



of Tennessee

1 Cameron Hill Circle
Chattanooga, TN 37402

bcbst-medicare.com

Provider Assessment Form

Fax: 1-877-922-2963

First Name: _____ Last Name _____ Member ID: _____

Patient DOB: _____ / _____ / _____ Sex: Female Male Date of Service: _____ / _____ / _____
Month Day Year Month Day Year

Race/Ethnicity: Hispanic/Latino American Indian Alaska Native
 Black - African American African Asian
 Asian Indian Native Hawaiian Other Pacific Islander
 White/Caucasian Other

Provider Information

Provider Name: _____	Office Phone Number: _____
NPI ID: _____ Tax ID: _____	City: _____ State: _____ Zip Code: _____

✓ If Applicable

✓	Condition	Comment
<input type="checkbox"/>	Amputation	
<input type="checkbox"/>	Asthma/Allergies	
<input type="checkbox"/>	Autoimmune Disease	
<input type="checkbox"/>	Bleeding Disorders	
<input type="checkbox"/>	Cancer	
<input type="checkbox"/>	Cardiac Arrhythmias/Pacemaker	
<input type="checkbox"/>	Cataracts/Glaucoma	
<input type="checkbox"/>	COPD/Emphysema/Bronchitis	
<input type="checkbox"/>	CVA/TIA	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	GI Disease	
<input type="checkbox"/>	Heart Disease (CHF, CAD, MI)	
<input type="checkbox"/>	Hypertension	
<input type="checkbox"/>	Hyperlipidemia/Hypercholesterolemia	
<input type="checkbox"/>	Infectious Diseases	
<input type="checkbox"/>	Kidney Disease	
<input type="checkbox"/>	Musculoskeletal Disease	
<input type="checkbox"/>	Obesity	
<input type="checkbox"/>	Osteoarthritis	
<input type="checkbox"/>	Osteoporosis/Fracture History	
<input type="checkbox"/>	Ostomies/Artificial Openings	
<input type="checkbox"/>	Paralysis	
<input type="checkbox"/>	Psychological/Emotional Disorders	
<input type="checkbox"/>	Rheumatoid Arthritis	
<input type="checkbox"/>	Seizures/Convulsions/Epilepsy	
<input type="checkbox"/>	Serious Injury/Accidents	
<input type="checkbox"/>	Sinus Disorders	
<input type="checkbox"/>	Sleep Disorders	
<input type="checkbox"/>	Thyroid Disease	

Patient Name: _____ Patient Date of Birth: ____/____/____ Date of Service: ____/____/____
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<input checked="" type="checkbox"/>	Condition	Comment
<input type="checkbox"/>	Vascular Disease	
<input type="checkbox"/>	Other	

✓ If Applicable

<input checked="" type="checkbox"/>	Social History	Comment
<input type="checkbox"/>	Alcohol/Drug Use	
<input type="checkbox"/>	Tobacco Use	
<input type="checkbox"/>	Diet/Physical Activity	
<input type="checkbox"/>	Sexual History	
<input type="checkbox"/>	High-Risk Lifestyle	

✓ If Applicable

Family History					
Cancer	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Sibling	<input type="checkbox"/> Children
Diabetes	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Sibling	<input type="checkbox"/> Children
Heart Disease	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Sibling	<input type="checkbox"/> Children
Hypertension	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Sibling	<input type="checkbox"/> Children
Other	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Sibling	<input type="checkbox"/> Children

Surgeries	Date

Current Medications	Dosage

Current Medications	Dosage

Allergies:

Vital Signs			
B/P _____	Height _____" (inches)	Weight _____	BMI _____

Preventive Services/HEDIS Measures	Date Test Completed	Findings/Recommendations/Results
Cardiovascular Conditions:		
Control of blood pressure (<140/90)	MM/DD/YYYY	Result:
Testing and Control of LDL-C (<100mg)		Result:
Echocardiogram		Result:

