

The Physician Edition

E&M Coding Education Questions?

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PRIMARY CARE- COGNITIVE ASSESSMENT & CARE PLAN SERVICES

Medicare covers a separate visit to thoroughly assess a patient's cognitive function and for a provider to develop a care plan, if a patient shows signs of cognitive impairment during a routine visit. Effective January 1, 2021, Medicare increased payments for these services when they are provided in an office setting and permanently covered these services via telehealth.

Use CPT code 99483 to bill for both in-person and telehealth services .

Annual Wellness Visits (AWV)

Detecting cognitive impairment is a required element of Medicare's Annual Wellness Visit (AWV). A provider can also detect cognitive impairment as part of a routine visit through direct observation or by considering information from the patient, family, friends, caregivers, and others. In addition, a clinician may also use a brief cognitive test and evaluate health disparities, chronic conditions, and other factors that contribute to increased risk of cognitive impairment.

If a cognitive impairment is detected within the AWV or other routine visit, a provider **may perform a more detailed cognitive assessment** and develop a care plan. This additional evaluation is necessary to diagnose a person with dementia, such as Alzheimer's disease, and to identify treatable causes or co-occurring conditions such as depression or anxiety. Such services are upon and beyond the required review for an AWV, therefore may support an additional code for such service performed.

Care Plan Services Result from the Assessment

The information gathered during a cognitive assessment can create a written care plan that addresses initial issues such as:

- Neuropsychiatric and Neurocognitive symptoms
- Functional limitations
- Referral to community resources as needed and shared with the patient or caregiver with initial education and support.

Who Can Offer a Cognitive Assessment?

A clinician eligible to report Evaluation and Management (E/M) services can offer this service, includes:

- Physicians (MD and DO)
- Nurse practitioners
- Clinical nurse specialists
- Physician assistants

Where Can I Perform the Cognitive Assessment?

- Office or Outpatient
Setting
- Private Residence
- Care Facility
- Rest Home
- Via Telehealth

What's included in a Cognitive Assessment?

The cognitive assessment includes a detailed history and patient exam. There must be an independent historian for assessments and corresponding care plans provided under **CPT code 99483**. An independent historian can be a parent, spouse, guardian, or other individual who provides patient history when a patient isn't able to provide complete or reliable medical history. Typically, you would spend 50 minutes face-to-face with the patient and independent historian to perform the following elements during the cognitive assessment:

- Examine the patient with a focus on observing cognition.
- Record and review the patient's history, reports, and records.
- Conduct a functional assessment of Basic and Instrumental Activities of Daily Living, including decision-making capabilities.
- Use standardized instruments for staging of dementia like the Functional Assessment Staging Test (FAST) and Clinical Dementia Rating (CDR).
- Reconcile and review for high-risk medications, if applicable.
- Use standardized screening instruments to evaluate for neuropsychiatric and behavioral symptoms, including depression and anxiety.
- Conduct a safety evaluation for home and motor vehicle operation.
- Identify social supports including how much caregivers know and are willing to provide care.
- Address Advance Care Planning and any Palliative Care needs.

Coding/Billing for Cognitive Assessment and Care Plan Services

Service	Code	Things to Know
Initial AWW	G0438	Review for cognitive impairment as a required component of the AWW.
Subsequent AWWs	G0439	Review for cognitive impairment as a required component of the AWW.
Assessment/ care planning for patients with cognitive impairment like dementia, including Alzheimer's disease, at any stage of impairment	CPT code 99483	<p>If you detect a cognitive impairment during the AWW or other routine visit, you may perform a more detailed cognitive assessment and care plan.</p> <ul style="list-style-type: none"> • You may bill this code separately from the AWW. • Or include with an office visit CPT codes 99202-99215 <ul style="list-style-type: none"> • Medical necessity must be documented with the complexity of the MDM

Reference:

Cognitive Assessment & Care Plan Services | CMS

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