

# Care for Older Adult (COA) Assessment

Care for Older Adults includes a group of assessments intended to serve as additional preventive screenings for adults age 65 and older. HMSA tracks these services as part of our ongoing monitoring of quality of care. We encourage your practice to document your completion of these services by including the appropriate codes on your claim.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

ICD-10: Z68.1-Z68.45

## ADVANCE DIRECTIVE

CPT codes 99497, 99498, 1123F, 1124F, 1157F, 1158F, HCPCs code S0257

Does patient have an advance directive? Yes: \_\_\_\_\_ No: \_\_\_\_\_ POLST Yes: \_\_\_\_\_ No: \_\_\_\_\_

Durable power of attorney for healthcare? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Name: \_\_\_\_\_

Code status: Full code \_\_\_\_\_ Limited Interventions: \_\_\_\_\_ DNR \_\_\_\_\_

If No, has patient been referred for a discussion re: AHCD? Yes: \_\_\_\_\_ No: \_\_\_\_\_

## MEDICATION REVIEW

CPT codes (include both codes for credit) 1159F AND 1160F

Attach medication list to medical record. Prescriber must review and sign for complete documentation.

## FUNCTIONAL STATUS

CPT code 1170F

Cognitive Screen	Balance	Activities of Daily Living	Instrumental Activities of Daily Living	Social Support
Remembers three unrelated words?  Uncued words = 2 pts. Cued words = 1 pt. Must score 4 pts. to pass.  Score: _____	<input type="checkbox"/> Normal <input type="checkbox"/> Min. assistance <input type="checkbox"/> Unsafe, mod. assistance <input type="checkbox"/> Max. assistance	Check if patient needs assistance: <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Walking <input type="checkbox"/> Toileting	Check if patient needs assistance: <input type="checkbox"/> Shopping <input type="checkbox"/> Driving / using public transport <input type="checkbox"/> Laundry <input type="checkbox"/> Housework <input type="checkbox"/> Handling finances	<input type="checkbox"/> Supportive family <input type="checkbox"/> Supportive friends <input type="checkbox"/> Participates in church, clubs, or other social group activities

## PAIN ASSESSMENT

CPT code 1125F, 1126F

How often have you had pain during the past three months?

- not at all     some days  
 most days     every day

How often during the past three months has pain kept you from doing activities you enjoy?

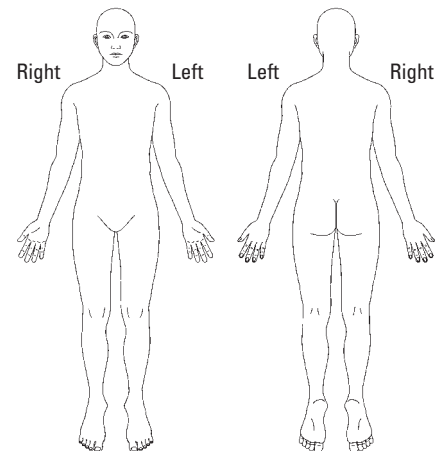
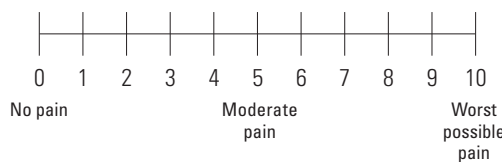
- not at all     some days  
 most days     every day

### Wong-Baker FACES® Pain Rating Scale



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### 0 to 10 Numeric Pain Rating Scale



Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Care for Older Adults Assessment Codes and Descriptions

**Advance Care Directive:** Documentation of an advance care plan and/or an advance care planning discussion in the medical record.

**Medication Review:** A comprehensive medication review during the calendar year and the presence of a medication list in the medical record signed and dated by a prescribing provider or clinical pharmacist.

**Functional Status Assessment:** At least one functional status assessment during the calendar year. Notations for a complete functional status assessment must include documentation that at least three of the following four components were assessed: a) cognitive status, b) ambulation status, c) sensory ability or d) other functional independence.

**Pain Assessment:** At least one comprehensive pain screening or pain management plan during the calendar year.

CODE	Type	Measure	Description
99497	CPT	Advance 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 the patient, family member(s), and/or surrogate. This service carries an eligible charge, and also a co-payment for the patient unless performed as part of an Annual Wellness Visit.
99498	CPT	Advance Care Directive	Each additional 30 minutes (List separately in addition to code for primary procedure)
1157 F	CPT II	Advance Care Directive	Advance care plan or similar legal document present in the medical record.
1158F	CPT II	Advance Care Directive	Advance care planning discussion documented in the medical record.
S0257	HCPCS	Advance Care Directive	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate. (list separately in addition to code for appropriate evaluation and management service)
1123F*	CPT II	Advance Care Directive	Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record
1124F*	CPT II	Advance 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 (such as, prescriptions, OTCs, herbal therapies and supplements) 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
Z00.00**	ICD-10	Wellness Visit	Encounter for general adult medical examination without abnormal findings

\*These codes will receive Pay-for-Quality credit from HMSA, but are not recognized by the NCOA for Healthcare Effectiveness Data and Information Set (HEDIS) scoring. We encourage you to consider the alternate codes provided on this form to ensure credit for both Pay-for-Quality and HEDIS.

\*\*If completing this form as part of an Annual Wellness Visit or routine check-up. For any other office visit, please use an appropriate diagnosis code.