Patient Name: _____ Patient Date of Birth: ____/____/____ Date of Service: ____/____/____
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Preventive Services/HEDIS Measures	Date Test Completed	Findings/Recommendations/Results
Stress Test		Result:
Chronic Conditions:		
Member with Diagnosis of Rheumatoid Arthritis		
Prescribe Disease-Modifying Antirheumatic Drug (DMARD) Treatment		
Spirometry Testing for COPD		
Osteoporosis Screening and Management after Fracture		
Bone Mineral Density Test Completed or Medication Prescribed to Treat Osteoporosis Within Six (6) Months After a Fracture		
Diabetes Care:		
Diabetic Retinal Eye Exam (Name and Specialty of Eye Care Professional)		
Testing and Control of HbA1c (<9)		Result:
LDL-C Testing with results <100mg		Result:
Control of Blood Pressure <140/90		Result:
Medical Attention for Nephropathy		
Microalbumin Test		
Macroalbumin Test		
Or		
Prescribe a Renin Angiotension System (RAS) Antagonist Medication		Name of Prescription: Name of Nephrologists:
Patient with Hypertension and Diabetes Mellitus Diagnosis:		
Prescribe a Renin Angiotension System (RAS) Antagonist Medication		Name of Prescription:
Medication Management:		
Annual Monitoring of Persistent Medications (ACE/ARB, Digoxin, Diuretics, Anticonvulsants):		
Serum Potassium		
Serum Creatinine		
Blood Urea Nitrogen		
Drug Serum Concentration		
Prevention and Screenings		
Welcome to Medicare Exam or Annual Physical/Wellness Exam		
Annual Mammography (<i>Exclusion due to Bilateral Mastectomy</i>)		
Colorectal Cancer Screening		
Colonoscopy		
Flex Sigmoidoscopy		
Guaiac Fecal-Occult Blood Test (<i>gFOBT</i>) or Immunological Fecal Occult Blood Test (<i>iFOBT</i>)		
Exclusion due to:		
Colorectal Cancer		

Preventive Services/HEDIS Measures	Date Test Completed	Findings/Recommendations/Results
Total Colostomy		
Annual Glaucoma Screening (<i>Name and Specialty of Eye Care Professional</i>)		
Adult Body Mass Index Assessment		
PAP and Pelvic Examination		
Cervical Cancer Screening		
Chlamydia Screening		
Prostate Cancer Screening		
Immunizations:		
Influenza		
Pneumococcal		
Hepatitis B		
Tetanus		

Other Assessments/Counseling	Date Discussed with Patient	Findings/Recommendation/Results
Pain Screening:		
Comprehensive Pain Assessment		
Evidence of Pain Management		
Functional Status Assessment:		
Assessment of instrumental activities of daily living (ADLs) such as shopping, meal preparation, using public transportation, housework, home repair, laundry, taking medications or handling finances; or		
Assessment of ADLs such as bathing, dressing, eating, transferring, using toilet, walking; or		
Results using a standardized functional status assessment tool; or		
Assessment of three of the following four components: cognitive status, ambulation status, sensory ability, other functional independence such as exercise, ability to perform job		
Fall Risk Assessment		
Physical Activity		
Urinary Incontinence		
Medication Review and Medication List Updated		
Medication Review for Potentially Harmful Drug-Disease Interactions in the Elderly		
Medication Review for Use of High-Risk Medications in the Elderly		
Aspirin Use Discussion		
Hypnotic Use: Zolpidem Ambien Other		
Nausea Use: Phenergan		

Other Assessments/Counseling	Date Discussed with Patient	Findings/Recommendation/Results
Promethazine Hydralazine Dramamine Meclizine Other		
Muscle Relaxants Use: Metaxalone Cyclobenzaprine Other		
Anxiolytics Use: Lorazepam Diazepam Clorazepate Dipotassium Meprobamate Other		
Advance Directive <i>Living Will</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
How does the patient maintain a good energy level? (e.g., appropriate exercise, daily walks, stretching)		
How does the patient maintain positive mental well-being? (e.g., social interaction, puzzles/games, visiting family/friends)		
Seasonal Allergy:		
OTC Antihistamines Benadryl Diphenhydramine Other Nasal Corticosteroid Fluticasone Other		
Inhaler evaluation: Review usage, when/how		

