In Brief
for Healthcare Professionals

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Medicare Coverage of Cognitive Impairment Care Planning

In this issue of *In Brief*, we discuss the importance of a timely and disclosed diagnosis of Alzheimer's and other dementias, and how the new G0505 Cognitive Impairment Care Planning code can be helpful in providing thorough care for your patients with cognitive impairment.

Importance of diagnosing Alzheimer's and other dementias

Currently, only 33 percent of seniors age 65 and older with Alzheimer's disease are aware of their diagnosis.[1] Studies have found that one of the reasons physicians do not diagnose Alzheimer's — or do not disclose a diagnosis — is a lack of time and resources to provide care planning.[2,3] However, a disclosed diagnosis is necessary to implement care planning, a crucial element in improving outcomes for the individual.

Care planning has many benefits for the patient and their family, including:

- Allows newly diagnosed individuals and their caregivers to learn about medical and non-medical treatments, clinical trials and support services available in the community — resulting in a higher quality of life for those living with the disease.
- Leads to fewer hospitalizations and emergency room visits, and better medication management.
- Contributes to better management of other conditions that can be complicated by Alzheimer's.

New G0505 Care Planning Code

Under the 2017 Medicare Physician Fee Schedule issued by the Centers for Medicare & Medicaid Services (CMS), Medicare now pays for care planning services for individuals who are cognitively impaired.[4] Physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives can bill under the under the G0505 billing code.

All Medicare beneficiaries who are cognitively impaired are eligible to receive the services under the new code. This includes those who have been diagnosed with Alzheimer's, other dementias or cognitive impairment. It also includes individuals without a clinical diagnosis who, in the judgment of the clinician, are cognitively impaired.

G0505 includes specific identification of a caregiver as well as an assessment of that caregiver's knowledge, needs and ability to provide care. Caregivers may also be included throughout each of the required G0505 service elements, including the creation of a detailed care plan for the person with cognitive impairment.

Service elements of billing code G0505

All services under G0505 must be provided face-to-face with the beneficiary in a physician's office, outpatient setting, home, domiciliary or rest home. Service elements include:

- Cognition-focused evaluation, including a pertinent history and examination of the patient.
- Medical decision-making of moderate or high complexity (defined by the E/M guidelines).
- Functional assessment (e.g., basic and instrumental activities of daily living), including decision-making capacity.

- Use of standardized instruments to stage dementia.
- Medication reconciliation and review for high-risk medications, if applicable.
- Evaluation for neuropsychiatric and behavioral symptoms, including depression, which includes use of standardized instruments.
- Evaluation of safety (e.g., home safety) including motor vehicle operation, if applicable.
- Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports and the willingness of the caregiver to take on caregiving tasks.
- Advance care planning and addressing palliative care needs, if applicable and consistent with beneficiary preference.
- Creation of a care plan, including initial plans to address any neuropsychiatric symptoms and referral to community resources as needed (e.g., adult day programs and support groups); the care plan must be shared with the patient and/or caregiver at the time of initial education and support.

Billing G0505 and reimbursement

Experts have noted that care planning for individuals with dementia is an ongoing process and that a formal update to a care plan should occur at least once per year. However, clinicians should review their local Medicare coverage policies with respect to this new code for any billing limitations.

Some service elements under G0505 overlap with services under E/M codes, advance care planning services and certain psychological or psychiatric service codes. As a result, G0505 cannot be used along with the following codes: 90785, 90791, 90792, 92610, 96103, 96120, 96127, 99201-99215, 99324-99337, 99341-99350, 99366-99368, 99497, 99498, 99374, G0181, G0182 and GPPP7.

Medicare reimbursement rates can vary slightly based on the setting in which the service is provided and geographic location. Given those caveats, the reimbursement rate for G0505 billed by a physician in a non-facility setting is an estimated $238.

Tools to help you deliver cognitive impairment care planning

The Alzheimer's Association®, with the help of an expert task force, has compiled a comprehensive online toolkit with best practices and resources to help conduct a care planning visit under the code. The toolkit includes easy access to validated measures, such as the Mini-Cog™ and Dementia Severity Rating Scale, and newly designed assessment tools, including:

- **Safety Assessment Guide and Checklist:** Identify safety-related concerns and outline steps to keep the dementia patient safe.
- **Caregiver Profile Checklist:** Assess a caregiver's ability and willingness to provide care.
- **End-of-Life Checklist:** Screen to identify care preferences and legal needs.

To learn more about the G0505 code and access the Cognitive Assessment Care Planning Toolkit, visit alz.org/careplanning.

References

1 Disclosure rates are based on calculations incorporating data from the 2008, 2009 and 2010 Medicare Current Beneficiary Surveys and Medicare claims data. Calculations and related analyses were performed under contract by Avalere Health, LLC.

2 Phillips J, Pond CD, Paterson NE, Howell C, Shell A, Stocks NP, et al. Difficulties in disclosing the diagnosis of dementia: A qualitative study in general practice. Br J Gen Pract 2012;62(601):e546–53.

3 Koch T, Iliffe S, project E-E. Rapid appraisal of barriers to the diagnosis and management of patients with dementia in primary care: A systematic review. BMC Fam Pract 2010;11:52

4 Centers for Medicare and Medicaid Services. "Final Rule. CY 2017 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B." CMS-1654-F. November 15, 2016. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1654-f.html.