

2019 Care for Older Adults Form – Provider Form

***Keep completed record in patient’s chart/medical record.**

Care for Older Adults includes a group of assessments intended to serve as additional preventive screenings for adults age 66 and over. AmeriHealth Caritas VIP Care tracks these services as part of our ongoing Quality Improvement Program and CMS Star Rating Program. We encourage your practice to document completion of these screenings by including appropriate codes on your claims or by returning this form via fax to our Quality Dept.: 855-396-5760 or by email: VIPQuality@amerihealthcaritas.com. If you have questions, please call our Quality Department at 1-267-298-2450 or provider services at 1-800-521-6007.

Patient Name:	Date of Birth:	Member ID:
Member Phone:	Provider Name:	Provider Phone:

Functional Status

Can the patient perform all the activities of daily living (ADL) and instrumental activities of daily living (IADLS) independently? **Yes** **No**

If NO, patient needs help with:

Check the most appropriate:

- | | | | | | | |
|--|--|--------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Taking Medications | Cognitive Status: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Shopping | Ambulation Status: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Using Toilet | <input type="checkbox"/> Meal Prep | Hearing: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Transfers | <input type="checkbox"/> Housework | Vision: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Using the Phone | Speech: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Driving or transportation | | | | | |
| <input type="checkbox"/> Climbing Stairs | <input type="checkbox"/> Other _____ | | | | | |

Additional information:

Pain Assessment

Does the patient have pain? **Yes** **No**

If yes, patient rates current intensity of pain between 0 - 5:

- 0 – No Pain 1- Slight Pain 2- Minimal Pain 3-Moderate Pain 4-Significant Pain 5- Severe Pain

Is the pain constant? Yes No

Does the pain limit daily activities? Yes No

How often during the past three months has the pain kept the patient from doing activities he/she enjoy?

- Not at all some days most days every day



Patient Name:	Date of Birth:	Member ID:
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Advance Care Planning

- Advance directives – Instructions about treatment preferences and designation of who can make medical decisions for the patient if they are unable to make decisions themselves. Does the patient have an Advance Directive? Yes No
- Living will – A legal document denoting preferences for life-sustaining treatment and end-of-life care. Does the patient have a living will?: Yes No
- Surrogate decision maker – A written document designating someone other than the patient to make future medical treatment choice. Does the patient have a surrogate decision maker?
 Yes No
- Has the patient talked with his/her family, caregiver or other doctor about how they want to be treated if he/she were too sick and could not talk or communicate with anyone? Has patient discussed with anyone?
 Yes No

Discussed with or additional information:

Medication Review (You may attach a medication list from chart.)

Date of review and list: _____

Medication review and list of medications must be submitted on the same date. This may be completed by the prescribing practitioner or a clinical pharmacist. **You can attach a copy of your patient's medication list from their chart.**

Medication name and strength	Quantity/days' supply	Prescriber	Notes

Date Functional Status, Pain, Advanced Directive and Medication Review Assessments completed: DATE:	Signature of Provider:
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Care for the Older Adults Claims Coding

Providers treating our members 66 years and older should complete the Care for Older Adult Assessments annually. We have included the CPT, CPT II, and HCPCS codes that can be submitted via 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 the explanation and discussion of advance directives such as standard forms (with completion of such forms) when performed by the physician or other qualified health care professional; first 30 minutes, face-to-face with patients, family member(s), 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 care 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 document 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 practitioner 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.

*Medication Review: Both CPT II codes (1159F & 1160F) together indicate a medication review was completed.

Submitting appropriate CPT, CPT II, and HCPCS codes after the assessments are completed help inform us that you have completed the assessments. If you have questions or comments, please contact our Quality Department at 267-298-2450, via email at VIPQuality@amerihealthcaritas.com or by fax at 855-396-5760.

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