***Within Normal Limits**

Physical Examination	WNL*	Abnormal	Findings
General Appearance			
Head, Ears, Eyes, Nose and Throat (HEENT)			
Cardiovascular			
Respiratory			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Skin			
Neurological			
Hematologic/Lymphatic/Immune			

**UNS - - Unspecified

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Diagnoses (check all significant diagnoses that apply for patient):

Artificial Openings							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Colostomy	V44.3	<input type="checkbox"/>	<input type="checkbox"/>	Tracheotomy	V44.0
<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>		

Circulatory System/Cardiac							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Angina pectoris, NOS	413.9	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension, UNS	401.9
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal aortic aneurysm w/o mention of rupture	441.4	<input type="checkbox"/>	<input type="checkbox"/>	History of CVA	V12.54
<input type="checkbox"/>	<input type="checkbox"/>	Atrial fibrillation	427.31	<input type="checkbox"/>	<input type="checkbox"/>	Late effect of CVA (note the late effect)	438.xx
<input type="checkbox"/>	<input type="checkbox"/>	Bradycardia	427.89	<input type="checkbox"/>	<input type="checkbox"/>	Myocardial infarction, old	412
<input type="checkbox"/>	<input type="checkbox"/>	Cardiomegaly	429.3	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker, cardiac	V45.01
<input type="checkbox"/>	<input type="checkbox"/>	Cardiomyopathy (other primary)	425.4	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral vascular disease, UNS (not 2nd to DM)	443.9
<input type="checkbox"/>	<input type="checkbox"/>	Coronary atherosclerosis w/o CABG	414.01	<input type="checkbox"/>	<input type="checkbox"/>	Phlebitis, deep, lower extremity, other	451.19
<input type="checkbox"/>	<input type="checkbox"/>	Chronic ischemic heart disease, UNS	414.9	<input type="checkbox"/>	<input type="checkbox"/>	Tachycardia	785.0
<input type="checkbox"/>	<input type="checkbox"/>	Chronic venous embolism and thrombosis, lower extremity	453.50	<input type="checkbox"/>	<input type="checkbox"/>	Transient ischemic attack, UNS	435.9
<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure, UNS	428.0	<input type="checkbox"/>	<input type="checkbox"/>	Venous insufficiency, UNS	459.81
<input type="checkbox"/>	<input type="checkbox"/>	Deep vein thrombosis, NOS	453.40	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Heart valve, artificial	V43.3	<input type="checkbox"/>	<input type="checkbox"/>		

Digestive System							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Chronic hepatitis, UNS	571.40	<input type="checkbox"/>	<input type="checkbox"/>	Esophageal varices with mention of bleeding	456.1
<input type="checkbox"/>	<input type="checkbox"/>	Chronic pancreatitis	577.1	<input type="checkbox"/>	<input type="checkbox"/>	Gastroenteritis and colitis	558.9
<input type="checkbox"/>	<input type="checkbox"/>	Cirrhosis of liver (alcoholic)	571.2	<input type="checkbox"/>	<input type="checkbox"/>	Gastroesophageal reflux	530.81
<input type="checkbox"/>	<input type="checkbox"/>	Cirrhosis of liver without mention of alcohol	571.5	<input type="checkbox"/>	<input type="checkbox"/>	Hematemesis	578.0
<input type="checkbox"/>	<input type="checkbox"/>	Constipation, UNS	564.0	<input type="checkbox"/>	<input type="checkbox"/>	Hernia, hiatal, noncongenital	553.3
<input type="checkbox"/>	<input type="checkbox"/>	Crohn's disease, UNS	555.9	<input type="checkbox"/>	<input type="checkbox"/>	Hernia, inguinal, NOS	550.90
<input type="checkbox"/>	<input type="checkbox"/>	Diverticulitis of colon, NOS	562.11	<input type="checkbox"/>	<input type="checkbox"/>	Peptic ulcer disease, UNS	533.90
<input type="checkbox"/>	<input type="checkbox"/>	Diverticulosis of colon, NOS	562.10	<input type="checkbox"/>	<input type="checkbox"/>	Ulcerative colitis, UNS	556.9
<input type="checkbox"/>	<input type="checkbox"/>	Dyspepsia	536.8	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Esophagitis, UNS	530.10	<input type="checkbox"/>	<input type="checkbox"/>		

