

Conducting the Cognitive Health Assessment: The Basics

The Three Parts of the Cognitive Health Assessment

The Cognitive Health Assessment (CHA) has three parts. It was designed for patients ages 65 and older who have not already been diagnosed with mild cognitive impairment or dementia. However, it can be used with any patient showing signs and symptoms of cognitive decline regardless of age.

Part 1



Take a Brief Patient History

Take a very brief cognitive health history of the patient. This history can be:

- The response to an annual screening question (e.g., Have you or friends/family noted changes in your mental abilities?) OR
- The observation of a sign of cognitive decline by someone (e.g., a care partner reports that the patient has difficulty remembering medication changes)

Part 2



Use Screening Tools

Assess the patient directly for both cognitive and functional decline using screening tools. If the patient screens negative, use cognitive and functional screening tools with the patient's care partner, if available. Refer to the next table for a list of recommended tools.

Part 3



Document Care Partner Information

Identify a care partner and document the partner's contact information in the patient's record. Ideally, this is a health care agent who has legal authority to make decisions on behalf of the patient. Even if a patient's cognitive and functional screenings are negative, ask about the patient's support system. If the patient can't identify someone, then document this instead.

Cognitive Health Assessment Screening Tools

For the CHA you need to screen for both cognitive and functional impairment. There are multiple screening tools you can use to check for cognitive and functional decline, and they can be administered to the patient or the care partner. The table below lists several recommended, validated tools.

	Administered to the patient:	Administered to the care partner:
Cognitive Screening Tools	GP-COG : Part 1: General Practitioner assessment of Cognition (for the patient) Mini-Cog	Short IQ-CODE : Short Informant Questionnaire on Cognitive Decline in the Elderly AD-8 : Eight-Item Informant Interview to Differentiate Aging and Dementia
Functional Screening Tools	ADLs/IADLs: Activities of Daily Living and Instrumental Activities of Daily Living	GP-COG Part 2: General Practitioner Assessment of Cognition (for the informant) FAQ : Functional Activities Questionnaire

Links to Resources

[Dementia Care Aware website](#)

[General Practitioner Assessment of Cognition \(GP-COG\)](#)

[Mini-Cog](#)

[Short Informant Questionnaire on Cognitive Decline in the Elderly \(Short IQ-CODE\)](#)

[Eight-Item Informant Interview to Differentiate Aging and Dementia \(AD-8\)](#)

[Functional Activities Questionnaire \(FAQ\)](#)

What to Do After a Positive Screen

The CHA is an initial screening process to detect signs of cognitive decline. The CHA is not a diagnostic tool. If the CHA is positive, next steps involve additional assessments to determine if the decline is due to mild cognitive impairment or dementia. Here is a recommended framework for next steps:

Cognition

If the CHA comes back positive:

- Screen for depression and substance use
- Evaluate for other diseases with cognitive symptoms (e.g., HIV, syphilis, thyroid disorders, obstructive sleep apnea, vitamin B12 deficiency)
- Order labs and head imaging if less than 12 months of symptoms (CBC, electrolytes, BUN/Cr, fasting glucose)
- A more detailed cognitive symptom history is also recommended to identify whether referral to a specialist is warranted.

Function

Based on the results of the functional assessment, consider connecting patients to services based on their needs, such as:

In-Home Supportive Services to obtain a caregiver

Money management services

Meal delivery services

Legal services for access to benefits through Medi-Cal and other programs

Support System

Document the roles and contact information for the patient's support system:

- The care partner for the CHA screen
- Support persons or additional care partners
- Health care agent(s) or durable power of attorneys

Connect the patient's support system to needed services such as legal services for advance care planning.

Start a Brain Health Plan

You can start a brain health plan to maximize brain function in all older adults, but it will especially benefit those with cognitive or functional decline. You can also start the plan before any diagnosis of mild cognitive impairment or dementia is made. A brain health plan consists of the following:

- Make sure vision and hearing assessments are up to date and, if impairments are present, correct them accordingly.
- Review medications for cognitive side effects and reduce as many of these as you can in dose or frequency, and preferably stop them.
- Encourage social and physical activity.
- Continue to address blood pressure and diabetes management goals.



What to Know About Billing for the CHA

Effective July 1, 2022, an annual CHA for Medi-Cal only beneficiaries who are 65 years of age or older is a covered benefit if the beneficiary is otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare program (for more information on billing for Medicare patients, visit our [website](#)). A provider also must be registered as having completed the core Cognitive Health Assessment training, available on the [Dementia Care Aware website](#). This assessment should be a component of an Evaluation and Management (E&M) visit. When a CHA is performed, bill an additional claim line using **CPT-4 code 1494F Cognition assessed and reviewed**.

Note: For patients under 65 years of age who are reporting symptoms or showing signs of cognitive decline, the provider should do a CHA and then may bill Medi-Cal using normal Evaluation and Management (E&M) codes.



Providers must complete the course Conducting the CHA: The Basics before they can begin billing for the CHA.



Qualifying CHA screenings are eligible for payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service or to a network provider of a Medi-Cal-managed care plan.

The rate is \$29 and is limited to once per year, per same provider.



The reimbursement rate depends upon a provider's contract with the patient's **Medi-Cal managed care** plan.



Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) will be reimbursed for this service as part of the Prospective Payment System (PPS) process.

Required Billing Documentation for Medi-Cal Only Beneficiaries

Required documentation only emphasizes the results of the cognitive screen, though we recommend you complete all portions of the CHA. All documentation must remain in the patient's medical record and be available upon request. Billing can occur for 1494F if the provider documents:

1. The screening tool or tools that were used (at least one cognitive screening tool is required to bill this code)
2. That the completed assessments were reviewed by the provider
3. The results of the assessment(s)
4. The interpretation of the results
5. That the results were discussed with the patient, family, or informant, and any appropriate actions were taken

Example of the required documentation:

I reviewed the patient's cognitive health assessment. She scored 1 point on the Mini-Cog, which is abnormal. I disclosed this result to the patient and plan to send for hearing and vision tests, as well as schedule a follow-up for further assessment and care planning at the next visit.