

Care for Older Adults (COA)

Learn how to improve your HEDIS¹ rates for the COA measure

Use this tip sheet to review key details of the Care for Older Adults (COA) measure, exclusions, billing codes, forms, documentation required and best practices.



Measure

This measure assesses the percentage of adults ages 66 years and older who had each of the following documented during the measurement year:

- 1. Medication review.**
- 2. Functional status assessment.**

Screening of elderly patients is effective in identifying functional decline. This measure ensures that older adults receive the care they need to optimize quality of life.

Exclusions

Patients who meet any of the following criteria are excluded from the measure:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.

Codes

Use the appropriate service codes when billing for COA

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Medication review

Description	Codes
Medication review	CPT: 90863, 99483, 99605, 99606 CPT-CAT-II: 1160F
Medication list	CPT-CAT-II: 1159F* HCPCS: G8427
Transition care management services	CPT: 99495, 99496

*Note: Need either medication review or transitional care management services, PLUS medication list code.

¹ HEDIS: Healthcare Effectiveness Data and Information Set.

Functional status assessment

Codes, continued

Description	Codes
Functional status assessment	CPT:99483 CPT-CAT-II: 1170F HCPCS: G0438, G4439

Forms

Use a standardized template or assessment form to capture COA components. Providers may use the Annual Care for Older Adults form, available in the Provider Library on the Plan's provider portal at provider.healthnetcalifornia.com > HEDIS Measures & Billing Codes > Provider Quality Resources > under Preventive and Screenings.

Documentation required and best practices:

Medication Review

- Documentation must come from the same medical record and must include one of the following:
 - A medication list in the medical record and evidence of a medication review by a prescribing physician, other provider or clinical pharmacist and the date it was performed.
 - Notation that the member is not taking any medication and the date it was documented.
- A review of side effects for a single medication at the time of prescription alone is not enough. An outpatient visit is not required to meet criteria.
- Medication review conducted in an acute inpatient setting will not meet compliance.

Functional Status Assessment

- Documentation must include evidence of a complete functional status assessment and the date it was performed.
- Notations for a complete assessment must include one of the following:
 - Notation of Activities of Daily Living (ADL) or at least five of the following were assessed:

– Bathing.	– Transferring [e.g., getting in and out of chairs].
– Dressing.	– Using toilet.
– Eating.	– Walking.
 - Notation of Instrumental Activities of Daily Living (IADL) or at least four of the following were assessed:

– Cooking or meal preparation.	– Laundry.
– Driving or using public transportation.	– Shopping for groceries.
– Handling finances.	– Taking medications.
– Home repair.	– Using the phone.
– Housework.	

(continued)

**Functional
Status
Assessment,
continued**

- Assessment results using a functional status assessment tool:
 - Assessment of Living Skills and Resources.
 - Barthel ADL Index Physical Self-Maintenance Scale.
 - Barthel Index.
 - Bayer ADL Scale.
 - Edmonton Frail Scale.
 - Extended ADL Scale.
 - Groningen Frailty Index.
 - Independent Living Scale.
 - Katz Index of Independence in ADL.
 - Kenny Self-Care Evaluation.
 - Klein-Bell ADL Scale.
 - Kohlman Evaluation of Living Skills .
 - Lawton & Brody’s IADL scales.
 - Patient Reported Outcome Measurement Information System Global or Physical Function Scales.
 - SF-36®.
- A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment.
- The components of the functional status assessment numerator may take place during separate visits within the measurement year.
- Functional status assessment conducted in an acute inpatient setting will not meet compliance.
- Telehealth visits are acceptable to meet this numerator.