Endocrine, Nutritional Disorders							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus w/o complications	250.0x	<input type="checkbox"/>	<input type="checkbox"/>	Gangrene	785.4
<input type="checkbox"/>	<input type="checkbox"/>	DM with renal manifestation	250.4x	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral angiopathy	443.81
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Kidney Disease	585.x	<input type="checkbox"/>	<input type="checkbox"/>	DM with other specified manifestation	250.8x
<input type="checkbox"/>	<input type="checkbox"/>	Nephropathy, NOS	583.81	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer (skin) - note site	707.xx

Endocrine, Nutritional Disorders							
<input type="checkbox"/>	<input type="checkbox"/>	DM with ophthalmic manifestation	250.5x	<input type="checkbox"/>	<input type="checkbox"/>	Glucose intolerance	790.2
<input type="checkbox"/>	<input type="checkbox"/>	Retinopathy, background	362.01	<input type="checkbox"/>	<input type="checkbox"/>	Hyperlipidemia, NOS	272.4
<input type="checkbox"/>	<input type="checkbox"/>	Retinopathy, proliferative	362.02	<input type="checkbox"/>	<input type="checkbox"/>	Hypothyroidism, NOS	244.9
<input type="checkbox"/>	<input type="checkbox"/>	DM with neurological manifestation	250.6x	<input type="checkbox"/>	<input type="checkbox"/>	Malnutrition (calorie)	263.9
<input type="checkbox"/>	<input type="checkbox"/>	Gastroparesis	536.3	<input type="checkbox"/>	<input type="checkbox"/>	Obesity, UNS	278.00
<input type="checkbox"/>	<input type="checkbox"/>	Peripheral autonomic neuropathy	337.1	<input type="checkbox"/>	<input type="checkbox"/>	Morbid Obesity	278.01
<input type="checkbox"/>	<input type="checkbox"/>	Polyneuropathy	357.2	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	DM with peripheral circulatory	250.7x	<input type="checkbox"/>	<input type="checkbox"/>		

Genitourinary							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Benign prostatic hypertrophy	600.0	<input type="checkbox"/>	<input type="checkbox"/>	Hematuria, UNS	599.70
<input type="checkbox"/>	<input type="checkbox"/>	Calculus of kidney/ureter	592	<input type="checkbox"/>	<input type="checkbox"/>	Hypertensive chronic kidney disease, UNS	403.91
<input type="checkbox"/>	<input type="checkbox"/>	Chronic kidney disease, stage 1-5	585.x	<input type="checkbox"/>	<input type="checkbox"/>	Ileostomy	V44.2
<input type="checkbox"/>	<input type="checkbox"/>	Chronic kidney disease, UNS	585.9	<input type="checkbox"/>	<input type="checkbox"/>	Renal dialysis status A-V shunt or peritoneal	V45.11
<input type="checkbox"/>	<input type="checkbox"/>	Cystostomy	V44.5x	<input type="checkbox"/>	<input type="checkbox"/>	Renal failure, UNS	586
<input type="checkbox"/>	<input type="checkbox"/>	Erectile dysfunction (not 2nd to DM)	607.84	<input type="checkbox"/>	<input type="checkbox"/>	Noncompliance with renal dialysis	V45.12
<input type="checkbox"/>	<input type="checkbox"/>	End stage renal disease	585.6	<input type="checkbox"/>	<input type="checkbox"/>	Urinary tract infection	599.0
<input type="checkbox"/>	<input type="checkbox"/>	Gastrostomy	V44.1	<input type="checkbox"/>	<input type="checkbox"/>	Other	

