

# Billing For Dementia Care 2021

# Dementia Billing

- Cognitive impairment evaluation, treatment, and care planning
  - Use CPT 99483
- Visits in between care planning visits
  - Use CPT HCPCS and ICD-10
- Patients with multiple comorbidities and cognitive impairment
  - Time-based billing

Evaluation, Treatment, and Care Planning for Cognitive Impairment

**CPT 99483**

# CPT Code 99483

- CPT 99483 is specific to evaluating and treating dementia, and to care planning for people living with dementia.
- CPT code 99483 can only be used with an ICD-10 code related to dementia or mild cognitive impairment. (see next slide for related ICD-10 codes)
- Applies to assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home

# Dementia ICD-10 Codes Eligible To Use With CPT 99483

ICD-10 Code	Description
G30.0	Dementia Alzheimer's disease with early onset
G30.1	Dementia Alzheimer's disease with late onset
G30.9	Dementia Alzheimer's disease, unspecified
F01.50	Vascular dementia without behavioral disturbance
F01.51	Vascular dementia with behavioral disturbance
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F03.90	Unspecified dementia without behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
G31.01	Pick's disease G31.09 Other frontotemporal dementia
G31.83	Dementia with Lewy bodies
G31.84	Mild cognitive impairment, so stated
G31.85	Corticobasal degeneration

# CPT 99483: Patient Eligibility

- Patients who are cognitively impaired
  - This includes those who have been diagnosed with Alzheimer's, other dementias, or mild cognitive impairment.
- Individuals without a clinical diagnosis who, in the judgment of the clinician, are cognitively impaired.

# CPT 99483: Who Can Bill Under This Code

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified nurse midwives

# CPT 99483: Required Elements

1. Cognition-focused evaluation including a pertinent history and exam.
2. Medical decision-making of moderate or high complexity.
3. Functional assessment including decision-making capacity.
4. Use of standardized instruments to stage dementia.
5. Medication reconciliation and review for high-risk medications, if applicable.
6. Evaluation for neuropsychiatric and behavioral symptoms.
7. Evaluation of safety, including motor vehicle operation
8. Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and willingness of caregiver to take on caregiving tasks.
9. Address palliative care needs, if applicable and consistent with beneficiary preference.
10. Creation of a care plan, including initial plans to address any neuropsychiatric symptoms and referral to community resources as needed;
  - Care plan shared with the patient and /or caregiver with initial education and support.



# CPT 99483: Frequency of Use

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

# CPT 99483: Telehealth

- The Centers for Medicare and Medicaid Services (CMS) expanded Medicare reimbursement for telehealth within the annual Physician Fee Schedule (PFS) final rule for 2021. During the pandemic Public Health Emergency (PHE), CMS has temporarily reimbursed many telehealth services.
- In light of the success of unprecedented telehealth utilization during the PHE, CPT 99483 has formally been added to the Medicare telehealth list which will endure beyond the end of the PHE.

# CPT 99483: Restrictions

- Some of the service elements under 99483 overlap with services under some E/M codes
  - Example: advance care planning services

# CPT 99483: Restrictions

## → Do not report with:

- 99201 – 99215 (Outpatient New and Established)
- 99341 – 99350 (Home Services Codes)
- 99366 – 99368 (Medical Team Conference)
- 99497 (Advance Care Planning)
- 99498 (Advance Care Planning)
- 99374 (Care Plan Oversight)

# CPT 99483: Reimbursement

- Reimbursement rates can vary slightly based on the setting in which the service is provided and geographic location.
- Time Based – 50 min
- RVU 3.80
- Estimated revenue \$265

# CPT 99483: Summary

- Requires a written care plan
- Patient must have cognitive impairment
- May be billed once every 180 days
- Est. Reimbursement \$265

# 99483 Visits Beyond 50 Minutes

- Providers who go beyond 50 minutes on a 99483 visit can also bill Prolonged Service Codes with Direct Patient Contact
  - **CPT code 99354:** Prolonged E/M in the office or other outpatient setting requiring direct patient contact beyond the usual service, first hour (must go 31 min beyond the 50 min threshold for a 99483 visit)
  - **CPT code 99355:** Each additional 30 minutes, list separately in addition to code for prolonged service
- These codes may be added to the 99483 when visits are complicated and take longer than the time threshold for 99483.
- Time spent must be documented.

# 99483 (50 min) Plus Prolonged Services

Total Duration of Prolonged Services Code(s)	Codes
less than 80 minutes	99483
81-124 minutes	99483 AND 99354 X 1
125-154 minutes	99483 AND 99354 X 1 AND 99355 X 1
155 minutes or more	99483 AND 99354 X 1 AND 99355 X 2



Visits In Between Care Planning Visits

# CPT AND ICD-10

# Billing For Dementia Beyond 99483

- CPT 99483 is specific to evaluating and treating dementia, and should be used in the appropriate circumstances
- There are other ways to be compensated for ongoing care for patients already diagnosed with cognitive impairment or dementia.
  - NOTE: The Centers for Medicare & Medicaid Services (CMS) made significant modifications to how physicians will be compensated through CPT codes on the outpatient side as of January 1, 2021

# Dementia Billing

- Components of the coding process for dementia visits are the selection of:
  - **WHAT WE ARE TREATING (DIAGNOSIS)**
    - Diagnosis codes from the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10) –and
  - **WHAT SETTING AND WHAT AMOUNT OF WORK WAS DONE**
    - Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes.
- Most CPT or HCPCS codes can be used in conjunction with an ICD-10 code for any dementia syndrome
- Billing can be based on complexity or time

# Case

→ Mrs. Smith was seen in the office 40 days ago for assessment, treatment and care planning for dementia; code 99483 was used. Today she presents with increased agitation and urinary incontinence. Urine is collected, and she is treated for a UTI and sent home with her family

# Billing for Mrs. Smith

- Billing for this visit would likely involve **CPT 99213** (*Office or other outpatient visit for the evaluation and management of an established patient, low complexity*)
  - ICD-10 Urine Dipstick 81002
  - ICD-10 UTI Site Unspecified N39.0

Patients With Multiple Comorbidities and Cognitive Impairment

# **BILLING ON TIME**

- Clinicians should use New and Established outpatient codes (99202-99215) plus time-based counseling codes (G2212) when a patient has multiple comorbidities along with cognitive impairment.
  - In this way, time spent managing their medical issues is compensated, as is time spent with family members
  - Time spent must be documented

# Case

→ 82 yo female established patient with advanced COPD, late-stage heart failure and dementia. She is seen for management of her existing conditions, you coordinate care with her pulmonologist and cardiologist, and also discuss goals of care given her current medical issues in the face of worsening dementia. You spend a total of 100 minutes with the patient and her family.



# Case

- Given the complexity of her conditions, her care goes beyond 99483 (assessment of and care planning for a patient with cognitive impairment)
- Assessment and care planning will be done, but her other medical issues also need to be addressed and her care coordinated with her other providers
- Consider billing this type of visit based on total time using outpatient CPT codes and prolonged service code G2212

# Outpatient Billing on Time

- New calculation for time-based billing in the outpatient setting for 2021 is **Total Time** on the day of service:
  - Includes face-to-face and non-face-to-face time
  - Applies to:
    - 99202-99205
    - 99212-99215

# Total Time

**Physician/other qualified health care professional time includes the following activities, when performed:**

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

# Time Calculations

## → New Patient

### **Code Time (min)**

- 99202 15-29 min
- 99203 30-44 min
- 99204 45-59 min
- 99205 60-74 min

## → Established Patient

### **Code Time (min)**

- 99212 10-19min
- 99213 20-29min
- 99214 30-39min
- 99215 40-54 min

# Time-Based Billing Documentation Requirements

- If you spend less than 15 minutes:
  - No time-based code can be applied (threshold is 15m)
  - Code on Medical Decision-Making instead
- For Visits > 15min documentation must include:
  - The exact total minutes spent
  - OR
  - Clinician start and end time

# Prolonged Services Codes

- Effective January 1, 2021, CMS finalized HCPCS code G2212 for prolonged office/outpatient E/M visits
- HCPCS code G2212 is to be used for billing instead of CPT codes 99354, 99355, 99358, 99359 or 99417
- Defined as prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service
  - Each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact
  - List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services
- When the time of the reporting practitioner is used to select the office/outpatient E/M visit level, HCPCS code G2212 could be reported when the maximum time for the level 5 office/outpatient E/M visit is exceeded by at least 15 minutes on the date of the service

# NOTE: Codes 99354 and 99355

- These are still active, billable codes, but they may not be reported with codes 99202–99215. They may be reported for prolonged care services with:
- psychotherapy codes 90837, 90847,
  - office consultation codes 99241—99245,
  - domiciliary care codes 99324—99337,
  - home visit codes 99341—99350,
  - cognitive assessment code 99483

# Prolonged Services for New Patients

CPT Codes New Patient	Time Threshold New Patient
99205	75-89 minutes (does not meet threshold for G2212)
99205 x 1 and G2212 x 1	89 -103 minutes
99205 x1 and G2212 x 2	104 -118 minutes
99205 x 1 and G2212 x 3 or more for each add'l 15min	119 or more



# Prolonged Services for Established Patients

CPT Codes Established Patient	Time Threshold Established Patient
99215	55-68 minutes (does not meet threshold for G2212)
99215 x 1 and G2212 x 1	69-83 minutes
99215 x1 and G2212 x 2	84-98 minutes
99215 x 1 and G2212 x 3 or more for each add'l 15min	99 or more

# Case

→ Recall that you spent 100 minutes with your established patient. You will document the work that you did and your time spent. How will you bill this visit?

# Case

- You spent 100 minutes with your patient
  - 99215 x 1 ( for your first 54 minutes)
  - G2212 x 3 for each add'l 15min (45 minutes)

# References

- <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- <https://www.healthicity.com/resources/everything-you-should-know-about-2021-em-changes-webinar-video?submissionGuid=db89404c-0a1c-4063-9b50-9f6af6fbada4>
- <https://www.alz.org/careplanning/downloads/cms-consensus.pdf>
- <https://alzimpact.org/media/serve/id/5ab10bc1a3f3c>