

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

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**COUNSELING AND REFERRAL OF OTHER PREVENTIVE SERVICES**

*(Italic type indicates deductible and co-insurance are waived.)*

SERVICE	LIMITATIONS	RECOMMENDATION	SCHEDULED
<b>Vaccines</b> <ul style="list-style-type: none"> <li>• Pneumococcal (once after 65)</li> <li>• Influenza (annually)</li> <li>• Hepatitis B (if medium/high risk)</li> </ul>	Medium/high risk factors: End-stage renal disease Hemophiliacs who received Factor VIII or IX concentrates Clients of institutions for the mentally retarded Persons who live in the same house as a HepB virus carrier Homosexual men Illicit injectable drug abusers		
<i>Mammogram (biennial age 50-74)</i>	Annually (age 40 or over)		
<i>Pap and pelvic exams (up to age 70 and after 70 if unknown history or abnormal study last 10 years)<sup>1</sup></i>	Every 24 months except high risk		
<b>Prostate cancer screening (annually to age 75)</b> Digital rectal exam (DRE) <i>Prostate specific antigen (PSA)</i>	Annually (age 50 or over), DRE not paid separately when covered E/M service is provided on same date		
<b>Colorectal cancer screening (to age 75)</b> <ul style="list-style-type: none"> <li>• <i>Fecal occult blood test (annual)</i></li> <li>• <i>Flexible sigmoidoscopy (5y)</i></li> <li>• <i>Screening colonoscopy (10y)</i></li> <li>• <i>Barium enema</i></li> </ul>			
<b>Diabetes self-management training (no USPSTF recommendation)</b>	Requires referral by treating physician for patient with diabetes or renal disease. 10 hours of initial DSMT sessions of no less than 30 minutes each in a continuous 12-month period. 2 hours of follow-up DSMT in subsequent years.		
<i>Bone mass measurements (age 65 &amp; older, biennial)</i>	Requires diagnosis related to osteoporosis or estrogen deficiency. Biennial benefit unless patient has history of long-term glucocorticoid tx or baseline is needed because initial test was by other method.		
<b>Glaucoma screening (no USPSTF recommendation)</b>	Diabetes mellitus, family history African American, age 50 or over Hispanic American, age 65 or over		
<i>Medical nutrition therapy for diabetes or renal disease (no recommended schedule)</i>	Requires referral by treating physician for patient with diabetes or renal disease. Can be provided in same year as diabetes self-management training (DSMT), and CMS recommends medical nutrition therapy take place after DSMT. Up to 3 hours for initial year and 2 hours in subsequent years.		

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SERVICE	LIMITATIONS	RECOMMENDATION	SCHEDULED
<p><i>Cardiovascular screening blood tests (every 5 years)</i></p> <ul style="list-style-type: none"> <li>• Total cholesterol</li> <li>• High-density lipoproteins</li> <li>• Triglycerides</li> </ul>	Order as a panel if possible.		
<p><i>Diabetes screening tests (at least every 3 years, Medicare covers annually or at 6-month intervals for prediabetic patients)</i></p> <ul style="list-style-type: none"> <li>• Fasting blood sugar (FBS) or glucose tolerance test (GTT)</li> </ul>	<p>Patient must be diagnosed with one of the following:</p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Dyslipidemia</li> <li>• Obesity (BMI <math>\geq 30</math> kg/m<sup>2</sup>)</li> <li>• Previous elevated impaired FBS or GTT</li> </ul> <p>... or any two of the following:</p> <ul style="list-style-type: none"> <li>• Overweight (BMI <math>\geq 25</math> but <math>&lt; 30</math>)</li> <li>• Family history of diabetes</li> <li>• Age 65 years or older</li> <li>• History of gestational diabetes or birth of baby weighing more than 9 pounds</li> </ul>		
<p><i>Abdominal aortic aneurysm screening (once)</i></p> <ul style="list-style-type: none"> <li>• Sonogram</li> </ul>	<p>Patient must be referred through IPPE and not have had a screening for abdominal aortic aneurysm before under Medicare. Limited to patients who meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Men who are 65-75 years old and have smoked more than 100 cigarettes in their lifetime</li> <li>• Anyone with a family history of abdominal aortic aneurysm</li> <li>• Anyone recommended for screening by the USPSTF</li> </ul>		
<p><i>HIV screening (annually for increased risk patients)</i></p> <ul style="list-style-type: none"> <li>• HIV-1 and HIV-2 by EIA, ELISA, rapid antibody test or oral mucosa transudate</li> </ul>	Patient must be at increased risk for HIV infection per USPSTF guidelines or pregnant. Tests covered annually for patients at increased risk. Pregnant patients may receive up to 3 tests during pregnancy.		
<p><i>Smoking cessation counseling (up to 8 sessions per year)</i></p> <ul style="list-style-type: none"> <li>• Counseling greater than 3 and up to 10 minutes</li> <li>• Counseling greater than 10 minutes</li> </ul>	Patients must be asymptomatic of tobacco-related conditions to receive as a preventive service.		
<i>Subsequent annual wellness visit</i>	At least 12 months since last AWW		

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Recommendation of American Cancer Society; see <http://www.uspreventiveservicestaskforce.org/3rduspstf/cervcan/cervcanr.htm#clinical> for more information.