Mental Disorders							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol abuse, UNS	305.00	<input type="checkbox"/>	<input type="checkbox"/>	Drug abuse, UNS	305.90
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol dependence, UNS	303.90	<input type="checkbox"/>	<input type="checkbox"/>	Drug dependence, UNS	304.90
<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's disease	331.0	<input type="checkbox"/>	<input type="checkbox"/>	Major depressive disorder, single, UNS	296.20
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety state, UNS	330.00	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia, NOS	295.90
<input type="checkbox"/>	<input type="checkbox"/>	Bipolar disorder, NOS	296.80	<input type="checkbox"/>	<input type="checkbox"/>	Hypnotics,	
<input type="checkbox"/>	<input type="checkbox"/>	Dementia, senile, NOS	290.0	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use disorder, UNS	305.10
<input type="checkbox"/>	<input type="checkbox"/>	Depressive disorder, NOS	311	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Depression with anxiety	300.4				

Musculoskeletal							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Amputation status, lower limb, UNS level	V49.70	<input type="checkbox"/>	<input type="checkbox"/>	Myalgia, UNS	729.1
<input type="checkbox"/>	<input type="checkbox"/>	Arthropathy, UNS	716.90	<input type="checkbox"/>	<input type="checkbox"/>	Osteoarthritis, UNS	715.90
<input type="checkbox"/>	<input type="checkbox"/>	Ankylosing spondylitis	720.0	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis, UNS	733.00
<input type="checkbox"/>	<input type="checkbox"/>	Arthralgia, site UNS	719.40	<input type="checkbox"/>	<input type="checkbox"/>	Pain in limb	729.5
<input type="checkbox"/>	<input type="checkbox"/>	Back pain, UNS	724.5	<input type="checkbox"/>	<input type="checkbox"/>	Polymyalgia rheumatica	725
<input type="checkbox"/>	<input type="checkbox"/>	Fracture, arm (closed)	818.0	<input type="checkbox"/>	<input type="checkbox"/>	Polyneuropathy in collagen vascular disease	357.1
<input type="checkbox"/>	<input type="checkbox"/>	Fracture, leg (closed)	827.0	<input type="checkbox"/>	<input type="checkbox"/>	Prosthetic joint replacement	V43.6
<input type="checkbox"/>	<input type="checkbox"/>	Fracture, vertebra traumatic, w/o mention of spinal cord	805	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid arthritis	714.0

Musculoskeletal							
		injury					
<input type="checkbox"/>	<input type="checkbox"/>	Fracture, vertebra nontraumatic, osteoporotic, pathologic	733.13	<input type="checkbox"/>	<input type="checkbox"/>	Symptomatic inflammatory myopathy in diseases classified elsewhere	359.6
<input type="checkbox"/>	<input type="checkbox"/>	Fracture, other		<input type="checkbox"/>	<input type="checkbox"/>	Systemic lupus erythematosus	710.0
<input type="checkbox"/>	<input type="checkbox"/>	Hemiplegia and hemiparesis, UNS	342.9x	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Low back pain	724.2	<input type="checkbox"/>	<input type="checkbox"/>		

