

Centers for Medicare & Medicaid Services  
Physicians, Nurses and Allied Health Professionals Open Door Forum  
Moderator: Jill Darling  
May 25, 2021  
2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen only mode until the question-and-answer session of today's conference. At that time you may press star 1 on your phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the conference over to Jill Darling. Thank you. You may begin.

Jill Darling: Great. Thanks so much, (Courtney). Hello and welcome to today's Physicians, Nurses, and Allied Health Professionals Open Door Forum. I'm Jill Darling in the CMS Office of Communications. And welcome. Before we begin I have one brief announcement.

This Open Door Forum is open to everyone. But if you are a member of the press you may listen in but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries please contact CMS at [Press@CMS.HHS.gov](mailto:Press@CMS.HHS.gov).

And I would like to hand it over to Dr. Gene Freund.

Dr. Gene Freund: Hi. Thank you, Jill. This is Gene Freund. On behalf of our Chair, Mr. Gift Tee and myself, I want to welcome you to this Physicians Open Door Forum. And without further ado, turn it over to Emily Yoder who's going to begin the discussion about the Cognitive Assessment and Care Plan Services.

Emily Yoder: Thank you, Gene. So this is a code that describes assessment and care planning for patients with cognitive impairments. So the initial detection of cognitive impairment could occur during either an annual wellness visit or any type of routine visit. And this service is a more in depth assessment in development of a care plan for when development of a care plan is needed.

So this service occurs face to face and includes the following elements - a cognition focused evaluation, medical decision making of moderate or high complexity, functional assessments including decision making capacity, use of standardized instruments for staging of dementia, medication reconciliation and review for high risk medication, evaluation for neuropsychiatric and behavioral symptoms and this can include depression, evaluation of the safety for example, of the home or motor vehicle operation, identification and assessment of caregivers, and the development, updating, revision, or review of an advanced care plan if that is the beneficiary's preference.

It also includes creation of a written care plan which includes initial plans to address neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referrals to community resources as needed, shared with the patient and/or caregiver with initial education and support.

So typically this is about a 50 minute service, that face to face with a patient and/or family and caregiver. Although this is a face- to-face service, it is also available as a telehealth service through two way audio/video communication technologies, to beneficiaries who outside of the circumstances of the public health emergency, are in medical facilities in rural areas.

This service can be billed by any practitioner who could independently bill for evaluation management visits, and Part B coinsurance and deductibles do apply. Now over to (Nicole).

Nicole Cooney: Thank you. Just so everyone's aware, the Medicare Administrative Contractors are mailing out letters, they're in that process right now, to eligible clinicians with information about the benefit similar to what Emily just covered. And also providing information on some resources that we now have available about the cognitive assessment and care plan services.

The first being our Web site which is [CMS.gov/Cognitive](https://www.cms.gov/Cognitive). And that is where you'll find details on Medicare coverage requirements and proper billing standards. Again, that Web site is [CMS.gov/Cognitive](https://www.cms.gov/Cognitive). There on the Web site, you'll also find a brief video that provides many of the details about the benefit, that we hope you'll find helpful.

We also link to the National Institute on Aging Alzheimer's and Dementia Resources for Professionals' Web page, where you can find more information on assessing cognitive impairment. And then in terms of resources for patients and advocates, there is also a page on the cognitive assessment and care plan services, on [Medicare.gov](https://www.Medicare.gov) now. We link to that from the [CMS.gov](https://www.CMS.gov) Web page.

That's really the hub where you'll find access to all of these resources. And additionally, we have information on the service in the upcoming 2022 Medicare and You Handbook. That's everything that we have Jill, if we want to see if there are any questions.

Jill Darling: Yes. Thank you, (Nicole) and Emily. (Courtney), we'll open the lines for Q&A please.

Coordinator: Thank you. We will now begin the question-and-answer session. If you would like to ask a question please press star 1. If you need to withdraw your question press star 2. Our first question comes from (Ronald Hirsch).

(Ronald Hirsch): Hi. Just a quick question. Is this - is it eligible to be billed with another (E&M) service if the (E&M) service has a modifier 25 on it? Or does it have to be a separate visit?

Emily Yoder: Hi (Ron). This is Emily. If you could just send that question to the partnership mailbox then we could get an answer for you. I think I know the answer, but I don't want to say anything unless I'm absolutely sure. So if you could just send that in that'd be helpful. Thank you.

(Ronald Hirsch): You bet. Will do. Thank you.

Coordinator: Our next question comes from (Mark Lu).

(Mark Lu): Hi. Can you hear me? Hi. Can you guys hear me?

Woman: Yes. Go ahead.

(Mark Lu): Oh. Yes, so for 99453 our understanding is that this code does not require that we supply the device to the patient. If we did not supply the device but we do provide support and education to the patient in setting up the device and connecting with us remotely for our (PM) purposes, we believe we can bill for 99453. Is that correct?

Woman: (Gift), are you on? Are you able to take that question?

(Gift Tee): I am on. But I confess that I did - I missed the first part. So if you wouldn't mind just repeating, please and thank you.

(Mark Lu): Yes, no problem. So this is regarding 99453. So our understanding is that this code does not require that we supply the device to the patient. If we did not supply the device but we do provide support and education to the patient in setting up the device and connecting with us remotely for RPM purposes, we believe we can bill for 99453. Is that correct?

Gift Tee: I'm going to go ahead and say to send that message to the mailbox that was referenced in the opening and we'll certainly get back to you.

(Mark Lu): Okay. Can I ask one more question for another code?

Gift Tee: Sure.

(Mark Lu): So this is about 99454. So in some cases our patients may already have a device such as like a blood pressure cuff, sphygmomanometer, but they need something additional like hardware such as like a tablet or kind of communication hub so that these devices, you know, can be connected for RPM purposes. This is especially true for patients without smartphones.

So if we provide the tablet for a connection hub or some portion of hardware to make the patient's device functional for RPM purposes, does that, you know, can we bill then for 99454?

Gift Tee: I'm going to say go ahead and send that too. I'm looking at the CPT descriptors and I don't want to feed you the wrong information based on understanding in my head versus a researched understanding. So send in that

question. We'll have to take a closer look at the supply and whether we consider supply to be included in the payment for the service.

And if that supply is not there what, you know, portions of the service are considered payable. So go ahead and send that to us and we'll get back to you as well.

(Mark Lu): Sounds good. Thank you.

Jill Darling: Do we have any further questions, (Courtney)?

Coordinator: Yes. We have a question from (Lori Weber).

(Lori Weber): Hi there. I just wanted to talk about the gentleman's last call. I think he's talking about remote monitoring codes and not about the Cognitive Assessment and Care Plan codes, because there's no device involved. Correct?

(Gift): Yes. No, I - yes. He was definitely referencing RPM codes. Yes.

(Lori Weber): Thank you.

Coordinator: I'm showing no further questions at this time.

Jill Darling: All right, well thanks everyone. Very brief call today. So we'll give about 45 minutes back to you for your day. As always, we appreciate you dialing in and listening in. And if you do have any follow up questions or want to hear any other topic, please email us at [Partnership@CMS.HHS.gov](mailto:Partnership@CMS.HHS.gov). That's [Partnership@CMS.HHS.gov](mailto:Partnership@CMS.HHS.gov). Thank you everyone. Have a wonderful day.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time. Speaker, please allow a moment of silence and standby for your post conference.

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