First Choice VIP Care Plus

4390 Belle Oaks Drive, Suite 400 North Charleston, SC 29405





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

Patient Name:			Date of Birth:		Member ID:				
Member Phone:			Provider Name:		Provider Phone:				
Pain Ass	sessment								
Does the pa	atient have pai	n? □ Yes	□ No						
*If NO Pain, STO	OP here. If YES, com	plete Pain questions below							
On a scale today?	of 0 – 5, with z	ero being no pain	and 5 worst pai	n how does th	e patient rate their pain				
\Box 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									
		II the activities of de	oily living (ADL)	and instrumen	tal activities of daily living				
-	dependently list		\square Yes \square \square		tal activities of daily living				
(IADEO) IIIO	acpendently ha	ica below:	1 103 🗆 1	10					
	ent needs help		_						
3			□ Feeding		☐Housework/Laundry				
3			Shopping		☐Using the Phone				
			☐ Climbing Stairs		☐ Driving or transportation				
•			☐ Taking Medications		☐Home Repair				
□Transfers			☐Meal Prep/Cooking		☐Handling Finances				
Additional Information:									
Date Pain ass	sessed and Function	onal Status Review comp	oleted: Signature an	Signature and credentials of Provider:					

Please return a copy of the completed form to our Quality Department by fax at 1-855-894-6884 or by email at QualityAHCVIPcarePlus@amerihealthcaritas.com and keep a copy in your patient chart or EMR to review and update with your patient as needed.

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

Patient Name:	Date of Birth:		Member ID:	
Member Phone:	Provider Name:		Provider Phone:	
Medication Review (You	ı may attach a m	nedication list f	rom chart)	
*Date of Medication Review and *Medication review and list of medications or a clinical pharmacist. You can attach a	s must be submitted on the s	same date. This may be c	ompleted by the prescribing practitioner	
Medication name and strength	Quantity/days' supply	Prescriber	Notes	
Date Medication Review completed:		Signature and credentials of Provider:		
Please return a copy of the comemail at VIPQuality@selecthealth update with your patient as need	ofsc.com and keep a			





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 First Choice VIP Care Plus 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 a First Choice VIP Care Plus member with the appropriate CPT II codes by following your normal claim submission process. It is that easy! First Choice 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 www.firstchoicevipcareplus.com under Provider>Resources>Quality. If you have any questions please contact our Quality department at VIPQuality@selecthealthofsc.com or your Provider Network Management Account Executive. Thank you for your continued participation in our network and your commitment to our members.