aneurysm ultrasonography

(C) Recommend selective screening of men 65 to 75 years who have never smoked

(I) IETRFOA women 65 to 75 years of age who ever smoked

(D) Recommend against routine screening in women 65 to 75 years who have never smoked

HIV prevention with PrEP²¹

(A) Offer PrEP to persons at high risk of infection. See original text for considerations in patient selection.

continues

CHD = coronary heart disease; CVD = cardiovascular disease; FRAX = Fracture Risk Assessment; IETRFOA = insufficient evidence to recommend for or against; PrEP = preexposure prophylaxis; USPSTF = U.S. Preventive Services Task Force.

Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations): (continued)

Primary prevention of breast cancer²²

- (B) Recommend shared decision-making for medications (such as tamoxifen and raloxifene) that reduce risk of breast cancer in women at increased risk
- (D) Recommend against routine use if no increased risk

Folic acid supplementation²³

- (A) 0.4 to 0.8 mg daily for women capable of conceiving

Statins for primary prevention of CVD²⁴

- (B) Recommend low- to moderate-dose statin therapy in patients meeting all three criteria:
 - (1) 40 to 75 years of age
 - (2) Dyslipidemia, diabetes, hypertension, or smoker
 - (3) 10-year CVD risk of 10% or greater
- (C) Consider low- to moderate-dose statin therapy in appropriate candidates meeting the first two criteria but with a 10-year CVD risk of 7.5% to 10%
- (I) IETRFOA initiating statin therapy after 75 years of age for primary prevention

Aspirin for primary prevention of CVD and colorectal cancer²⁵

- (B) Recommend low-dose aspirin for patients 50 to 59 years of age with a 10-year CVD risk of 10% or greater, appropriate bleeding risk, and life expectancy of at least 10 years
- (C) Recommend individualized decision-making for patients 60 to 69 years of age who meet the same criteria
- (I) IETRFOA low-dose aspirin for patients younger than 50 years or 70 years or older

Fall prevention in community-dwelling older adults²⁶

- (B) Recommend exercise interventions for individuals 65 years and older at increased risk of falls
- (C) Recommend multifactorial interventions for appropriate individuals 65 years and older; see Clinical Considerations in original recommendation statement for patient selection
- (D) Recommend against vitamin D supplementation for fall prevention

Counseling to prevent sexually transmitted infection²⁷

- (B) Recommend counseling to prevent sexually transmitted infection for adolescents and adults at increased risk

Counseling to promote healthy diet and physical activity²⁸

- (B) Recommend that overweight or obese patients with other CVD risk factor(s) be offered or referred for intensive behavioral counseling

Counseling for skin cancer prevention²⁹

- (B) Recommend counseling fair-skinned patients six months to 24 years of age about minimizing ultraviolet radiation
- (C) Recommend selectively counseling fair-skinned patients older than 24 years about minimizing exposure to ultraviolet radiation
- (I) IETRFOA counseling adults about skin self-examination

Grade C Recommendations:

- Physical activity and healthy diet counseling to reduce cardiovascular risk in adults without obesity or known CVD risk factors³⁰
- Prostate cancer screening with prostate-specific antigen testing in men 55 to 69 years of age after shared decision-making³¹

Grade D Recommendations:

- Bacteriuria (asymptomatic) screening in men and nonpregnant women³²
- Beta carotene or vitamin E supplementation for CVD or cancer risk reduction³³
- Carotid artery stenosis screening³⁴
- CVD screening with resting or exercise electrocardiography in low-risk patients³⁵
- Chronic obstructive pulmonary disease screening with spirometry³⁶
- Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy³⁷
- Genital herpes screening³⁸
- Ovarian cancer screening³⁹
- Pancreatic cancer screening⁴⁰
- Prostate cancer screening with prostate-specific antigen testing in men 70 years and older³¹
- Testicular cancer screening⁴¹
- Thyroid cancer screening⁴²
- Vitamin D (≤ 400 IU) and calcium ($\leq 1,000$ mg) supplementation daily for primary prevention of fracture in postmenopausal women⁴³

Grade I Statements:

- Atrial fibrillation screening with electrocardiography⁴⁴
- Bladder cancer screening⁴⁵
- Celiac disease screening⁴⁶
- CVD screening in patients with nontraditional risk factors⁴⁷
- CVD screening with resting or exercise electrocardiography in intermediate- to high-risk patients³⁵
- Chronic kidney disease screening⁴⁸
- Cognitive impairment screening in older adults⁴⁹
- Gynecologic condition screening with pelvic examination⁵⁰
- Hearing loss screening in older adults⁵¹
- Illicit drug use screening⁵²
- Impaired visual acuity screening in older adults⁵³
- Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)³³
- Obstructive sleep apnea screening⁵⁴
- Oral cancer screening⁵⁵
- Peripheral artery disease and CVD risk screening with ankle-brachial index⁵⁶
- Primary open-angle glaucoma screening⁵⁷
- Primary prevention of fractures with vitamin D and calcium supplementation (alone or combined; dose unspecified) in men or premenopausal women, and in postmenopausal women with daily dosages > 400 IU of vitamin D and $> 1,000$ mg of calcium⁴³
- Skin cancer screening⁵⁸
- Suicide risk screening⁵⁹
- Thyroid dysfunction screening⁶⁰
- Vitamin D deficiency screening in community-dwelling nonpregnant adults⁶¹

CHD = coronary heart disease; CVD = cardiovascular disease; IETRFOA = insufficient evidence to recommend for or against; USPSTF = U.S. Preventive Services Task Force.

Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

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Addendum D: Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

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