

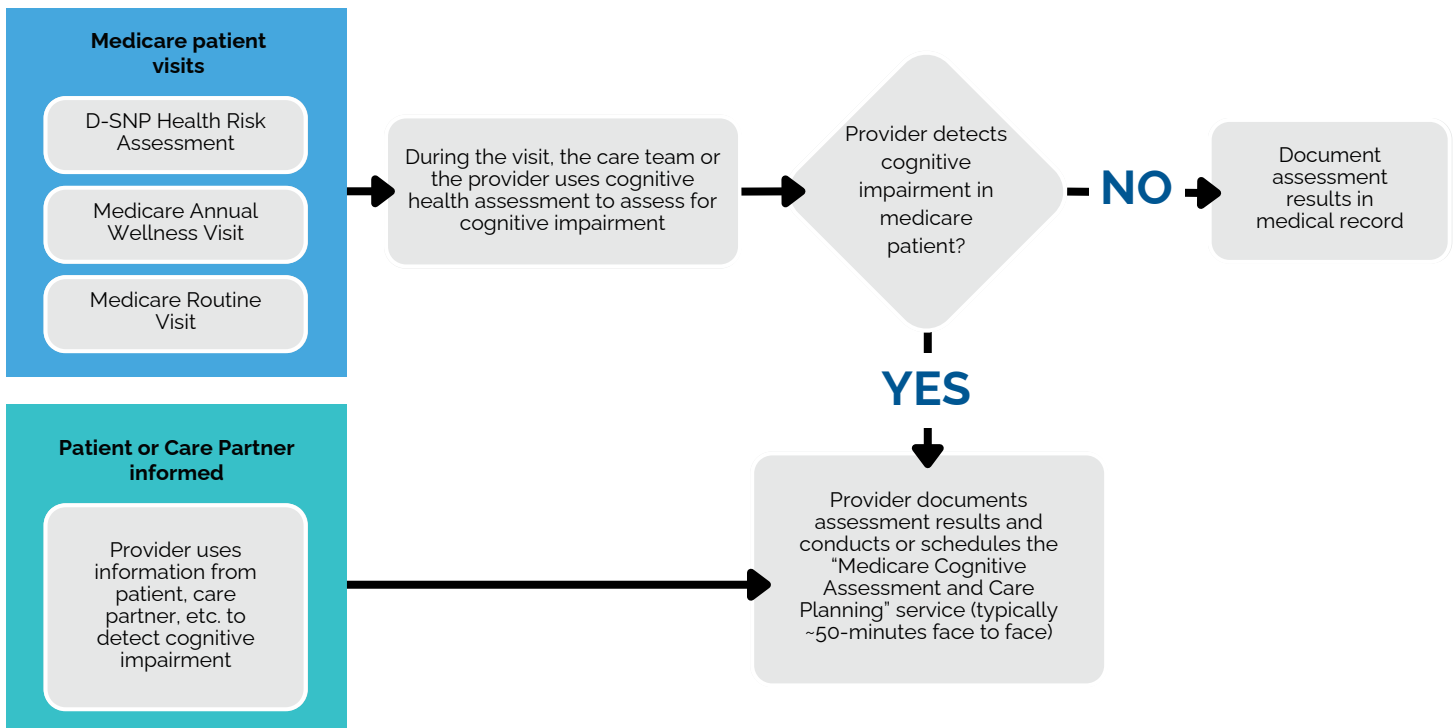
Medicare/Medi-Cal Billing

What is Dementia Care Aware?

Dementia Care Aware is a training and support program that empowers primary care teams to assess and address dementia. See our general fact sheet on Dementia Care Aware for program goals and content.

The Medicare Setting

Medicare is likely to be the primary payer for most people for whom we are concerned about cognitive impairment and dementia. Patients may also have Medi-Cal, but Medicare is the primary payer. This graphic shows the various settings in which cognitive impairment can be detected, and then shows the relationship to Medicare Cognitive Assessment and Care Planning.



Who counts as a billing provider?

Any clinician eligible to report evaluation and management service can bill. Eligible providers by primary patient coverage type are:

Medicare	Medi-Cal
<ul style="list-style-type: none"> Physicians (MD and DO) Nurse Practitioners Physician Assistants Clinical Nurse Specialists 	<ul style="list-style-type: none"> Physicians (MD and DO) Nurse Practitioners Physician Assistants Supervising Physicians on behalf of Physician Assistant

How do I bill for dementia screening, assessment, care planning, and care management?

The table below outlines the codes associated with visit types and services in which a cognitive screen is indicated and therefore the cognitive health assessment (CHA) can be used.

Coverage	Visti Type	Billing Code	Things to Know
Dual-eligible, Medicare only beneficiary	Initial Annual Wellness Visit	G0438	You can use the CHA to satisfy the required AWV cognitive impairment screen. When an AWV is conducted, this code should be the first one billed for individuals who are Medicare-only or for dual-eligible individuals. See further down the table for the code to use for individuals with only Medi-Cal coverage.
Dual-eligible, Medicare only beneficiary	Subsequent AWVs	G0439	You can use the CHA to satisfy the required AWV cognitive impairment screen.
Dual-eligible, Medicare only, and Medi-Cal only beneficiary†	Cognitive Assessment and Care Planning (60 minutes)*	CPT-4 code 99483	<p>As this visit is intended to confirm a cognitive impairment diagnosis, the CHA alone does not meet criteria for this code.</p> <p>To use this code, required elements include:</p> <ul style="list-style-type: none"> Examine the patient with a focus on observing cognition (CHA can be used) 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 (CHA can be used) 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 (CHA can be used) Address Advance Care Planning and any palliative care needs <p>This code should be billed to conduct a more extensive screening of Medicare-only and dual-eligible beneficiaries after an initial screening indicates additional screening is necessary.</p>
Medi-Cal only beneficiary †	Cognitive health assessment	CPT-4 code 1494F	<p>Providers must complete the DHCS Dementia Care Aware cognitive health assessment training to bill for the service using this code.</p> <p>Providers must document all the following in the Member's medical records and have such records available upon request:</p> <ul style="list-style-type: none"> The screening tool or tools that were used Verification that screening results were reviewed by the Provider The results of the screening The interpretation of results Details discussed with the Member and/or authorized representative and any appropriate actions taken in regard to screening results <p>This code is only used for Medi-Cal only beneficiaries who are age 65 and older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit through the Medicare Program.</p>

*Dementia Care Aware resources will provide guidance to meet the criteria for this code. See website for ongoing updates.
 † Providers can only bill Medi-Cal for this code if the patient does NOT have Medicare.

Qualifying CHA screenings are eligible for reimbursement under the new billing CPT-4 code 1494F.

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), or Tribal Health Programs are not eligible to receive additional payments for Dementia Care Aware/Cognitive Health Assessment (CHA) services via the fee-for-service system. The health assessment is a component of an evaluation and management visit and as such, it is reimbursed via the Prospective Payment System (PPS) Rate, All-Inclusive Rate (AIR), or Tribal FQHC APM (set at AIR). If additional payment were to be received, the Medi-Cal Managed Care Plan revenue must be included in the FQHC/RHC's annual Reconciliation Request.

The 1494F CPT code can be used when a CHA-trained provider performs the screening for a Fee for service Medi-cal only beneficiaries over 65.

The Medi-cal Managed Care Plan can chose to provide payment to CHA-trained providers. It is up to each Medi-Cal Managed Care Plan to determine if they will provide additional payment to their providers for the service.