Neoplasm – Active Condition							
*indicate benign vs. malignant, primary vs. secondary, exact site							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Malignant		<input type="checkbox"/>	<input type="checkbox"/>	Prostate, primary	185
<input type="checkbox"/>	<input type="checkbox"/>	Bladder, UNS	239.4	<input type="checkbox"/>	<input type="checkbox"/>	Secondary malignant neoplasm, bone and bone marrow	198.5
<input type="checkbox"/>	<input type="checkbox"/>	Bone, UNS	239.2	<input type="checkbox"/>	<input type="checkbox"/>	Secondary malignant neoplasm, brain and spinal cord	198.3
<input type="checkbox"/>	<input type="checkbox"/>	Breast, female, UNS	239.3	<input type="checkbox"/>	<input type="checkbox"/>	Skin melanoma, site UNS	172.9
<input type="checkbox"/>	<input type="checkbox"/>	Cervix, UNS	239.5	<input type="checkbox"/>	<input type="checkbox"/>	Skin, primary, site UNS	173.9
<input type="checkbox"/>	<input type="checkbox"/>	Colon, UNS	239.0	<input type="checkbox"/>	<input type="checkbox"/>	Uterine, UNS	239.5
<input type="checkbox"/>	<input type="checkbox"/>	Hodgkin's disease, NOS	201.90	<input type="checkbox"/>	<input type="checkbox"/>	Other primary:	
<input type="checkbox"/>	<input type="checkbox"/>	Leukemia, UNS w/o remission	208.90	<input type="checkbox"/>	<input type="checkbox"/>	Benign	
<input type="checkbox"/>	<input type="checkbox"/>	Liver, specified as secondary	197.7	<input type="checkbox"/>	<input type="checkbox"/>	Colon	211.3
<input type="checkbox"/>	<input type="checkbox"/>	Lung, UNS	239.1	<input type="checkbox"/>	<input type="checkbox"/>	Lipoma, UNS site	214.9
<input type="checkbox"/>	<input type="checkbox"/>	Neoplasm of liver and intrahepatic bile ducts	155.2	<input type="checkbox"/>	<input type="checkbox"/>	UNS Site	229.9
<input type="checkbox"/>	<input type="checkbox"/>	Neoplasm without specification of site	199.x	<input type="checkbox"/>	<input type="checkbox"/>	Metastatic – note site/use code book	
<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>		

Nervous System & Sense Organs							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Bell's palsy	351.0	<input type="checkbox"/>	<input type="checkbox"/>	Tremor, essential/familial	333.1
<input type="checkbox"/>	<input type="checkbox"/>	Carpal tunnel syndrome	354.0	<input type="checkbox"/>	<input type="checkbox"/>	Eye Diseases	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy, UNS/Seizure disorder, NOS	345.90	<input type="checkbox"/>	<input type="checkbox"/>	Cataract, senile, UNS (not 2nd to DM)	366.10
<input type="checkbox"/>	<input type="checkbox"/>	Hemiplegia and hemiparesis, residual effect of stroke	438.2x	<input type="checkbox"/>	<input type="checkbox"/>	Conjunctivitis, UNS	372.30
<input type="checkbox"/>	<input type="checkbox"/>	Hemiplegia and hemiparesis, UNS	342.90	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma, UNS (not 2nd to DM)	365.9
<input type="checkbox"/>	<input type="checkbox"/>	Migraine, UNS, not intractable	346.90	<input type="checkbox"/>	<input type="checkbox"/>	Visual loss, UNS	369.9
<input type="checkbox"/>	<input type="checkbox"/>	Multiple sclerosis	340	<input type="checkbox"/>	<input type="checkbox"/>	Ear Diseases	
<input type="checkbox"/>	<input type="checkbox"/>	Paraplegia of lower extremities	344.1	<input type="checkbox"/>	<input type="checkbox"/>	Cerumen impaction	380.4
<input type="checkbox"/>	<input type="checkbox"/>	Parkinsonism, primary	332.0	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	389.9
<input type="checkbox"/>	<input type="checkbox"/>	Peripheral neuropathy, UNS	356.9	<input type="checkbox"/>	<input type="checkbox"/>	Otitis media, acute	382.00
<input type="checkbox"/>	<input type="checkbox"/>	Seizure, NOS	780.39	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, central	386.2
<input type="checkbox"/>	<input type="checkbox"/>	Sleep apnea, obstructive	327.23	<input type="checkbox"/>	<input type="checkbox"/>	Other	

Respiratory System							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, UNS	493.90	<input type="checkbox"/>	<input type="checkbox"/>	Pharyngitis, acute	462

