Dear Health Care Provider:

The Centers for Medicare & Medicaid Services (CMS) wants to raise your awareness about Medicare-covered services to detect and diagnose cognitive impairment.

Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning for your patients with cognitive impairment.

Effective January 1, 2021, Medicare increased payment for these services to $282 (may be geographically adjusted) when provided in an office setting, added these services to the definition of primary care services in the Medicare Shared Savings Program, and permanently covers these services via telehealth.

3 Things to Know About the Cognitive Assessment & Care Plan Services

1. If your patient shows signs of cognitive impairment at an Annual Wellness Visit or other routine visit, you may perform a more detailed cognitive assessment and develop a care plan

2. The Cognitive Assessment & Care Plan Services (CPT code 99483) typically start with a 50-minute face-to-face visit that includes a detailed history and patient exam, resulting in a written care plan

3. If you report evaluation and management (E/M) services, you can offer this service, including: physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants

Billing

Use CPT code 99483 to bill for this service. Part B coinsurance and deductible apply. You may bill this code separately from the AWV.

The enclosed fact sheet provides details on Medicare coverage requirements and proper billing standards.

Resources

- Visit the Cognitive Assessment webpage for the latest information
  - Cms.gov/cognitive

- Watch our video
  - https://youtu.be/NmDjhRVax8E

- Visit the National Institute on Aging’s Alzheimer’s and Dementia Resources for Professionals webpage for more information on assessing cognitive impairment
  - nia.nih.gov/health/alzheimers-dementia-resources-for-professionals

Thank you for the essential care you provide to your Medicare patients.