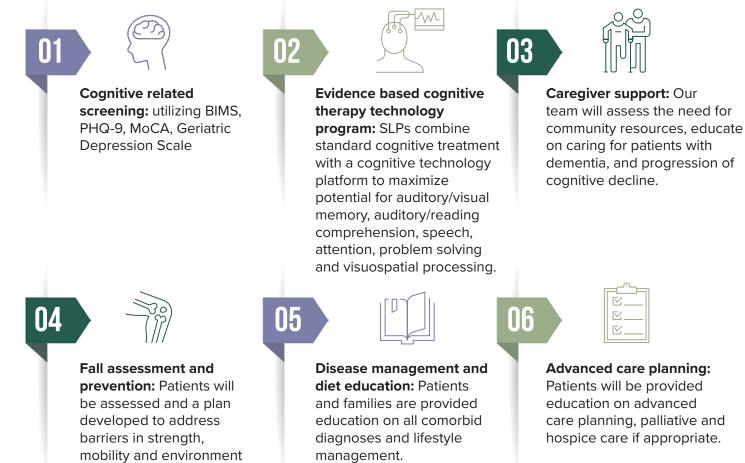
COGNITIVE CARE IS VITAL

to proactively reduce the risk for falls and injuries.

Since the HOPE Act in 2017, Medicare and supporting physician groups have encouraged all physicians to take action and provide guidance on how to assess and care for patients with cognitive deficits.

VITALCARING is a valuable partner in providing support in the assessment and care of patients with cognitive deficits due to dementia, TBI, CVA, Parkinson's, and other chronic diseases. Our COGNITIVE CARE PROGRAM can be an integral component of rehabilitative services for physical, cognitive, and psychosocial impairments. Our program is focused on improving or restoring physical and/or cognitive impairment following disease or injury.



LET US HELP GET YOUR PATIENTS STARTED ON OUR COGNITIVE CARE PROGRAM TODAY!





The interdisciplinary team of clinician's approach includes individualized plans to include:

Cognitive Training, Perceptual Motor Training, Neurodevelopment Training



IDENTIFYING PATIENTS THAT WILL BENEFIT FOR VITALCARING'S COGNITIVE CARE PROGRAM

CMS provides 9 steps for providing assessment and care planning services for those with cognitive impairments under **CPT code 99483**. These assessments can be done in one visit or completed over multiple visits by members of the clinical team working with a provider. VITALCARING clinicians can support the requirements with our full, in-home, assessment!

- 1. Pertinent history and cognitive assessment of new or existing patients who display signs of cognitive impairment to establish or confirm diagnosis (i.e. Mini-Cog, GPCOG, MoCA)
- 2. Functional assessment including decision making capacity (i.e. Katz, Lawton-Brody, FAQ test)
- 3. Use of standardized instrument for staging of dementia (i.e. Functional Assessment Staging Test -FAST, Clinical Dementia Rating -CDR)
- 4. Medication reconciliation
- 5. Use of standardized instrument for neuropsychiatric and behavioral symptoms including depression (NPI-Q, BEHAVE 5+, PHQ-2)
- 6. Evaluation of safety within the home environment
- 7. Identification of caregiver needs and support
- 8. Advance Care Plan review or development
- 9. Written care plan addressing deficits in neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referral to community resources

COMMONLY RECOGNIZED DIAGNOSES APPROPRIATE WHEN BILLING FOR CPT CODE 99483:

Vascular Dementia	Alzheimer's disease
Dementia in other diseases	Age related cognitive decline
Mild neurocognitive disorder	Cerebrovascular disease
Drug or alcohol induced dementia	Cerebral infarction
Huntington's disease	Intracranial hemorrhage
Corticobasal degeneration	Subarachnoid hemorrhage
Mild cognitive impairment of unknown etiology	Neurocognitive disorder with Lewy bodies

CPT Code 99483 can typically be utilized every 180 days but may vary by insurance plan. All assessment items must be completed prior to billing. Cannot be billed the same date of service as non-face-to-face prolonged services, CCM services, or TCM services. See 2018 CPT manual for full description and detailed instructions. More specific codes and details can be found on CMS.gov.

BILLING AND CODING: COGNITIVE ASSESSMENT AND CARE PLAN SERVICE (A59036) (CMS.GOV)

