

FACTSHEET

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G0505 Explanatory Guide for Clinicians

Under the 2017 Medicare Physician Fee Schedule issued by the Centers for Medicare & Medicaid Services (CMS), Medicare now pays for care planning services for individuals who are cognitively impaired.

What is the Medicare billing code, G0505?

Effective January 1, 2017, Medicare provides reimbursement to clinicians for care planning services provided to individuals with cognitive impairment, including Alzheimer's disease.

What clinicians can be reimbursed under this new 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 Medicare beneficiaries who are cognitively impaired are eligible to receive the services under the new 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 billing code G0505

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

Advance care planning and addressing palliative care needs, if applicable and consistent with beneficiary preference

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 along at the time of initial education and support.

How are caregivers included in the new care planning billing code?

G0505 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 G0505, 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 G0505 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?

The code has no restrictions on how often clinicians can provide and bill for care planning services under G0505. 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. However, clinicians should review their local Medicare coverage policies with respect to this new code for any billing limitations.

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 G0505?

Some of the service elements under G0505 overlap with services under some E/M codes, advance care planning services, and certain psychological or psychiatric service codes. As a result, G0505 cannot be used along with the following codes: 90785, 90791, 90792, 92610, 96103, 96120, 96127, 99201-99215, 99324-99337, 99341-99350, 99366-99368, 99497, 99498, 99374, G0181, G0182 and GPPP7.

How much will clinicians be reimbursed under the new code?

Medicare 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 G0505 billed by a physician in a non-facility setting would be about \$238.

What happens next?

As of January 1, 2017, clinicians can provide and bill for care planning services for cognitively impaired individuals using new billing code G0505. It is anticipated that CMS will be providing specific instruction on the use of G0505, and clinicians should watch for policy determinations issued by their local Medicare carrier.

In addition, the Alzheimer's Association, in consultation with an expert Taskforce, is in the process of developing a toolkit to educate providers about using this new billing code with their patients. The tool kit will include best practices on conducting a visit under G0505.