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Centers for Medicare & Medicaid Services

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Cognitive Assessment & Care Plan Services

## 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.

As of January 1, 2022, Medicare pays approximately \$283 (may be geographically adjusted) for these services when provided in an office setting.

### 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,	CPT code 99483 (replaced the	If you detect a cognitive impairment during the AWV or other routine visit, you may perform a more detailed cognitive



Service	Code	Things to Know
including Alzheimer's disease, <a href="#">at any stage of impairment</a>	interim HCPCS code G0505)	<p>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 &amp; 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"> <li>comprehensive history</li> <li>comprehensive exam,</li> <li>high complexity medical decision-making</li> </ul> <p>Providers can't bill CPT code 99483 on the same day as these services:</p> <ul style="list-style-type: none"> <li>90785 (Psytx complex interactive),</li> <li>90791 (Psych diagnostic evaluation)</li> <li>90792 (Psych diag eval w/med srvc)</li> <li>96103 (Psycho testing admin by comp)</li> <li>96120 (Neuropsych tst admin w/comp)</li> <li>96127 (Brief emotional/behav assmt)</li> <li>99201– 99215 (Office/outpatient visits)</li> <li>99324–99337 (Domicil/r-home visits new pat)</li> <li>99341–99350 (Home visits)</li> <li>99366–99368 (Team conf w/pat by hc prof)</li> <li>99497 (Advncd care plan 30 min)</li> </ul>



Service	Code	Things to Know
		<ul style="list-style-type: none"> <li>99498 (Advncd care plan addl 30 min)</li> </ul>

### 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 mailed in 2021
- 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
- [Report to Congress \(December 2021\) \(PDF\)](#)

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