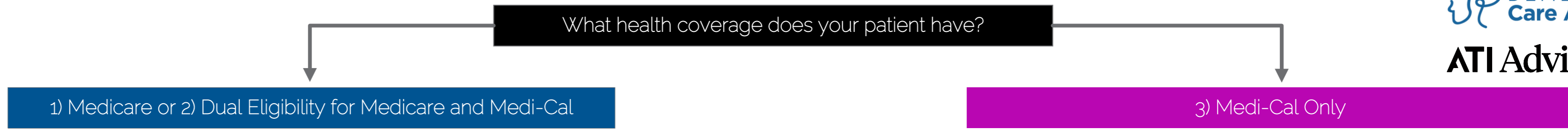


# Guide to Cognitive Impairment Screening and Billing in California

**Key notes:**

This resource provides Medicare and Medi-Cal billing information for many cognitive impairment care pathways and services, but is not exhaustive.

In this document, cognitive impairment may refer to dementia, Alzheimer's, and/or other forms of cognitive impairment.



Cognitive Impairment Care Pathway	Medicare Options to Pursue the Cognitive Impairment Care Pathway	Medi-Cal Options to Pursue the Cognitive Impairment Care Pathway
<p><b>Screen for Cognitive Impairment</b> <i>Pathways to identify cognitive impairment include:</i></p>	<p><b>Annual Wellness Visit (AWV)</b> Administer the CHA</p> <p><b>BILLING:</b> Initial AWV: HCPCS G0438. Follow-up AWVs: HCPCS G0439. The CHA fulfills the AWV requirement to check for cognitive impairment, but is not associated with additional payment.</p> <p><b>Visit Discussing Cognitive Impairment Concern</b></p> <p><b>BILLING:</b> New patient: 99202 - 99205,<sup>1</sup> Established patient: 99212 - 99215<sup>2</sup></p>	<p><b>Cognitive Health Assessment (CHA)</b></p> <p><b>BILLING:</b> 1494F</p> <p>The CHA can be billed alongside an Evaluation and Management visit for Fee for Service Medi-Cal only beneficiaries age 65+ once per year per provider.* To bill this code, the provider must take the <a href="#">Dementia Care Aware Cognitive Health Assessment training</a>.</p> <p>*Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Programs are not eligible to receive additional payments for 1494F. Managed care plan may choose to pay for this service/code.</p>
<p><b>Assess Cognitive Impairment</b> <i>Options for follow-up after positive screen include:</i></p>	<p><b>Cognitive Assessment and Care Planning</b> Conduct a comprehensive evaluation resulting in a written care plan.</p> <p><b>BILLING:</b> 99483; use when there is an indication of cognitive impairment. If the service is completed in the same day as the AWV, apply modifier 25 to the AWV code.</p> <p><b>Cognitive Impairment Evaluation</b> Conduct a full assessment, which may include history, labs, imaging, exams, etc.</p> <p><b>BILLING:</b> New patient: 99202 - 99205,<sup>1</sup> Established patient: 99212 - 99215<sup>2</sup></p>	<p><b>Cognitive Assessment and Care Planning</b> Typically lasts 50 minutes</p> <p><b>BILLING:</b> For patients with cognitive impairment: 99483. Cannot be reported with CPT code 1494F.</p>
<p><b>Diagnose Cognitive Impairment</b> <i>Provide additional counseling and pursue diagnosis as needed through:</i></p>	<p><b>Diagnosis and Counseling</b> May include disclosing diagnosis, providing education, referrals, discussing driving, providing resources, and/or briefly discussing treatment.</p> <p><b>BILLING:</b> New patient: 99202 - 99205,<sup>1</sup> Established patient: 99212 - 99215<sup>2</sup></p>	<p><b>Diagnosis and Counseling</b> May include disclosing diagnosis, providing education, referrals, discussing driving, providing resources, and/or briefly discussing treatment.</p> <p><b>BILLING:</b> New patient: 99202 - 99205,<sup>1</sup> Established patient: 99212 - 99215<sup>2</sup></p>
<p><b>Follow up on and Treat Cognitive Impairment</b> <i>Continue treatment and/or provide relevant services through:</i></p>	<p><b>Advance Care Planning</b> Discuss advance directives and/or complete forms.</p> <p><b>BILLING:</b> First 30 minutes: 99497. Each additional 30 minutes: 99498. Advanced Care Planning may also be done as part of the AWV or at any point in the cognitive impairment care pathway.</p> <p><b>Complex Care Management</b> Under billing provider supervision, clinical staff follow up monthly to monitor and support care plan implementation.</p> <p><b>BILLING:</b> 20 minutes per month: 99490. 60 minutes per month: 99487. Every additional 30 minutes: 99489</p> <p><b>Follow-Up Visits</b> Collect additional information and/or assess interventions.</p> <p><b>BILLING:</b> New patient: 99202 - 99205,<sup>1</sup> Established patient: 99212 - 99215<sup>2</sup></p>	<p><b>Advance Care Planning</b> Discuss advance directives and/or complete forms.</p> <p><b>BILLING:</b> First 30 minutes: 99497. Each additional 30 minutes: 99498 Advanced Care Planning may be done at any point in the cognitive impairment care pathway.</p> <p><b>Follow-Up Visits</b> Collect additional information and/or assess interventions.</p> <p><b>BILLING:</b> New patient: 99202 - 99205,<sup>1</sup> Established patient: 99212 - 99215<sup>2</sup></p>

