

Network Provider Update

To: Medi-Cal network participants

February 2023

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Senior Director, Provider Network Management

Subject: **All Plan Letter 22-025: Responsibilities for annual cognitive health assessment for eligible members 65 years of age or older**

The Department of Health Care Services (DHCS) recently issued [All Plan Letter \(APL\) 22-025](#), "Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate. We have also provided an overview of how Blue Shield of California Promise Health Plan is implementing this APL.

APL 22-025 advises that managed care plans (MCPs) such as Blue Shield Promise cover an annual cognitive health assessment for their members who are 65 years of age or older and who do not have Medicare coverage. This assessment may be performed by any licensed health care professional contracted with the MCP who is enrolled as a Medi-Cal provider, is acting within their scope of practice, and is eligible to bill Evaluation and Management (E&M) codes.

Key information

- In order to bill and receive reimbursement for these annual assessments, contracted providers must do the following:
 - Complete the DHCS [Dementia Care Aware](#) cognitive health assessment training *prior* to performing the assessments.
 - Administer the assessments as part of E&M visits.
 - Create required documentation.
 - Use appropriate CPT codes. CPT 1494F is only applicable for members 65 years of age and older who do not have Medicare coverage.
- Providers must use at least one of the required cognitive assessment tools:
 - General Practitioner assessment of Cognition (GPCOG)
 - Mini-Cog
 - Eight-item Informant Interview to Differentiate Aging and Dementia
 - Short Informant Questionnaire on Cognitive Decline in the Elderly
- MCPs are also advised to continue to provide assessments and treatments as needed to members under 65 years of age who show or report symptoms of cognitive decline.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 22-025 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2022/APL22-025.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

How Blue Shield Promise is implementing APL 22-025

To receive payment for a cognitive health assessment claim:

- The assessor must have completed [Dementia Care Aware](#) training *prior* to the assessment. We will check the DHCS list of providers who have completed the training.
 - Denied claims may be submitted to Provider Dispute Resolution, with dated proof that training was completed prior to the assessment.
- All contracted provider billing requirements must be met.
- Medical record updates must be attached to the claim and contain:
 - The screening tool(s) used, including one or more of the cognitive assessment tools required by APL 22-025;
 - Verification that the screening results were reviewed by the provider;
 - The results of the screening, along with the provider's interpretation of them;
 - A summary of the details that were discussed with the member and/or their authorized representative; and
 - A description of appropriate actions taken in response to the results of the assessment.

Please direct questions about serving Blue Shield Promise members to our Provider Services Department at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.