HealthCare Partners

Improve Care for Older Adults (COA)

Use HEDIS® Guidelines to Help Keep Your Older Patients Healthy

Advanced Care Planning

A discussion about preferences for resuscitation, life-sustaining treatment and end-of-life care.

Documentation required: Presence of advanced care plan in the medical record or documentation of the discussion with the date it was discussed.

Acceptable medical record:

- Actionable medical orders
- Living will
- Surrogate decision maker
- Advance directive

Codes:
CPT 1157F (Advance care plan or similar legal document present in the medical record)
OR
CPT 1158F (Advance care planning discussion documented in the medical record)

Functional Status Assessment

Documentation required: Evidence of a complete functional status assessment and the date it was performed.

Acceptable medical record (include one of the following):

- Notation that Activities of Daily Living (ADL) were assessed
- Results of assessment using a standardized functional assessment tool
- Notation that Instrumental Activities of Daily Living (IADL) were assessed
- Notation that at least three of the following four components were assessed: cognitive status, ambulation status, hearing/vision/speech, other functional independence.

Codes: CPT 1170F (Functional status assessed)

Pain Assessment

Documentation required: Evidence of a pain assessment and the date it was performed (may include positive or negative findings for pain).

Acceptable medical record: Results of a standardized pain assessment tool such as:

- Numeric rating scales
- Present Pain Inventory
- Pictorial Pain Scale
- Brief Pain Inventory
- PROMIS Pain Intensity Scale
- FLACC scale
- Pain Thermometer
- Visual Analogue Scale
- Chronic Pain Grade
- Pain Assessment in Advanced Dementia (PAINAD) Scale

Codes:
CPT 1125F (Pain severity quantified, pain present)
OR
CPT 1126F (Pain severity quantified, NO pain present)

Medication Review

A review of all of a member's medications (including prescriptions, OTCs and herbal/supplemental therapies) conducted by a prescribing practitioner or clinical pharmacist.

Documentation required: Medication list in the medical record with date when it was performed or note that the member is not taking any medications with date.

Acceptable medical record:

- Current medication list
- Notation of medication review
- OR date & notation that member is not taking any medication

Codes:
CPT 1159F (med. list documented in medical record) AND CPT 1160F (reviewed by a prescribing practitioner or clinical pharmacist and documented in the medical record)

Document the results of any screenings. Get credit for the work you've done! Pre-collection of this patient information is a valuable tool that meets the needs of your patient, while also satisfying HEDIS® measures.

Contact our Quality Advocate Team at (855) 339-4890, Monday - Friday 8:30 am to 5:30 pm.

HEDIS COA Form Rev. 04/2024
1125F, 1126F, 1157F, 1158F, 1159F, 1160F, 1170F

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Improving Care for Older Adults: HEDIS® COA Form

Pre-collection of the following patient information meets the needs of your patient and satisfies your practice's HEDIS requirements.

Member Name	Member ID	Member DOB	Date of Service
		___/___/_____	___/___/_____
PCP Name	**Provider ID**	**Provider Phone No.**	

Advanced Care Planning: 1157F (documentation); 1158F (discussion)		
Does the member have advanced directives or processes in place?	☐ Yes ☐ No	
If life planning is in place, indicate which of the following the member has:	☐ Living Will ☐ Health Care Surrogate ☐ Physician Orders of Life Sustaining Treatment ☐ Durable Powers of Attorney for Health ☐ None of these	
What is the code status of the member?	☐ DNR ☐ Partial Code ☐ Full Code	☐ Family or Member Undecided ☐ Unknown
Was advanced care planning discussed?	☐ Yes ☐ No	☐ Follow-up needed?

Functional Status Assessment: 1170F		
In the following questions, indicate the level of ability of the member to self-care. IND=Independent, NA=Needs Assistance, FD=Fully Dependent		
Shopping for groceries: ☐ IND / ☐ NA / ☐ FD	Driving or using public transport: ☐ IND / ☐ NA / ☐ FD	Using the phone or computer: ☐ IND / ☐ NA / ☐ FD
Meal preparation: ☐ IND / ☐ NA / ☐ FD	Housework: ☐ IND / ☐ NA / ☐ FD	Taking medications: ☐ IND / ☐ NA / ☐ FD
Handling finances: ☐ IND / ☐ NA / ☐ FD	Walking: ☐ IND / ☐ NA / ☐ FD	Dressing: ☐ IND / ☐ NA / ☐ FD
Bathing: ☐ IND / ☐ NA / ☐ FD	Toileting: ☐ IND / ☐ NA / ☐ FD	Eating: ☐ IND / ☐ NA / ☐ FD
In the following questions, indicate whether or not the member has any of the following:		
Cognitive impairment? ☐ Yes / ☐ No	Speech impairment? ☐ Yes / ☐ No	Weaknesses of the extremities that interferes with self-care or mobility? ☐ Yes / ☐ No
Hearing impairment? ☐ Yes / ☐ No	Vision impairment? ☐ Yes / ☐ No	Has the member had any falls in the last 6 months? ☐ Yes / ☐ No If yes, how many? _____

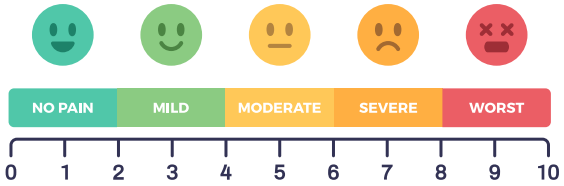
Pain Assessment: 1125F (pain noted) / 1126F (no pain noted)

Does the member have chronic pain? ☐ Yes / ☐ No

During the past 4 weeks, how much has the pain interfered with the member's normal work (outside and housework)?

☐ All of the time
☐ Most of the time
☐ Some of the time
☐ None of the time

On a scale from 0 to 10 (10 being max pain) what is the intensity of pain prior to treatment?



Result:

Medication Review: 1159F (med list) AND 1060F (meds reviewed)

Pharmacy Name: Pharmacy Phone:

Medication	Dose	Route	Frequency	Use	New?	Last Filled
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
Over the counter medications (use of anti-inflamatory or analgesic medications for symptom relief)						
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____
					☐ Y / ☐ N	__/__/____

Did the member fill meds under health plan? ☐ Y / ☐ N
If no, explain:

Medications were reviewed with the patient / primary caregiver and list is updated as of ____/____/_____

Primary Care Physician's Name (print)
Credentials: ☐ MD / ☐ DO / ☐ NP / ☐ PA

Primary Care Physician's Signature