

## Care for Older Adults Form

**Reviewing provider should date and sign off the form upon completion.  
Please complete the form in full and save in member's medical record/electronic health record.**

Patient First, Last Name:	Date of Birth:	Member ID#:	Date of Assessment (Required):
Member Phone:	Provider Name:	Provider Phone:	Member's Preferred Language:

### Functional Status Assessment

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:**

ADL			IADLS			
<input type="checkbox"/> Dressing	<input type="checkbox"/> Bathing	<input type="checkbox"/> Eating	<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Transportation	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Preparing meals
<input type="checkbox"/> Transferring	<input type="checkbox"/> Using toilet	<input type="checkbox"/> Walking	<input type="checkbox"/> Using the telephone	<input type="checkbox"/> Doing laundry	<input type="checkbox"/> Taking medications	<input type="checkbox"/> Money management

**Additional Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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 –10, with 0 being no pain and 10 worst pain, how does the patient rate their pain today?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
No Pain		Hurts Little Bit		Hurts Little More		Hurts Even More		Hurts Whole Lot		Worst Pain

**If Yes, is the pain constant?**     Yes     No

Start date and location(s) of Pain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date Pain and Functional Status Assessed/Completed:**

**Signature and credentials of Provider:**

## Care for Older Adults Form

**Reviewing provider should date and sign off the form upon completion.  
Please complete the form in full and save in member's medical record/electronic health record.**

Patient First, Last Name:	Date of Birth:	Member ID#:	Date of Assessment (Required):
Member Phone:	Provider Name:	Provider Phone:	Member's Preferred Language:

### Medication Review:

Is patient currently taking any medication(s), vitamins, and herbal/over-the-counter supplements?    Yes    No

**\*If YES, attach medication list or write in medications below.**

Medication review and list of medications must be submitted on the same date by 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

<b>Date Medication Review completed:</b>  	<b>Signature and credentials of Provider:</b>  
--	---

### Advance Care Planning

- Advance Care Planning was discussed with patient, family member, and/or surrogate.
- Advance Care Planning was not discussed with patient, family member, and/or surrogate.
- Advance Directives or similar legal document discussed and documented in medical record today.
- Advance Directives or similar legal document is present in the medical record.
- Patient did not wish, was not able to name a surrogate decision maker, or provide an advance care plan.
- Patient is interested to learn more about Advance Directives or similar legal document.

## Coding Guidelines

Measure	Code	Type	Description	Compliance Criteria
<b>Functional Status Assessment</b>	<b>1170F</b>	CPT II	Functional status assessed.	Any one of these codes  *Assessment can also be rendered via telephone or virtual visits such as telehealth.
	<b>99483</b>	CPT	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient setting, home or domiciliary or rest home, with a list of specific required elements.	
	<b>G0438</b>	HCPCS	Annual wellness visit; includes personalized prevention plan of service; first visit.	
	<b>G0439</b>	HCPCS	Annual wellness visit; includes personalized prevention plan of service; subsequent visit.	
<b>Pain Assessment</b>	<b>1125F</b>	CPT II	Pain severity quantified; pain present.	Either of these codes.  *Assessment can also be rendered via telephone or virtual visits such as telehealth.
	<b>1126F</b>	CPT II	Pain severity quantified; no pain present.	
<b>Medication Review</b>	<b>1159F</b>	CPT II	Medication list documented in medical record.	Either of these codes, AND
	<b>G8427</b>	HCPCS	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications.	
	<b>1160F</b>	CPT II	Review of all medications (such as prescriptions, OTCs, herbal therapies, and supplements) by a prescribing practitioner or clinical pharmacist documented in the medical record.	Any one of these codes  *An outpatient visit is not required.  *The prescribing practitioner or clinical pharmacist may perform review without the member present.  *However, TCM medication reconciliation must occur no later than the date of the face-to-face visit.
	<b>90863</b>	CPT	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services.	
	<b>99483</b>	CPT	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient setting, home or domiciliary or rest home, with a list of specific required elements.	
	<b>99495, 99496</b>	CPT	Transitional care management (TCM) services following hospital discharge with the following required elements: <ul style="list-style-type: none"> <li>• Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li> <li>• Medical decision making of at least moderate (99495) or high (99496) complexity during the service period</li> <li>• Face-to-face visit within 14 (99495) or 7 (99496) calendar days of discharge and perform medication review and reconciliation</li> </ul>	
	<b>99605, 99606</b>	CPT	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient.	

## Coding Guidelines

Measure	Code	Type	Description	Compliance Criteria
<b>Advance Care Planning</b>	<b>99497</b>	CPT	Advance care planning including the explanation and discussion of advance directives, including the use (and completion) of standard forms, by the physician or other qualified health care professional; first 30 minutes, face-to face with patient, family, and/or surrogate. Code 99498 can be used for each additional 30 minutes	Any one of these codes  *Assessment should be conducted face-to-face with member, their family member, caregiver, or surrogate (as appropriate).
	<b>1157F</b>	CPT II	Advance care plan or similar legal document present in the medical record.	
	<b>1158F</b>	CPT II	Advance care planning discussion documented in the medical record.	
	<b>S0257</b>	HCPCS	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate.	
	<b>1123F</b>	CPT II	Advance care planning discussed and documented. Advance care plan or surrogate decision maker documented in the medical record.	
	<b>1124F</b>	CPT II	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.	
	<b>99483</b>	CPT	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient setting, home or domiciliary or rest home, with a list of specific required elements.	
	<b>Z66</b>	ICD10 CM	Do not resuscitate	

## Additional Resources

For more information about <i>Advance Care Planning</i> or to download <i>Health Care Proxy Fillable Forms</i> , please visit:	<ul style="list-style-type: none"> <li>• <a href="http://www.health.ny.gov/professionals/patients/health_care_proxy">www.health.ny.gov/professionals/patients/health_care_proxy</a></li> </ul>
In addition to Medication Review, providers may also review <i>potentially safer alternatives to high-risk medications guidelines</i> , please visit:	<ul style="list-style-type: none"> <li>• <a href="http://metroplus.org/providers/provider-resources/forms-manuals-policies/provider-tools">metroplus.org/providers/provider-resources/forms-manuals-policies/provider-tools</a></li> <li>• Select Potentially Safer Alternatives to High-Risk Medication</li> </ul>