

REPORT TO CONGRESS

Centers for Medicare & Medicaid Services (CMS)
Provider Outreach & Reporting on
Cognitive Assessment & Care Plan Services

December 2021



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Executive Summary

The Centers for Medicare & Medicaid Services (CMS) is dedicated to quality care for people with Medicare and created a robust provider outreach campaign regarding Medicare payment for cognitive assessment and care plan services furnished to individuals with cognitive impairment such as Alzheimer’s disease, or Cognitive Assessment & Care Plan Services (Current Procedural Terminology (CPT®) code 99483), to meet the requirement under section 116 of Subtitle B of Title I of Division CC of the Consolidated Appropriations Act, 2021 (referred to herein as section 116 of the CAA). Section 116(b)(1) of the CAA also requires the Secretary of Health and Human Services to submit a Report to certain Committees of Congress on such outreach, including descriptions of the outreach methods, not later than one year after the date of enactment of the CAA (which was December 27, 2020). Raising awareness of the Medicare eligibility and coverage requirements of this important service and other related services in the diagnosis of dementia, including Alzheimer’s Disease, improves patient quality of care by identifying treatable causes and co-occurring conditions such as depression or anxiety.

By creating educational content and using our multi-faceted national and local distribution methods, we targeted more than 1.4M physicians and non-physician practitioners eligible to provide this service to Medicare patients.¹

This Report to Congress summarizes our provider outreach campaign and details the methods we used, including:

- Creating research-based educational content, including:
 - Webpage
 - Letter and fact sheet for direct mailing to eligible providers
 - Video
 - Email messaging
- Partnering with the National Institute on Aging
- Presenting at a Live Stakeholder Forum
- Collaborating with Medicare Administrative Contractors (MACs) and CMS Regional Offices for local outreach
- Creating companion information for people with Medicare

Background

CMS administers the Medicare program. When we have a new initiative or change to the Medicare Fee-for-Service (FFS) program, we develop and implement outreach campaigns to ensure providers have the information they need to:

- Provide quality health care services to Medicare patients
- Correctly file claims for their services
- Stay informed about program changes

¹ “CMS Fast Facts.” *Medicare Non-Institutional Providers by Specialty, Calendar Year 2020, 2021*, www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts, Accessed 19 August 2021.

Section 116 of the CAA requires CMS to conduct outreach to physicians and appropriate non-physician practitioners participating under the Medicare program with respect to Medicare payment for cognitive assessment and care plan services furnished to individuals with cognitive impairment such as Alzheimer's disease and related dementias, identified by CPT code 99483. Such outreach was required to include a comprehensive, one-time education initiative to inform such physicians and practitioners of the addition of such services as a covered benefit under the Medicare program, including the eligibility requirements.

In Calendar Year (CY) 2017, CMS established payment for Healthcare Common Procedure Coding System (HCPCS) code G0505 (Assessment and care planning for patients with cognitive impairment) to provide payment for cognitive impairment assessment and care planning. In CY 2018, the CPT Editorial Panel created CPT code 99483 for reporting of this service and in CY 2018, CMS adopted CPT code 99483 (deleting HCPCS code G0505) without changing the service valuation. The service includes a cognition-focused evaluation including a pertinent history and examination, and medical decision making of moderate or high complexity, in addition to many functional and other assessments specific to cognitive status. Cognitive Assessment & Care Plan Services is one of multiple services available to Medicare patients with dementia, including Alzheimer's Disease. The full range of services includes:

- Cognitive impairment screening performed as part of the Annual Wellness Visit (AWV) or other routine visit
- Cognitive Assessment & Care Plan Services performed once a provider detects impairment
- Reasonable and necessary care, including doctors' fees and many prescription drugs
- Inpatient hospital care
- Up to 100 days of skilled nursing home care
- Hospice care for eligible patients

Introduction

Medicare covers an AWV for all people with Medicare Part B coverage. If a provider detects a cognitive impairment, during the AWV or other routine visit, Medicare covers Cognitive Assessment & Care Plan Services as a separate visit (or as an addition to the same visit when the impairment screening occurs) to more thoroughly assess the patient's cognitive function and develop a care plan.

