

## How do I bill the Cognitive Assessment & Care Plan Services?

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**Length: 1:50**

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Hello and welcome. This video will discuss billing of the Cognitive Assessment and Care Services.

All information contained within this video is current as of October 2021.

CPT code 99483 is used to bill the Cognitive Assessment and Care Plan Services.

You can bill the service once every 180 days. It may be billed separately from the annual wellness visit (AWV). Please make sure your patients are aware that Part B coinsurance and deductible apply. If your patient receives the AWV and Cognitive Assessment and Care planning services during the same visit, add CPT modifier 25 to the cognitive assessment service to identify it as a separately identifiable service.

CPT code 99483 cannot be billed on the same day as the services listed here. Please see the Cognitive Assessment & Care Plan Services webpage at [www.cms.gov/cognitive](http://www.cms.gov/cognitive) for more information on billing these services.

Remember, detection for cognitive impairment is a required component of your patient's AWV. If you detect a cognitive impairment during an AWV or other routine visit, Medicare covers a separate visit for you to perform a more comprehensive cognitive assessment and develop a care plan for your patient. Performing these services allows you to address potential cognitive impairments in your patients, diagnose dementia or other related conditions, and develop approaches to assist your patients.

Thank you for watching this video on Cognitive Assessment and Care Plan Services.

For further information about the Cognitive Assessment and Care Plan Services, please refer to the Cognitive Assessment & Care Plan Services webpage on the CMS website at [www.cms.gov/cognitive](http://www.cms.gov/cognitive).