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Respiratory System							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis, acute	466.0	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia, organism UNS	486
<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis, chronic, UNS	491.9	<input type="checkbox"/>	<input type="checkbox"/>	Rhinitis, allergic, cause UNS	477.9
<input type="checkbox"/>	<input type="checkbox"/>	Chronic obstructive asthma, UNS	493.20	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	786.05
<input type="checkbox"/>	<input type="checkbox"/>	COPD, NOS	496	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis, acute, NOS	461.9
<input type="checkbox"/>	<input type="checkbox"/>	Emphysema, NOS	492.8	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis, chronic, NOS	473.9
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive chronic bronchitis with acute exacerbation	491.21	<input type="checkbox"/>	<input type="checkbox"/>	Upper respiratory infection, acute, UNS site	465.9
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive chronic bronchitis without exacerbation	491.20	<input type="checkbox"/>	<input type="checkbox"/>	Other	

Transplants							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Heart	V42.1	<input type="checkbox"/>	<input type="checkbox"/>	Lung	V42.6
<input type="checkbox"/>	<input type="checkbox"/>	Kidney	V42.0	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Liver	V42.7	<input type="checkbox"/>	<input type="checkbox"/>		

Other							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain, UNS	789.00	<input type="checkbox"/>	<input type="checkbox"/>	HIV positive, asymptomatic	V08
<input type="checkbox"/>	<input type="checkbox"/>	Anemia, UNS	285.9	<input type="checkbox"/>	<input type="checkbox"/>	Malaise and fatigue	780.79
<input type="checkbox"/>	<input type="checkbox"/>	Aplastic anemia, UNS	284.9	<input type="checkbox"/>	<input type="checkbox"/>	Nausea with vomiting	787.01
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain, UNS	786.50	<input type="checkbox"/>	<input type="checkbox"/>	Other sickle-cell disease	282.69
<input type="checkbox"/>	<input type="checkbox"/>	Dysphagia, UNS	787.20	<input type="checkbox"/>	<input type="checkbox"/>	Pancytopenia	284.1
<input type="checkbox"/>	<input type="checkbox"/>	Epistaxis	784.7	<input type="checkbox"/>	<input type="checkbox"/>	Psoriasis, NOS	696.1
<input type="checkbox"/>	<input type="checkbox"/>	Gangrene	785.4	<input type="checkbox"/>	<input type="checkbox"/>	Thalassemia, other	282.49
<input type="checkbox"/>	<input type="checkbox"/>	Herpes simplex, any site	054.9	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer, chronic, UNS	707.9
<input type="checkbox"/>	<input type="checkbox"/>	Herpes zoster, NOS	053.9	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	HIV disease	042	<input type="checkbox"/>	<input type="checkbox"/>		

Unlisted Diagnosis							
Current	Past	Diagnosis	Code	Current	Past	Diagnosis	Code
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

**Please add additional sheets if necessary

Recommend Referral to Case Management Yes No

Patient Name: _____ Patient Date of Birth: ____/____/____ Date of Service: ____/____/____
month day year month day year

Assessment:
Plan:
Follow-Up:

Provider acknowledges and agrees that BCBST, Medicare Advantage will update and adjust this form as necessary. Updated forms will be available for use at BCBST website:

<http://www.bcbst.com/providers/BlueAdvantage-PPO>

Notice to Provider: Medicare payment to Medicare Advantage organizations is based, in part, on each patient's diagnoses, as attested to by the patient's attending physician by virtue of his or her signature on this medical record. Anyone who misrepresents, falsifies or conceals essential information required for payment of federal funds may be subject to fine, imprisonment or civil penalty under applicable federal laws.

To the best of my knowledge, information and belief, the information provided regarding diagnoses is truthful and accurate.

Provider's Name and Credentials (Printed) _____

Provider's Name and Credentials (Signed) _____

Date _____

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H7917_13_PatAssess (4/13)