CMS Adopts Key Provisions in The HOPE for Alzheimer's Act

Background

- The Centers for Medicare & Medicaid Services (CMS) approved a new Medicare service that will improve access to care planning and related services for persons with cognitive impairment, including Alzheimer's disease and related dementias.
- For the first time, people living with Alzheimer's will have access to care planning sessions with a medical professional.
- The announcement came after growing support for the Alzheimer's Association-endorsed Health Outcomes, Planning, and Education (HOPE) for Alzheimer's Act

What the code is/does

- Medicare created a billing code ("G0505") that physicians and other clinicians can use to be reimbursed for providing a series of services (see below) to persons with cognitive impairment

Why It Is Needed

- As many as half of individuals who meet the specific diagnostic criteria for dementia have never received a diagnosis. An early and documented diagnosis when coupled with access to care planning services leads to better outcomes for individuals with Alzheimer's as well as their caregivers. Furthermore, documentation in the individual's medical record is critical for care coordination and is necessary for health care providers to address complications in the management of other chronic conditions, such as heart disease and diabetes.

Frequently Asked Questions

Q: What is the effective date of the code?
A: January 1, 2017. However, because the code will be effective so soon, it's possible some physicians may not be aware of it early on. The Association is working quickly to communicate the availability of the new code to providers.

Q: Can social workers bill under the code?
A: No, not under the code as it is written. However, the Alzheimer's Association will explore ways to include social workers among the clinicians participating in the care planning process.

Q: What clinicians can bill?
A: Physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives.

Q: Is the code, proposed GPPP6, the same as what's in the final rule?
A: The code in the final rule is G0505, but it is substantively identical to what was proposed.

Q: Is a new diagnosis required?
A: No.

Q: How frequently can the code be used?
A: CMS provided no limitation on its use.

Q: What services are included?
A: The same as initially proposed by CMS:

- Cognition-focused evaluation including a pertinent history and examination.
- 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, including use of standardized instrument(s).
- Evaluation of safety (for example, home), 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, support groups); care plan shared with the patient and/or caregiver with initial education and support