We maintain several resources and publications about the cognitive impairment screening.²³⁴⁵ However, providers needed more information on this more in-depth visit, the Cognitive Assessment & Care Plan Services, which they can perform once they detect a cognitive impairment. To fill this information gap, we developed Cognitive Assessment & Care Plan Services educational content. Once we developed educational content specific to this service, we began the campaign with a direct mailing, consisting of the letter and fact sheet, to physicians and non-physician practitioners. Through this initial effort, we

² "Medicare Mental Health." *MLN Publications*. <https://www.cms.gov/files/document/medicare-mental-health.pdf>. Updated June 2021.

³ "Medicare Wellness Visits." *MLN Publications*. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>. Updated February 2021.

⁴ "Chapter 18 -Preventive and Screening Services." *Medicare Claims Processing Manual*. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18pdf.pdf>. Updated October 2021

⁵ "Chapter 15 – Covered Medical and Other Health Services." *Medicare Benefit Policy Manual*. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>. Updated August 2021

targeted more than 1.4M providers, giving them information and a way to easily access our new materials. We further amplified our outreach using national and local distribution channels, and developed companion information for people with Medicare as part of our comprehensive strategy.

Approach

We began this outreach campaign with an environmental scan and meetings with internal CMS subject matter experts. Through this exercise we found several publications and resources for the cognitive impairment screening performed during the AWW. However, our environmental scan revealed opportunities for us to create information and educational content for providers and patients specific to the Cognitive Assessment & Care Plan Services visit.

Based on information CMS policy experts learned during the CY 2017 Physician Fee Schedule (CMS-1654-P⁶ and CMS-1654-F⁷) rulemaking process and subsequent opportunities to provide feedback on this service, we established the following goals for our outreach campaign:

- Generate awareness of the Cognitive Assessment & Care Plan Services CPT code
- Clarify how the benefit differs from the required cognitive impairment screening included in the AWW
- Explain that payment for the service reflects the work, time, and resources involved in the visit

Any clinician eligible to report evaluation and management (E/M) services can offer this service. We identified approximately 1.4M eligible providers as our target audience, including:

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

Keeping our goals and target audience in mind, we developed the following key messages as the foundation for all content we created for the campaign:

- If your patient shows signs of cognitive impairment at an AWW, or other routine visit, Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning.

⁶ “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Pricing Data Release; Medicare Advantage and Part D Medical Low Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model.” *Federal Register*. <https://www.federalregister.gov/documents/2016/07/15/2016-16097/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>. Published July 2016.

⁷ “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Bid Pricing Data Release; Medicare Advantage and Part D Medical Loss Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Medicare Shared Savings Program Requirements.” *Federal Register*. <https://www.federalregister.gov/documents/2016/11/15/2016-26668/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>. Published November 2016.

- 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.
- Any clinician eligible to report evaluation and management (E/M) services can offer this service, including: physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants.
- 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 covered these services via telehealth. Use CPT code 99483 to bill for both in-person and telehealth services.

Creating Research-based Educational Content

After reviewing relevant websites and publications to determine keywords and key messages that resonate with our target provider audience, we worked with our policy staff to understand additional information gaps. Once we had this research, we established our campaign webpage, cms.gov/cognitive (Appendix 1) for real-time information. Our webpage is easy to find and includes information related to coverage, eligibility, and billing for this service in plain language.

We solicited feedback on the webpage to assess the page’s success as an outreach tool. Respondents found the page helpful and were able to accomplish the task they set out to do when visiting the page. We continue to solicit feedback and update our webpage to meet provider information needs.

With our webpage content in place, we then used our research to create additional resources that were easy for providers to understand. Our content populated the following educational resources:

- Letter & direct mailing to eligible providers
- Video
- Email messaging

Letter & Direct Mailing to Eligible Providers

We created a letter and fact sheet (Appendix 2) for an eligible provider mailing detailing the “3 Things to Know” about the Cognitive Assessment & Care Planning Services benefit and directed them to our webpage for detailed information. We included a hard copy fact sheet so providers had all of the information in hand. The letter also provided links to all our online resources. Our MACs mailed over 270,000 packages, consisting of the letter and fact sheet, to physicians and non-physician practitioners, targeting more than 1.4M eligible providers. To ensure group practices with multiple providers don’t get the same information numerous times, we sent one package of information to a single group practice. By casting this wide net as the first step in this campaign, we reached our target audience quickly and in the most direct manner as shown below.

Direct Mailing Summary	
Packages Sent	270,403
Providers Covered by Packages Sent	1,429,925

Video

As part of our effort to reach providers in a multitude of ways, we developed a short video (Appendix 3). In less than 5 minutes, the video highlights the main coverage and eligibility points. The video is on our CMS YouTube channel. We promoted the video across all messaging channels, as well as during local outreach events.

Email Messaging

To further our reach to providers, we shared this educational content in an email messaging series sent using our national and local distribution channels.

Our weekly MLN Connects® email newsletter reaches over 1.1M subscribers between almost 500,000 direct subscribers and 700,000 subscribers to MAC listservs. We featured 3 different messages (Appendix 4) in the newsletter over 3 months and highlighted this content as each edition's subject line.

We also distributed the message series on other applicable agency mailing lists, including:

- Center for Medicare & Medicaid Innovation with over 135,000 subscribers representing health care entities (providers, payers, Accountable Care Organizations, consultants, lay citizens, and researchers)
- Quality Payment Program with over 200,000 subscribers comprised of clinicians and their support staff, medical societies, health policy advocates, vendors, and other stakeholders

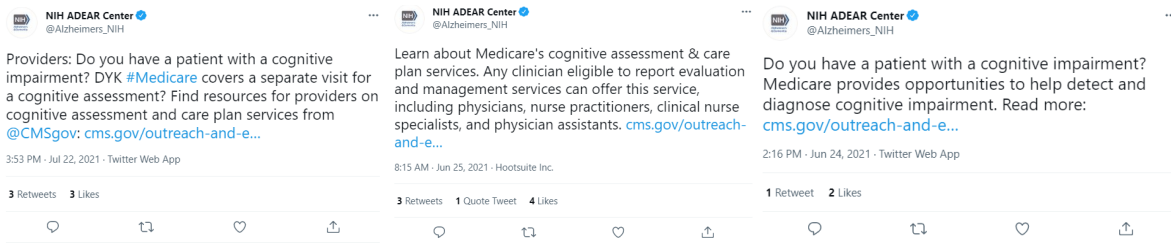
We regularly partner with 227 national health care organizations representing over 5M members, including provider associations, federations, and societies for health care professionals (including providers and support staff like billers, coders, and office managers). Partnered organizations agree to share relevant content from our MLN Connects newsletter with their members. In addition to sharing content in the newsletter with all of our partners, we asked 49 physician and non-physician practitioner partner associations to share our direct mail letter. We also shared the following graphic, which they could use on their websites as a hyperlinked button to our webpage:



Partnering with the National Institute on Aging

Additionally, for this campaign, we partnered with the HHS National Institutes of Health, National Institute on Aging to:

- Incorporate our information on their webpages
- Link to their resources for health care professionals from our webpage
- Tweet our messages to almost 14,000 followers (see below)



Presenting Information During Live Stakeholder Forum

CMS sponsors regular Open Door Forums providing an opportunity for live dialogue between CMS and stakeholders. During these sessions, CMS shares current information about new initiatives and policies and invites questions.

We presented coverage, eligibility, and billing information on the Cognitive Assessment & Care Plan Services benefit and introduced our new resources to 552 participants at the May 25, 2021 Physician Open Door Forum.

Collaborating with the MACs

MACs are CMS contractors that process FFS claims (also known as Medicare Part A and Part B claims) on a jurisdiction-by-jurisdiction basis. Among other functions, MACs also:

- Answer providers' inquiries
- Educate providers about the Medicare Program

By communicating regularly with providers on these topics, MACs are a trusted communications resource. We routinely work with the MACs on outreach campaigns to use their various tactics for more direct provider interaction within each jurisdiction. Each MAC has a Provider Outreach & Education program that informs providers about the Medicare program, including new or changing policies and how to bill correctly.

As previously mentioned, the MACs mailed our letter and fact sheet, ensuring the most direct and broad outreach. The MACs also amplified our Cognitive Assessment & Care Plan Services content at the local level by:

- Speaking about the benefit at routine meetings and other outreach events
- Sending our educational materials and messages through their electronic mailing lists
- Posting relevant content to their websites
- Using our materials to answer related provider inquiries

Working with CMS Regional Offices

The Office of Program Operations and Local Engagement (OPOLE) within CMS combines the regionally-based Medicare operations work, local oversight of Federally-facilitated Exchange plans, and external affairs. OPOLE staff provide the regional and grassroots viewpoint for the Medicare program. We routinely work with OPOLE to better understand provider information needs and questions.

OPOLE expanded the campaign’s reach by sharing Cognitive Assessment & Care Plan Services information nationally with over 75,000 individuals through emails, webinars, a drop-in article for stakeholder publications, and personal meetings. Indirectly, OPOLE reached an additional 104,000 individuals through stakeholder distribution lists.

The target audience for this outreach included medical societies and associations, rural health organizations, hospitals, individual clinicians, caregivers, and other stakeholders. Feedback from state medical societies and hospital associations indicated they appreciated the outreach and that cognitive assessment is a “much needed service.”

Collaborating to Create Companion Information for Patients

In addition to the provider outreach required by the CAA, our environmental scan indicated that people with Medicare and caregivers also needed more information. We engaged our Office of Communications (OC), within CMS, to create the following resources to reach this audience (Appendix 5):

- Medicare.gov webpage
- Content in the Medicare & You Handbook
- Medicare Summary Notice message

The Medicare.gov website is the key resource for people with Medicare and their caregivers. Before this outreach campaign, the Cognitive Assessment & Care Plan Services weren’t represented on the website. OC published a new webpage on March 29, 2021.

We send the Medicare & You Handbook to 45M households in September of each year and about 300,000 Handbooks per month to new program enrollees. The Handbook educates people with Medicare about their benefits including coverage, eligibility, costs, and changes from the previous year. We added a section on Cognitive Assessment & Care Plan Services to the 2022 Handbook. The Handbook is also available online.

Finally, we added a general information message to the October-December 2021 Medicare Summary Notice (MSN). The MSN is the explanation of benefits that CMS sends to Fee-for-Service Medicare patients who had a claim during that quarter. The MSN includes information on claims adjudication, appeals, deductible status, and general information messages that we change quarterly. We send about 50M MSNs each quarter.

Next Steps

Our commitment to maintaining awareness of the Cognitive Assessment & Care Plan Services doesn’t stop with the legislatively required provider outreach campaign. We’ll continue this effort with the following next steps:

- In 2022, providers will be able to access the most recent date a patient got the Cognitive Assessment & Care Plan Services to better coordinate care. We’re adding CPT code 99483, date of service, and the provider identifier who provided the service to the Medicare patient eligibility inquiries response. We process approximately 1.8B patient eligibility inquiries each year. With

this knowledge, providers can request and get information about previous assessments and care plans to better serve their patients and prevent a duplicate or unnecessary service and charge.

- We'll continue to include messages reminding providers about Cognitive Assessment & Care Plan Services and the billing code in the MLN Connects newsletter on a regular basis.
- We'll update video and webpage content regularly.

Conclusion

We appreciate the importance of this required outreach and education campaign and developed a robust response encompassing national and local tactics to target more than 1.4M providers. We identified information gaps and created content to give providers the information they need to promote and properly bill for this service.

Raising awareness about this service is an important step in improving access to diagnosis and treatment for Medicare patients living with dementia. There's an opportunity at each AWV to recommend this more in-depth service if providers detect a cognitive impairment during the routine screening.

Moving forward, we'll continue to update our resources as necessary and share this information with eligible Medicare providers using our national and local distribution channels.

Appendix 1: CMS.Gov/Cognitive Webpage Content

Home | About CMS | Newsroom | Archive |  Help  Print

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Centers for Medicare & Medicaid Services

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Physician Fee Schedule

[Physician Fee Schedule Look-Up Tool](#)

[PFS Federal Regulation Notices](#)

[PFS Relative Value Files](#)

[Care Management](#)

[Cognitive Assessment & Care Plan Services](#)

[Evaluation & Management Visits](#)

[Office-Based Opioid Use Disorder \(OUD\) Treatment Billing](#)

[Medicare PFS Locality Configuration and Studies](#)

[Psychological and Neuropsychological Tests](#)

[Audiology Services](#)

[Diagnostic Services by Physical Therapists Medicare PFS Locality Configuration](#)

[PFS Carrier Specific Files](#)

[PFS National Payment Amount File](#)

[Global Surgery Data Collection](#)

[Medicare PFS Preventive Services](#)

[Anesthesiologists Center](#)

[Practice Expense Data & Methods](#)

Cognitive Assessment & Care Plan Services

This page is for health care providers.

If you're a person with Medicare, [learn more about your Medicare coverage for Cognitive Assessment & Care Plan Services](#).

If your patient shows signs of cognitive impairment during a routine visit, Medicare covers a separate visit to more thoroughly assess your patient's cognitive function and develop a care plan – use CPT code 99483 to bill for this service.

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

How Do I Get Started?

Detecting cognitive impairment is a required element of Medicare's [Annual Wellness Visit \(AWV\)](#). You 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. You 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 you detect cognitive impairment at an AWV or other routine visit, you may perform a more detailed cognitive assessment and develop a care plan during a separate visit. This additional evaluation may be helpful 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.

Who Can Offer a Cognitive Assessment?

Any clinician eligible to report evaluation and management (E/M) services can offer this service. Eligible providers include:

- Physicians (MD and DO)

- Nurse practitioners
- Clinical nurse specialists
- Physician assistants

Where Can I Perform the Cognitive Assessment?

You can perform the assessment at any of these locations:

- 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 capacity
- 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

What Care Plan Services Result from the Assessment?

You'll use information gathered during a cognitive assessment to help you create a written care plan. The care plan includes initial plans to address:

- Neuropsychiatric symptoms
- Neurocognitive symptoms
- [Functional limitations](#)
- Referral to [community resources](#) as needed (for example, rehabilitation services, adult day programs, support groups) shared with the patient or

caregiver with initial education and support

How Do I Bill for Cognitive Assessment & Care Plan Services?

Service	Code	Things to Know
Initial AWV	G0438	You're required to check for cognitive impairment as part of the AWV.
Subsequent AWVs	G0439	You're required to check for cognitive impairment as part of subsequent AWVs.
Assessment of and care planning for patients with cognitive impairment like dementia, including Alzheimer's disease, at any stage of impairment	CPT code 99483 (replaced the interim HCPCS code G0505)	<p>If you detect a cognitive impairment during the AWV or other routine visit, you may perform a more detailed cognitive assessment and care plan.</p> <p>Part B coinsurance and deductible apply.</p> <p>You may bill this code separately from the AWV. If you choose to perform the AWV and the Cognitive Assessment & Care Plan Services in the same visit, add modifier 25 to the claim.</p> <p>Includes Level 5 E/M service CPT code 99215 elements like:</p> <ul style="list-style-type: none"> • comprehensive history • comprehensive exam, • high complexity medical decision-making <p>• Providers can't bill CPT code 99483 on the same day as these services:</p> <ul style="list-style-type: none"> • 90785 (Psytx complex interactive), • 90791 (Psych diagnostic evaluation) • 90792 (Psych diag eval w/med srvcs)

		<ul style="list-style-type: none"> • 96103 (Psycho testing admin by comp) • 96120 (Neuropsych tst admin w/comp) • 96127 (Brief emotional/behav assmt) • 99201– 99215 (Office/outpatient visits) • 99324–99337 (Domicil/r-home visits new pat) • 99341–99350 (Home visits) • 99366–99368 (Team conf w/pat by hc prof) • 99497 (Advncd care plan 30 min) • 99498 (Advncd care plan addl 30 min)
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Additional Resources

- Watch our [video](#) for basic information on coverage, eligibility, and billing for Cognitive Assessment & Care Plan Services
- Read our [letter \(PDF\)](#) to eligible health care providers
- Visit the National Institute on Aging’s [Alzheimer’s and Dementia Resources for Professionals](#) webpage, which includes links to screening tools and assessments
- [CY 2018 Physician Fee Schedule](#) final rule (82 FR 53077) replaced G0505 with CPT code 99483
- [CY 2021 Physician Fee Schedule](#) final rule (85 FR 84472) modified CPT code 99483 by: adding it as a permanent telehealth service, increasing its valuation, and defining it as a primary care service in the Medicare Shared Savings Program

Appendix 2: Provider Letter and Fact Sheet for MAC Direct Mailing

Provider Letter

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.

Cognitive Assessment & Care Plan Services

CPT Code 99483

If your patient shows signs of cognitive impairment during a routine visit, Medicare covers a separate visit to more thoroughly assess your patient's cognitive function and develop a care plan. This fact sheet educates providers on Medicare coverage requirements and billing standards for assessment of, and care planning for, patients with cognitive impairment (CPT code 99483).

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

How Do I Get Started?

Detecting cognitive impairment is a required element of Medicare's Annual Wellness Visit (AWV). You 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. You 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 you detect cognitive impairment at an AWV or other routine visit, you 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.

Who Can Offer a Cognitive Assessment?

Any clinician eligible to report evaluation and management (E/M) services can offer this service. Eligible providers include:

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

Where Can I Perform the Cognitive Assessment?

You can perform the assessment at any of these locations:

- 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. An independent historian must be present for assessments and when you provide corresponding care plans under CPT code 99483.

An independent historian can be a parent, spouse, guardian, or other individual who provides the history when a patient isn't able to provide complete or reliable medical history themselves. Typically, you would spend 50 minutes face-to-face with the patient and independent historian to perform the following 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 capacity
- 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

What Care Plan Services Result from the Assessment?

You'll use information gathered during a cognitive assessment to help you create a written care plan. The care plan includes initial plans to address:

- Neuropsychiatric symptoms
- Neurocognitive symptoms
- Functional limitations
- Referral to community resources as needed (for example, rehabilitation services, adult day programs, support groups) shared with the patient or caregiver, with initial education and support

How Do I Bill for Cognitive Assessment & Care Plan Services?

Service	Code	Things to Know
Initial AWW	G0438	You're required to check for cognitive impairment as part of the AWW.
Subsequent AWWs	G0439	You're required to check for cognitive impairment as part of subsequent AWWs.
Assessment of and care planning for patients with cognitive impairment like dementia, including Alzheimer's disease, at any stage of impairment	CPT code 99483 (replaced the interim HCPCS code G0505)	<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> <p>Part B coinsurance and deductible apply.</p> <p>You may bill this code separately from the AWW.</p> <p>Includes Level 5 E/M service CPT code 99215 elements like:</p>

		<ul style="list-style-type: none"> - comprehensive history - comprehensive exam - high complexity medical decision-making
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Resources

- Alzheimer's and Dementia Resources for Professionals webpage for more information on assessing cognitive impairment
 - <https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals>
- CY 2018 Physician Fee Schedule final rule (82 FR 53077) replaced G0505 with CPT code 99483
 - <https://www.govinfo.gov/content/pkg/FR-2017-11-15/pdf/2017-23953.pdf#page=102>
- CY 2021 Physician Fee Schedule final rule (85 FR 84472) modified CPT code 99483 by adding it as a permanent telehealth service, increasing its valuation, and defining it as a primary care service in the Medicare Shared Savings Program
 - <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf#page=278>
- Medicare Wellness Visits educational tool for more information about AWW's
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

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This educational product was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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Paid for by the Department of Health & Human Services.


Appendix 3: Video Script

Cognitive Assessment & Care Plan Services Video Script

Posted at: <https://www.youtube.com/watch?v=NmDjhRVax8E>

Block	Video Screen Capture (This is what the audience sees on the screen)	Notes to the Producer/Editor	Audio (This is what the audience hears as the video plays)
0.	Intro Screen	Standard MLN opening. Keep the opening as used in the video https://youtu.be/O-Hvynw3hgE Previous video estimated time code 0:00 – 0:06	{music}
1.	Cognitive Assessment & Care Plan Services (CPT Code 99483)		In this video, we'll give you an overview of Medicare coverage and billing requirements for Cognitive Assessment & Care Plan Services—CPT code 99483.
2.	What are Cognitive Assessment & Care Plan Services?	Show image of doctor assessing older patient.	If you've given an annual wellness visit, or AWV, you're familiar with the cognitive assessment that's part of that service. But did you know that Medicare covers a more in-depth assessment? This video is about the more in-depth visit that happens after you detect a cognitive impairment in your patient during a routine visit. This more in-depth visit is called "Cognitive Assessment & Care Plan Services."
3.	Who Can Offer the Cognitive Assessment & Care Plan Services? <ul style="list-style-type: none"> • Physicians (MD and DO) • Nurse practitioners • Clinical nurse specialists • Physician assistants 	Highlight the word on the screen as the audio of the word is pronounced	So, who's allowed to provide this service? Any clinician eligible to report evaluation and management, or E and M services can perform Cognitive Assessment & Care Plan Services. Eligible providers include: <ul style="list-style-type: none"> • Physicians • Nurse practitioners • Clinical nurse specialists and, • Physician assistants

