Care for Older Adults Form – Provider Form

*** Please save a copy of the completed form in your patient chart or EMR.**

Care for Older Adults includes a group of assessments intended to serve as additional preventive screenings for adults age 66 and over. First Choice 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 or by returning a completed copy of this form via fax to our Quality Department at 1-855-894-6884 or by email at VIPQuality@selecthealthofsc.com. If you have questions, please call our Quality Department at 1-843-414-3191 or provider services at 1-888-978-0862.

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

Pain Assessment

Does the patient have pain? ☐ Yes ☐ No *(If "No" stop Pain Assessment; if "Yes" complete remainder of Pain Assessment.)*

Patient rates current intensity of pain between 0 - 5:

☐ 0 – No pain ☐ 1 – Little Pain ☐ 2 – Little More Pain ☐ 3 – Hurts Often ☐ 4 – Hurts a Lot ☐ 5 – Worst Pain

Is the pain constant? ☐ Yes ☐ No

Location(s) of Pain:

Does the pain limit daily activities? ☐ Yes ☐ No

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 / Strength	*Quantity / Days' Supply*	*Prescriber*	*Notes*

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Please add the patient identifiers for page 2.

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 listed below? ☐ Yes ☐ No

If "NO", patient needs help with:

☐Bathing	☐Feeding	☐Housework/Laundry
☐Dressing	☐Shopping	☐Using the Phone
☐Grooming	☐Climbing Stairs	☐Driving or Transportation
☐Using Toilet	☐Taking Medications	☐Home Repair
☐Transfers	☐Meal Prep/Cooking	☐Handling Finances

Additional information:	

Advance Care Planning

* The presence of an advanced care plan in the medical record? ☐ Yes ☐ No
* 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:

Date pain, functional status and advanced care planning assessed, and medication review submitted:	Signature and credentials of provider:

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/CPT II/HCPCS/ICD10CM 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**	CPT II CPT II	Medication Review Medication Review	Medication list documented in medical record **+ (must be billed together)** Review of all medications by a prescribing practitioner or clinical pharmacist and documented in the medical record
99483	CPT	Advance Care Directive	Cognitive Impairment Assessment and Care Planning
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 patients, family member(s), and/or surrogate
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
1157F	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
Z66	ICD10CM	Advance Care Directive	Do not resuscitate
99483	CPT	Functional Status Assessment	Cognitive Impairment Assessment and Care Planning
1170F	CPT II	Functional Status Assessment	Functional status assessed
G0438	HCPCS	Functional Status Assessment	Annual wellness visit, includes a personalized prevention plan of service (PPPS), initial visit
G0439	HCPCS	Functional Status Assessment	Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit