

FACTSHEET

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Care Planning for People with Cognitive Impairment

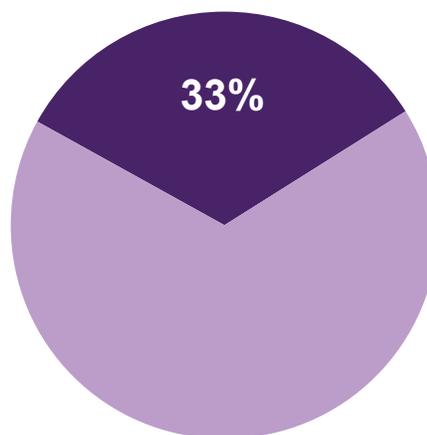
Most people who have been diagnosed with Alzheimer's disease are not aware of their diagnosis.

- As many as half of those with Alzheimer's have been diagnosed.
- Among those seniors who have been diagnosed with Alzheimer's, only 33% are aware they have the disease.
- Even when including caregivers, 45% — less than half — of those diagnosed with Alzheimer's or their caregivers are aware of their diagnosis. For other dementias, the disclosure rate is even lower — only 27%.
- Comparatively, 90% or more of those diagnosed with cancer or cardiovascular disease, or their caregivers, are aware of the diagnosis.

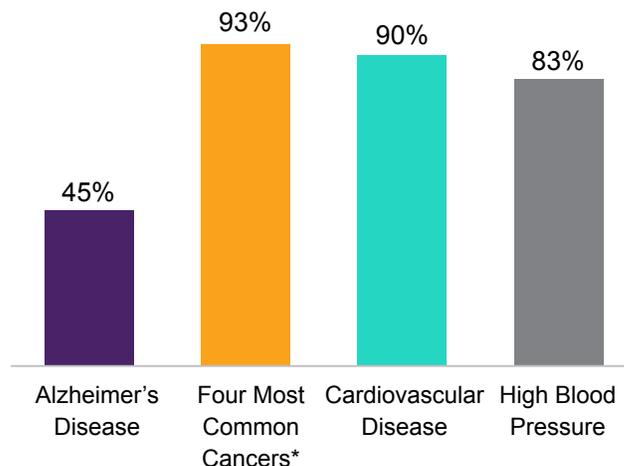
Lack of disclosure is sometimes a result of physicians not having the time or resources to do care planning.

- Following a diagnosis of Alzheimer's disease, individuals and their caregivers need information about the diagnosis and available support services.
- Studies have found one of the reasons physicians do not diagnose Alzheimer's in the first place — or do not disclose a diagnosis once it is made — is because of the lack of time and resources to provide this information and support to patients and caregivers.

Percent of Seniors Diagnosed with Alzheimer's Disease Who Are Aware of the Diagnosis



Percent of Seniors Diagnosed with Condition, or Their Caregivers, Who Are Aware of the Diagnosis



*Breast, Lung, Prostate, and Colorectal

A diagnosis — and disclosure of that diagnosis — is necessary before care planning can occur, which is crucial in improving outcomes for the individual.

- Care planning allows 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 with the disease.
- Individuals receiving care planning specifically geared toward those with dementia have fewer hospitalizations, fewer emergency room visits, and better medication management.
- Alzheimer's complicates the management of other chronic conditions. Care planning is key to care coordination and managing those other conditions.

The HOPE for Alzheimer's Act

CPT® code 99483 implements the core provision of the Health Outcomes, Planning, and Education (HOPE) for Alzheimer's Act and is consistent with the recommendations of the *National Plan to Address Alzheimer's Disease*.

First introduced in 2009, the bipartisan HOPE for Alzheimer's Act was designed to provide comprehensive care planning services following a dementia diagnosis, with the services available to both the diagnosed individual and his or her caregiver. A total of 12 House members cosponsored the first version of the bill. By 2016, when the Centers for Medicare and Medicaid Services (CMS) proposed the new billing code, support had grown to more than two-thirds of Congress — 310 cosponsors in the House and 57 in the Senate.

CPT® billing code 99483 now allows clinicians to be reimbursed for providing care planning to cognitively impaired individuals.

- Effective January 1, 2018, billing code 99483 is available to clinicians treating those with cognitive impairment, including Alzheimer's disease. This code replaces the temporary G0505 used under Medicare and Tricare in 2017.
- Physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives can currently be reimbursed under 99483.
- With this code, clinicians will have the time and resources to provide a comprehensive set of care planning services to people with cognitive impairment and their caregivers.

To receive reimbursement, 99483 requires clinicians to provide detailed, person-centered care planning.

- The new code requires clinicians to provide several services, including:
 - evaluating cognition and function
 - measuring neuropsychiatric symptoms
 - evaluating safety (including driving ability)
 - identifying and assessing a primary caregiver
 - helping develop advance care directives
 - planning for palliative care needs.
- All of these services are ultimately used under the code to develop a detailed care plan — including referrals to community resources — that is shared with both the beneficiary and his or her caregiver.