

Care for Older Adults Form – Provider Form

Care for Older Adult (COA) Pain Assessment and Functional Status are screening tools for adults age 66 years and older. AmeriHealth Caritas VIP Care 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. If you have questions, please call Provider Services at 1-833-433-2177 or contact our Quality Department at vipquality@amerihealthcaritas.com.

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

Pain Assessment

Does the patient have pain? Yes No

**If NO Pain, STOP here. If YES, complete Pain questions below.*

On a scale of 0 – 5, with zero being no pain and 5 worst pain how does the patient rate their pain today?

0 1 2 3 4 5
No Pain Little Pain Little More Pain Hurts Often Hurts A Lot Worst Pain

Is the pain constant? Yes No

Location(s) of Pain: _____

Functional Status

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

If NO, patient needs help with:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Feeding | <input type="checkbox"/> Housework/Laundry |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Shopping | <input type="checkbox"/> Using the Phone |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Walking | <input type="checkbox"/> Driving or transportation |
| <input type="checkbox"/> Using Toilet | <input type="checkbox"/> Taking Medications | <input type="checkbox"/> Home Repair |
| <input type="checkbox"/> Transfers | <input type="checkbox"/> Meal Prep/Cooking | <input type="checkbox"/> Handling Finances |

Additional Information: _____

Date Pain assessed and Functional Status Review completed:	Signature and credentials of Provider:
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Please return a copy of the completed form to our Quality Department by fax at 855-396-5760 or by email at vipquality@amerihealthcaritas.com and keep a copy in your patient chart or EMR to review and update with your patient as needed.



Providers treating our members 66 years and older should complete the Care for Older Adult Assessments annually. We have included the CPT and CPT II 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
1125F*	CPT II	Pain Assessment	Pain severity quantified, pain present
1126F*	CPT II	Pain Assessment	Pain severity quantified, NO pain present
1159F* + 1160F* <i>must be billed together</i>	CPT II	Medication Review	Medication list documented in medical record (COA) Review of all medications by a prescribing practitioner or clinical pharmacist and documented in the medical record
99483	CPT	Functional Status Assessment	Cognitive Impairment Assessment and Care Planning
1170F*	CPT II	Functional Status Assessment	Functional Status Assessed

Updated 5/6/2022

***CPT II codes** which are eligible for our AmeriHealth Caritas VIP Care Healthcare Effectiveness Data and Information Set (HEDIS) Provider Incentive Program. This program provides compensation for reporting non-payable CPT II codes, which help to satisfy HEDIS measures. To participate in the program, submit a claim for the eligible services you provided to an AmeriHealth Caritas VIP Care member with the appropriate CPT II codes by following your normal claim submission process. **It is that easy!** AmeriHealth Caritas VIP Care is excited about our provider incentive program and will work with your practice, so you can maximize your revenue while providing quality and cost-effective care to our members.

If you would like more detail on the HEDIS Provider Incentive Program, please visit our website at www.amerihealthcaritasvipcare.com under Provider>Resources>Quality. If you have any questions, please contact our Quality department at vipquality@amerihealthcaritas.com or your Provider Network Management Account Executive. Thank you for your continued participation in our network and your commitment to our members.