

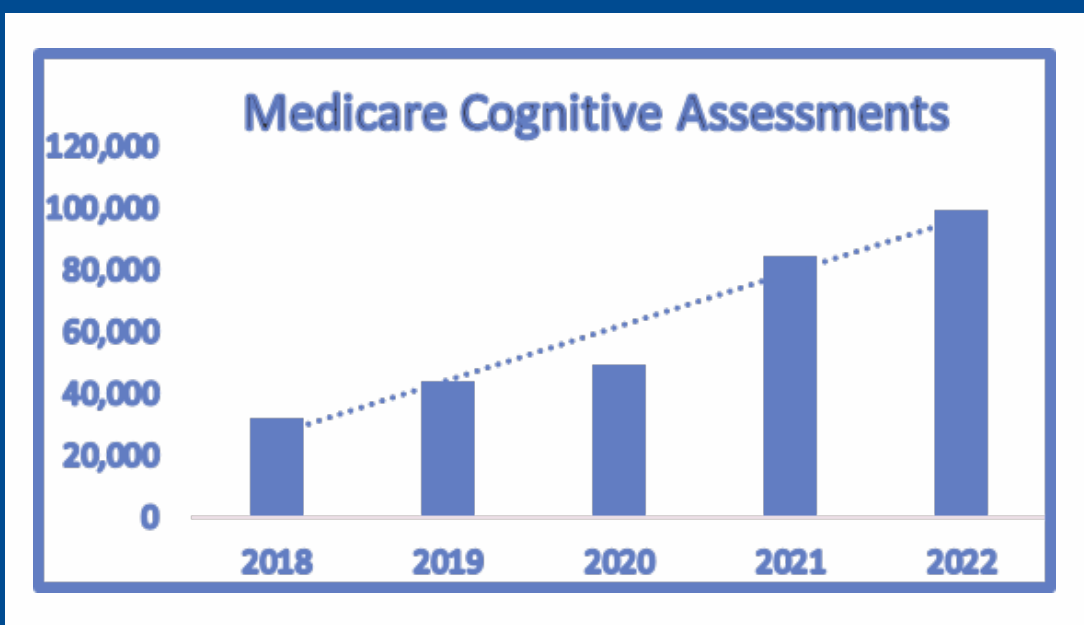
MEDICARE COGNITIVE ASSESSMENTS AND CARE PLAN SERVICES

Medicare Cognitive Assessments are available for any patient showing signs of a cognitive impairment. Brief cognitive assessments are required during an annual wellness visit (AWV). Medicare provides additional time (typically 50 minutes spent face-to-face or telehealth) for a detailed cognitive assessment to establish or confirm a diagnosis like dementia or Alzheimer's disease, and establish a care plan.

BILLING CODE 99483 - \$270*

*VARIES BY REGION

CAN BILL ONCE EVERY 180 DAYS



REQUIREMENTS

- Cognition – focused evaluation, including pertinent history & exam
- Medical decision making of moderate or high complexity
- Functional assessment (ADL/IADL), decision-making capacity
- Stage dementia e.g., FAST, CDR
- Medication reconciliation and review for high-risk medications
- Evaluate neuropsychiatric & behavioral symptoms & depression
- Evaluation of safety, at home and otherwise, use of motor vehicle
- Assess caregiver knowledge, needs, social supports & willingness to take on caregiver tasks. Referral to community resources as needed.
- Update/revise/review ACP & any palliative care needs
- Create a written care plan of assessment & share with patient and/or caregiver at time of initial education & support

POLICY IMPLICATIONS

APPROXIMATELY 1/3 OF OLDER ADULTS HAVE SOME COGNITIVE IMPAIRMENT AND ROUGHLY 10% ARE DIAGNOSED WITH DEMENTIA ([AARP](#)) AND THESE RATES WILL ONLY INCREASE. [MEDICARE COGNITIVE ASSESSMENTS](#) SUPPORT THE EARLY DIAGNOSIS OF AND TREATMENT.

PRACTITIONERS MAY FIND HELPFUL THE ALZHEIMER'S ASSOCIATION [COGNITIVE IMPAIRMENT CARE PLANNING TOOLKIT \(ALZ.ORG\)](#) RESOURCE.