

Care for Older Adults Assessment Form



The Healthcare Effectiveness Data and Information Set (HEDIS®) Care for Older Adults (COA) measure includes a group of assessments intended to serve as additional preventive screenings for adults age 66 and over. AmeriHealth Caritas VIP Care Plus tracks these services as part of our ongoing Quality Improvement Program. We encourage your practice to document completion of these screenings by including appropriate codes on your claims (see COA claims coding chart) or by returning this form via fax to our Quality department at 1-248-663-7363. Please save a copy of the completed form in your patient chart or electronic medical record.

Patient name:		Date of birth:
Member ID number:	Member phone:	
Provider name:	Provider phone:	

Functional status assessment

Date:

Activities of daily living (ADLs) Check if member needs assistance with any of the following:	Instrumental activities of daily living (IADL) Check if member needs assistance with any of the following:	Cognition Check Yes or No for each of the following questions:
<input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Transferring (getting in and out of chairs) <input type="checkbox"/> Using the toilet ADL assessment: <input type="checkbox"/> Check here if patient is able to perform all the activities listed above	<input type="checkbox"/> Shopping <input type="checkbox"/> Driving/using public transportation <input type="checkbox"/> Using the phone <input type="checkbox"/> Meal preparation <input type="checkbox"/> Housework <input type="checkbox"/> Home repair <input type="checkbox"/> Laundry <input type="checkbox"/> Taking medications IADL assessment: <input type="checkbox"/> Check here if patient is able to perform all the activities listed above	Does the member know what day it is? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the member know where they are? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the member know who they are? <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	Notes:	Notes:

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Patient name:	Date of birth:
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Ambulation Check status and whether member uses durable medical equipment (DME):	Vision and speech Check status for each:	Hearing Check status:
<input type="checkbox"/> Independent <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Non-ambulatory If member uses DME: <input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other (list in notes)	Vision: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Impaired: <input type="checkbox"/> Glasses or contacts <input type="checkbox"/> Blind Speech: <input type="checkbox"/> Unimpaired <input type="checkbox"/> Impaired <input type="checkbox"/> Language barrier (list in notes)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Impaired: <input type="checkbox"/> Hearing aid or hearing device <input type="checkbox"/> Deaf
Notes:	Notes:	Notes:

Pain assessment: Document either a positive or negative pain finding.

Date	Pain?	Description of pain	Is the pain constant?	Does pain limit daily activities?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pain assessment notes:				

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Patient name:	Date of birth:
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Medication review

Date:

If you need additional space you can attach a copy of your patient's medication list from their chart. This may be completed by the prescribing provider or a clinical pharmacist.

Medication name and strength	Quantity/days' supply	Prescriber	Notes

Advance care planning: A discussion regarding life-sustaining treatment, resuscitation, and end-of-life care.

Date reviewed:	Notes:
<ul style="list-style-type: none">• Advance directives: Instructions about treatment preferences and designation of who can make medical decisions for you if you are unable to make them yourself. Do you have an advance directive? <input type="checkbox"/> Yes <input type="checkbox"/> No• Living will: A legal document denoting preferences for life-sustaining treatment and end-of-life care. Do you have a living will?: <input type="checkbox"/> Yes <input type="checkbox"/> No• Surrogate decision-maker: A written document designating someone other than you to make future medical treatment choices. Do you have a surrogate decision-maker? <input type="checkbox"/> Yes <input type="checkbox"/> No• Have you talked with your family, caregiver, or provider about how you want to be treated if you were too sick and could not talk or communicate with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discussed with:	

Provider name (print):	
Provider signature:	Date:

If you have any questions, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318**.

Care for Older Adults (COA) claims coding chart



Providers treating our members age 66 and older should complete these COA assessments annually. Below are the CPT II/HCPCS codes you can submit on your claims. Please note: Correct coding and submission of claims is the responsibility of the submitting provider.

Code	Type	Measure	Description
99497	CPT	Advanced Care Directive	Advance care planning, including explanation and discussion of advance directives and completion of standard forms, when performed by the physician or other qualified health professional; first 30 minutes, face-to-face with patient and/or surrogate
1157F	CPT II	Advanced Care Directive	Advance care plan or similar legal document present in the medical record
1158F	CPT II	Advanced Care Directive	Advance care planning discussion documented in the medical record
S0257	HCPCS	Advanced Care Directive	Counseling and discussion regarding advance directives or end-of-life planning and decisions with patient and/or surrogate
1123F	CPT II	Advanced Care Directive	Advance care planning discussed and documented; advance care plan or surrogate decision-maker documented in the medical record
1124F	CPT II	Advanced Care Directive	Advance care planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision-maker or provide an advance care plan
1159F	CPT II	Medication Review	Medication list documented in medical record
1160F	CPT II	Medication Review	Review of all medications by a prescribing provider or clinical pharmacist documented in the medical record
1170F	CPT II	Functional Status Assessment	Functional status assessed
1125F	CPT II	Pain Assessment	Pain severity quantified; pain present
1126F	CPT II	Pain Assessment	Pain severity quantified; no pain present

Submitting appropriate CPT II/HCPCS codes helps inform us that you have provided the service and may decrease the need for us to request medical records to review for this information. If you have questions or comments, please contact us at **1-888-667-0318**.