4.	Who Should Get an Assessment & Plan? Patients with a detected cognitive impairment, such as dementia or Alzheimer's.	Move to image of an older person and show text in clear box at the bottom of screen.	If your patient shows signs of cognitive impairment like dementia or Alzheimer's disease during a routine visit, Medicare covers a follow up visit so you can further assess your patient's cognitive function and develop a care plan.
5.	Where Can I Perform the Assessment? <ul style="list-style-type: none"> • Office or outpatient setting • Private residence • Care facility • Rest home • Via telehealth 	Highlight the word on the screen as the audio of the word is pronounced	You can perform the assessment at any of these locations: <ul style="list-style-type: none"> • Office or outpatient setting • Private residence • Care facility • Rest home • Via telehealth
6.	How Do I Conduct a Cognitive Assessment?	Add a ticking clock or other visual to show that it takes 50 minutes.	To conduct a cognitive assessment, you'll examine your patient and gather a detailed medical history. Your patient must be accompanied by an independent historian, who may be a caregiver or other individual who can provide your patient's medical history. Typically, this visit takes about 50 minutes and can be done face-to-face or by telehealth.
7.	Required Elements of a Cognitive Assessment <ul style="list-style-type: none"> <input type="checkbox"/> Observation <input type="checkbox"/> Record history <input type="checkbox"/> Assess Activities of Daily Living <input type="checkbox"/> Use standardized instruments <input type="checkbox"/> Review medications <input type="checkbox"/> Screen for related conditions <input type="checkbox"/> Conduct safety evaluation <input type="checkbox"/> Identify social supports <input type="checkbox"/> Address Advance Care Planning 	Check a box next to the line item once it is read in more detail  Check the boxes as the narrator reads the requirements off.	When you conduct the cognitive assessment, you must: <ul style="list-style-type: none"> • Examine your patient with a focus on observing cognition • Record and review your patient's history, reports, and records • Conduct a functional assessment of Basic and Instrumental Activities of Daily Living, including decision-making capacity • Use standardized instruments for staging of dementia like the Functional Assessment Staging Test and Clinical Dementia Rating • Reconcile and review for high-risk medications, if applicable • Use standardized screening instruments to evaluate for neuropsychiatric and behavioral symptoms, including depression and anxiety

			<ul style="list-style-type: none"> • Conduct a safety evaluation for home and motor vehicle operation • Identify social supports including how much caregivers know and are willing to provide care, and • Address Advance Care Planning and any palliative care needs
8.	Care Plan Image of closed book entitled “Care Plan”	Image of closed book entitled “Care Plan”	Using the information gathered during the assessment, you’ll work with your patient and their caregiver to create a written care plan.
9.	<ul style="list-style-type: none"> • Neuropsychiatric symptoms • Neurocognitive symptoms • Functional limitations 	Show page turning to page 1 w/ the bullet items	The care plan includes plans to address: <ul style="list-style-type: none"> • Neuropsychiatric symptoms • Neurocognitive symptoms and • Functional limitations
10.		Show page turning to page 2 Have a packet of brochures with the list of topics in big letters at the tops.	The care plan also includes referrals to community resources as needed. Be sure to share the care plan and referrals with your patient and their caregiver.
11.	How Do I Bill for Cognitive Assessment & Care Plan Services? CPT Code 99483 Part B coinsurance and deductible apply	Show text on a computer screen	Use CPT Code 99483 when billing for Cognitive Assessment & Care Plan Services. Remember, this is billed separately from the Annual Wellness Visit. Medicare Part B coinsurance and deductible apply.
12.	Where Can I Get More Information? cms.gov/cognitive	Show image of website.	We hope you found this overview helpful. For more information, review our Cognitive Assessment & Care Plan Services webpage at cms.gov/cognitive . You can find this link in the description below this video.
13.	<i>[Rolling credits with disclaimers]</i> This educational product was prepared as a service to the public and is not intended to grant rights		This educational product was prepared as a service to the public and is not intended to grant rights or impose obligations. This educational product may contain

	<p>or impose obligations. This educational product may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.</p> <p>The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).</p> <p>Paid for by the Department of Health & Human Services.</p>		<p>references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.</p> <p>The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).</p> <p>Paid for by the Department of Health & Human Services.</p>
	<p>The standard CMS/MLN closing</p>	<p>Keep the standard as used in the previous version of the video https://youtu.be/O-Hvynw3hgE</p>	

Appendix 4: Email Messaging Series

Date: 5/13/2021

Cognitive Impairment: Medicare Provides Opportunities to Detect & Diagnose

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-05-13-mlnc>

Do you have a patient with a cognitive impairment? Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning.

