

FACTSHEET

MARCH 2018

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CPT® Code 99483 Explanatory Guide for Clinicians

Since 2017, Medicare and Tricare have reimbursed clinicians for care planning services provided to individuals with cognitive impairment, including Alzheimer's disease.

What is code 99483?

Effective January 1, 2018, under CPT code 99483, clinicians can be reimbursed for providing care planning services to individuals with cognitive impairment, including Alzheimer's disease. This code replaces the temporary code (G0505) that was in place under Medicare and Tricare in 2017.

What clinicians can be reimbursed under this code?

Physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives can currently bill under this code.

Who is eligible to receive the services?

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

Service elements of CPT® code 99483

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 (for example, 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 and including use of standardized instruments

Evaluation of safety (for example, home safety), including motor vehicle operation, if applicable

Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports and the willingness of caregiver to take on caregiving tasks

Development, updating or revision, or review of an Advance Care Plan

Creation of a care plan, including initial plans to address any neuropsychiatric symptoms and referral to community resources as needed (for example, 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

How are caregivers included in the care planning billing code?

The code 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 service elements of 99483, including the creation of a detailed care plan for the person with cognitive impairment.

Can the care planning be provided over the phone?

No. Services under 99483 require a proper history from a corroborating or independent source (such as a family member or caregiver) and must be provided face-to-face with the beneficiary in a physician's office, outpatient setting, home, domiciliary, or rest home.

How often can care planning be provided?

Clinicians can provide and bill for care planning services under 99483 once every 180 days. 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.

Are there other ways to bill for updating a care plan?

Yes. In revising a care plan, clinicians could utilize one of the E/M codes, such as for chronic care management. Also, Medicare now has an E/M code specifically for non-face-to-face consultations, which means updating a care plan could be done over the phone or internet.

Are there any restrictions in using other billing codes at the same time as 99483?

Some of the service elements under 99483 overlap with services under some E/M codes, advance care planning services, and certain psychological or psychiatric service codes. As a result, 99483 cannot be used along with the following codes: 90785, 90791, 90792, 96103, 96120, 96127, 99201-99215, 99241-99245, 99324-99337, 99341-99350, 99366-99368, 99497, 99498, and 96161.

How much will clinicians be reimbursed under the new code?

Reimbursement rates can vary slightly based on the setting in which the service is provided and geographic location. Given those caveats, it has been estimated that the reimbursement rate for 99483 billed by a physician in a non-facility setting would be about \$241 in 2018.

How exactly should clinicians conduct a visit under the code?

The Alzheimer's Association, in consultation with an expert Taskforce, developed a toolkit to educate providers about using this billing code with their patients. The tool kit includes best practices on conducting a visit under 99483. A copy of the toolkit, as well as additional information, is available at alz.org/careplanning.

Where can I get more information?

The American Medical Association's 2018 CPT manual contains a full description of, and detailed instructions for using, code 99483.