

Coding Reference Guide Measurement Year 2024

Care for Older Adults (COA)



Measure Description

Adults 66 years of age and older who had each of the following during 2024:

1. Medication Review
2. Functional Status Assessment
3. Pain Assessment

Medication Review

Either of the following meets criteria:

- Both of the following during the same visit during 2024 where the provider type is a prescribing practitioner or clinical pharmacist:
 - At least one medication review and the date when it was performed.
 - The presence of a medication list in the medical record or a notation that the member is not taking any medication and the date when it was noted.

Note-Do not include services provided in an acute inpatient setting or include CPT CAT II modifiers 1P, 2P, 3P, 8P.

- Transitional care management services during 2024

Functional Status Assessment

At least one functional status assessment during 2024.

A functional status assessment limited to an acute or single condition, event, or body system (ex. 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 2024

Notations for a complete functional status assessment must include one of the following:

- Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring (ex. getting in and out of chairs), using toilet, walking.
- Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances

- Result of assessment using a standardized functional status assessment tool, not limited to: SF-36, Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLS) Scale, Bayer ADL (B-ADL) Scale, Barthel Index, Edmonton Frail Scale, Extended ADL (EADL) Scale, Groningen Frailty Index, Independent Living Scale (ILS), Katz Index of Independence in ADL, Kenny Self-Care Evaluation, Klein-Bell ADL Scale, Kohlman Evaluation of Living Skills (KELS), Lawton & Brody's IADL Scales, Patient Reported Outcome Measurement Information System (PROMIS) Global or Physical Function Scales

Note: Do not include services provided in an acute inpatient setting or include CPT CAT II modifiers 1P, 2P, 3P, 8P.

Pain Assessment

At least one pain assessment during 2024.

Note-Do not include services provided in an acute inpatient setting or include CPT CAT II modifiers 1P, 2P, 3P, 8P.

The following codes meet the criteria:

Medication Review	CPT: 90863, 99483, 99605, 99606
	CPT-CAT-II: 1160F
	SNOMED: 719327002, 719328007, 461651000124104
Medication List	CPT-CAT-II: 1159-F
	HCPCS: G8427
	SNOMED: 428191000124101, 432311000124109
Transitional Care Management Services	CPT: 99495, 99496
Functional Status Assessment	CPT: 99483
	CPT-CAT-II 1170F

Functional Status Assessment (cont.)	HCPCS: G0438, G0439
	SNOMED: 304492001, 385880002
Pain Assessment	CPT-CAT-II 1125F, 1126F
	SNOMED: 225399009, 370778008, 408952002, 408955000, 423184003, 445719003, 445790003, 445806009, 445812004, 445996003, 446009008, 446790006, 715322001, 770637008
The following codes will exclude the Member from the measure:	
Hospice Encounter During 2024	HCPCS: G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
	SNOMED: 183919006, 183920000, 183921001, 305336008, 305911006, 385765002
	UBREV: 0115, 0125, 0135, 0145, 0155, 0235, 0650, 0651, 0652, 0655, 0656, 0657, 0658, 0659
Hospice Intervention During 2024	CPT: 99377, 99378
	HCPCS: G0182
	SNOMED: 170935008, 170936009, 385763009
Patients who died any time during 2024	

Tips and Best Practices to Help Improve Performance

MEDICATION REVIEW:

- A medication list in the medical record and evidence of a medication review by a *prescribing practitioner or clinical pharmacist (PharmD)* with the date it was performed is compliant documentation for the medication review sub-measure; or a notation the patient is not taking any medication
- A review of side effects for a single medication at the time of prescription alone is not sufficient
Medication lists or medication reviews performed in an acute inpatient setting cannot be used

FUNCTIONAL STATUS ASSESSMENT:

Notations for a complete functional status assessment must include one of the following:

- Notation that Activities of Daily Living (ADL) were assessed **or** that at least five of the following were assessed: bathing, dressing, eating, transferring, using toilet, walking
- Notation that Instrumental Activities of Daily Living (iADL) were assessed **or** at least four of the following were assessed: shopping for groceries, driving, using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances
- Result of assessment using a standardized functional status assessment tool

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 may take place during separate visits within the measurement year. Do not include comprehensive functional status assessments performed in an acute inpatient setting.

PAIN ASSESSMENT:

Notations for a pain assessment must include one of the following:

- Documentation that the patient was assessed for pain (may include positive or negative findings)
- Result of assessment using a standardized pain assessment tool
- Do not include pain assessments performed in an acute inpatient setting
- Notation alone of a pain management plan does not meet criteria
- Notation alone of a pain treatment plan does not meet criteria
- Notation alone of screening for chest pain or documentation alone of chest pain does not meet criteria

**The Functional Status Assessment and Pain Assessment* do not require a specific setting; services rendered during a telephone visit, e-visit or virtual check-in also meet criteria. Each may be performed by outpatient practitioners such as PT, OT, ST, but documentation must be from the same medical record for all sub-measures.