Well-Woman Annual Exam

The preventive visit, with the cervical cancer screening interval recorded as a test and a next-due date rather than an assumption.

Patient / MRN / DOB	
Date of service	*Date _____ · start _____ : _____ · stop _____ : _____ · in person / telehealth*
Age and status	*Age on date of service ___ · new / established patient · Medicare Y / N · high risk for cervical or vaginal cancer Y / N*

A History

Interval and gynecologic history	*Menstrual, sexual, obstetric history · current contraception · symptoms*
Medical, family, social	*Chronic conditions, medications, family cancer history, tobacco, alcohol, substances*

B Screening

Record the test, the result, and when it is next due

SCREEN	TEST PERFORMED	DATE AND RESULT	NEXT DUE
Cervical cancer			
Breast			
STI and HIV			
Depression and anxiety			
Other, per age and risk			

C Examination and Plan

Examination	*BP _____ · BMI _____ · breast and pelvic examination as indicated and consented*
Counseling and immunizations	*Contraception, preconception, bone health, HPV and other immunizations*
Problem addressed today	*If a separate problem was evaluated: complaint, history, exam, and MDM documented Y / N*

D Coding

Codes	*Preventive 99381 to 99387 new / 99391 to 99397 established by age · Medicare G0101 and Q0091 · problem E/M with modifier 25 if applicable*

E Attestation

Attestation	*Clinician signature _____ · name and credentials _____ · date and time signed _____ · supervising clinician if required _____*

Two things that get billed wrong. First, screening intervals. ACOG's 2026 statement recommends **cytology alone every 3 years for ages 21 to 29**, **clinician-collected primary hrHPV screening every 5 years for ages 30 to 65**, and stopping after 65 with adequate prior negative screening. This changed in 2026, so record the test performed and the next-due date rather than relying on an interval you memorised. Second, Medicare. **G0101** is the screening pelvic and clinical breast exam and **Q0091** is obtaining and conveying the screening Pap specimen, covered **every 24 months** for average risk and **every 12 months** for patients meeting high-risk criteria. Do not bill Q0091 separately when the specimen collection is already part of a preventive visit you are billing. If you addressed a separate problem at the same visit, that E/M needs its own complaint, history, exam, and medical decision making, with **modifier 25**.