3 Things You Need to Know:

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. Any clinician eligible to report Evaluation and Management (E/M) services can offer this service, including: physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants

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.

Get details on Medicare coverage requirements and proper billing at [cms.gov/cognitive](https://www.cms.gov/cognitive).

##

Date: 6/10/2021

Cognitive Assessment: What's in the Written Care Plan?

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-06-10-mlnc>

Do you have a patient with a cognitive impairment? Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning. Any clinician eligible to report evaluation and management services can offer this service, including physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants.

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. Use information you gather from the exam to create a written care plan.

The resulting written care plan includes initial plans to address:

- Neuropsychiatric symptoms
- Neurocognitive symptoms
- Functional limitations
- Patient or caregiver referrals to community resources, as needed, with initial education and support

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.

Get details on Medicare coverage requirements and proper billing at [cms.gov/cognitive](https://www.cms.gov/cognitive).

##

Date: 7/15/2021

Cognitive Assessment: Resources for Providers

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-07-15-mlnc>

Do you have a patient with a cognitive impairment? Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning.

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.

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.

More Information:

- [Visit the Cognitive Assessment webpage](#)
- [Watch our video \(4:34\)](#)
- [Visit the National Institute on Aging's Alzheimer's and Dementia Resources for Professionals webpage](#)

Appendix 5: Companion Pieces for People with Medicare

Medicare.gov Webpage

<https://www.medicare.gov/coverage/cognitive-assessment-care-plan-services>

Cognitive assessment & care plan services

Medicare Part B (Medical Insurance) covers a visit with your regular doctor or a specialist to do a full review of your cognitive function, establish or confirm a diagnosis like dementia, including Alzheimer's disease, and establish a care plan.

Signs of cognitive impairment include trouble remembering, learning new things, concentrating, managing finances, or making decisions about your everyday life.

Conditions like depression, anxiety, and delirium can also cause confusion, so it's important to understand why you may be having symptoms.

Your costs in Original Medicare

The Part B deductible and coinsurance apply.

What it is

During this visit, your doctor may:

- Perform an exam, talk with you about your medical history, and review your medications.
- Create a care plan to help address and manage your symptoms.
- Help you develop or update your [advance care plan](#).
- Refer you to a specialist, if needed.
- Help you understand more about community resources, like rehabilitation services, adult day health programs, and support groups.

Things to know

- When you see your provider for a visit (including your [yearly “Wellness” visit](#)), they may perform a cognitive impairment screening. Medicare covers a separate visit to do a more thorough review.
- You can bring someone with you, like a spouse, friend, or caregiver, to help provide information and answer questions.

##

Medicare & You Handbook Section

Cognitive Assessment & Care Plan Services

When you see your provider for a visit (including your yearly “Wellness” visit), they may perform a cognitive assessment to look for signs of dementia, including Alzheimer’s disease. Signs of cognitive impairment include trouble remembering, learning new things, concentrating, managing finances, or making decisions about your everyday life. Conditions like depression, anxiety, and delirium can also cause confusion, so it’s important to understand why you may be having symptoms.

Medicare covers a separate visit with your regular doctor or a specialist to do a full review of your cognitive function, establish or confirm a diagnosis like dementia, including Alzheimer’s disease, and develop a care plan. You can bring someone with you, like a spouse, friend, or caregiver, to help provide information and answer questions. During this visit, your doctor may:

Perform an exam, talk with you about your medical history, and review your medications.

- Create a care plan to help address and manage your symptoms.
- Help you develop or update your advance care plan. See page 30.
- Refer you to a specialist, if needed.
- Help you understand more about community resources, like rehabilitation services, adult day health programs, and support groups.

The Part B deductible and coinsurance apply.

##

Medicare Summary Notice to run October-December 2021

Medicare cares about your health. If you’ve had trouble remembering things, concentrating, or making everyday decisions, Medicare Part B covers a visit with your doctor or a specialist to talk about it and do an exam.