

## **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 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. If you have questions, please call Provider Services at 1-888-667-0318 or contact our Quality Department at <u>QualityAHCVIPcarePlus@amerihealthcaritas.com</u>.

Patient Name:			Date of Birth:		Member ID:	
Member Phone:			Provider Name:		Provider Phone:	
Pain As	<u>sessment</u>					
-	oatient have pai OP here. If YES, com	<b>n?</b>	□ No			
On a scale today?	of 0 – 5, with z	ero being no pain	and 5 worst pair	n how does the	e patient rate their pain	
□ 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:						
Can the pa	nal Status atient perform a dependently list		aily living (ADL) a ⊢Yes □ N		tal activities of daily living	
lf NO, pati	ent needs help	with:				
			□ Feeding		□Housework/Laundry	
Dressing	1	□Sho	Shopping		$\Box$ Using the Phone	
•			nbing Stairs		$\Box$ Driving or transportation	
			ing Medications		□Home Repair	
			□Meal Prep/Cooking		☐Handling Finances	
Additional	Information: _					
Date Pain as	sessed and Function	nal Status Review comp	oleted: Signature and	d credentials of Pr	ovider:	

Please return a copy of the completed form to our Quality Department by fax at 1-248-663-7363 or by email at <u>QualityAHCVIPcarePlus@amerihealthcaritas.com</u> and keep a copy in your patient chart or EMR to review and update with your patient as needed.

AmeriHealth Caritas VIP Care Plus 4000 Town Center Suite 1300 Southfield, MI 48075



## **Care for Older Adults Form – Provider Form**

Care for Older Adult (COA) Medication Review is a screening tool for adults age 66 years and older. 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. If you have questions, please call Provider Services at 1-888-667-0318 or contact our Quality Department at <u>QualityAHCVIPcarePlus@amerihealthcaritas.com</u>.

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

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

\*Date of Medication Review and list (Date is required): \_

\*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 Medication Review completed:

Signature and credentials of Provider:

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## Care for the Older Adults Coding Chart

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	Туре	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* must be billed together	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	СРТ	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 Plus Healthcare Effectiveness Data and Information Set (HEDIS) Provider Incentive Program. This program provides compensation for reporting nonpayable 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 Plus member with the appropriate CPT II codes by following your normal claim submission process. **It is that easy!** AmeriHealth Caritas VIP Care Plus 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 <u>www.amerihealthcaritasvipcareplus.com</u> under Provider>Resources>Quality. If you have any questions please contact our Quality department at <u>QualityAHCVIPcarePlus@amerihealthcaritas.com</u> or your Provider Network Management Account Executive. Thank you for your continued participation in our network and your commitment to our members.