Code Acronyms & Footnotes	Recommended Uses of the Cognitive Health Assessment	Telehealth	Relevant Telehealth Modifiers	Key Citations				
<p>HCPCS - Healthcare Common Procedure Coding System CPT - Current Procedural Terminology.</p> <p><b>1. New Patient</b> 99202 - 15-29 minutes, 99203 - 30-44 minutes, 99204 - 45-59 minutes, 99205 - 60-75 minutes.</p> <p><b>2. Established Patient</b> 99212 - 10-19 minutes, 99213 - 20-29 minutes, 99214 - 30-39 minutes, 99215 - 40-54 minutes.</p>	<p>The CHA can fulfill requirements for a <b>Medicare Annual Wellness Visit</b> and <b>Medicare Advantage Health Risk Assessment</b>. Additionally, the CHA can be a useful tool in other Medicare and Medi-Cal visits, even when it is not required. Examples of these visits include, but are not limited to those focused on: 1) Chronic Disease Management, 2) Palliative Care, 3) Behavioral Health, 4) Transitional Care, 5) Medication Reconciliation, and other routine care. Visit <a href="http://dementiacareaware.org">dementiacareaware.org</a> for training on the CHA and other resources.</p>	<p>Telehealth authorization may change year-over-year. Please reference CMS and DHCS websites for the most up-to-date information.</p> <table border="1"> <tr> <td>In-person Appointment</td> <td>Authorized for Video Telehealth</td> </tr> <tr> <td>Authorized for Audio-Only Telehealth</td> <td>Authorized for Audio-Only Telehealth Until December 2023</td> </tr> </table>	In-person Appointment	Authorized for Video Telehealth	Authorized for Audio-Only Telehealth	Authorized for Audio-Only Telehealth Until December 2023	<p><b>95</b> - (Authorized for Medicare and Medi-Cal) Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system for some services. <b>GT</b> - (Authorized for Medicare and Medi-Cal in some cases) Most common telehealth modifier for video telehealth in Medicare. There is considerable overlap between situations for using GT and 95. <b>93</b> - (Authorized for Medicare and Medi-Cal) Audio-only modifier.</p> <p><i>Use of modifiers should be confirmed with payers</i></p>	<p><a href="#">Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease Instruction Manual</a>. California Alzheimer's Disease Centers. July 2018. <a href="#">Department of Health Care Services Telehealth Modifier Reference Sheet</a>. DHCS. <a href="#">Medi-Cal Rates</a>. DHCS. July 2023. <a href="#">Medicare Physician Fee Schedule</a>. CMS. July 2023. <a href="#">Telehealth Reimbursement Guide for California</a>. California Telehealth Resource Center. September 2022. <a href="#">Telehealth Services for Calendar Year 2023</a>. CMS. February 2023.</p>
In-person Appointment	Authorized for Video Telehealth							
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