



| KERN HEALTH SYSTEMS POLICY AND PROCEDURES | | | |
|--|---|--------------------------------|------------|
| Policy Title | Annual Cognitive Screening for Members Over 65 and do not have Medicare Coverage | Policy # | 30.54-P |
| Policy Owner | Utilization Management | Original Effective Date | 11/25/2022 |
| Revision Effective Date | | Approval Date | 8/1/2025 |
| Line of Business | <input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate | | |

I. PURPOSE

To define the Medi-Cal Annual Cognitive Health Assessment benefit and screening tool intended to identify whether the patient has signs of Alzheimer's disease or related dementias, consistent with the standards for detecting cognitive impairment under the Medicare Annual Wellness Visit and the recommendations by the American Academy of Neurology (AAN).

II. POLICY

As a covered benefit Kern Health System (KHS) will reimburse providers for performing an annual cognitive health assessment for KHS Members sixty-five (65) years of age or older and who do not have Medicare coverage.

The Current Procedural Terminology (CPT) code for performing this service is 1494F and reimbursement based on quantity limits in alignment with the Medi-Cal Provider Manual.

Rendering providers are required to be licensed health care professionals enrolled as a Medi-Cal Provider and contracted with KHS and acting within his/her their scope of practice and eligible to bill Evaluation and Management (E&M) codes and eligible to conduct and bill for cognitive health assessments.

To receive payment for this assessment, Medi-Cal Providers must complete training through Dementia Care Aware, and use validated tools recommended by the Department of Health Care Services (DHCS). [DCA – Dementia Care Aware](#)

III. DEFINITIONS

| TERMS | DEFINITIONS |
|---|--|
| General Practitioner Assessment of Cognition (GPCOG) | The GPCOG is a brief screening test for cognitive impairment introduced by Brodaty <i>et al.</i> in 2002. It was specifically developed for the use in the primary care setting. The General Practitioner assessment of Cognition (GPCOG) consists of both a cognitive test of the patient and an informant interview to increase the predictive power. Both parts can be scored separately, together, or sequentially. |
| Mini-Cog | The Mini-Cog is a neuropsychological test that has been shown to be beneficial in detecting dementia sufferers. Although its sensitivity and specificity for diagnosing cognitive impairment vary by region and way of interpretation, it has been proven to have good sensitivity and specificity. Memory complaints and illnesses such as Alzheimer's disease and other form of dementia are becoming more widespread as a result of the growing number of older persons. Classified as Informant tools (family members and close friends) |
| Eight-item Informant Interview to Differentiate Aging and Dementia (AD8) | The AD8 is an eight-question interview used to distinguish between normal signs of aging and mild dementia. This tool assesses individual change and can be administered in the primary care setting. |

IV. PROCEDURES

- A. The annual cognitive health assessment screening is covered under preventive health guidelines as an annual benefit and will not require prior authorization.
- B. The CPT 1494F is the billable code and is only applicable for Medi-Cal Members sixty-five (65) years of age and older with or without signs or symptoms of cognitive decline who do not have Medicare coverage.
- C. KHS / Medi-Cal Providers must complete specific training requirements prior to being eligible to receive payment for conducting annual cognitive health assessments.
 1. The training must align as specified and approved by DHCS, and use validated tools recommended by DHCS.
 2. Upon completion providers will be required to attest to completing the cognitive health assessment training. Training is available at www.dementiacareaware.org
- D. The DHCS will maintain a list of Providers who have completed the training; Managed Care Plan (MCPs) will have access to the list. Prior to paying for the cognitive screening, the KHS Claims Department must verify the provider has completed the training.

- E. At least one cognitive assessment tool listed below is required. to determine if a full dementia evaluation is needed. The tools to use include, but are not limited to:
 - 1. Patient assessment tools
 - a. GPCOG
 - b. Mini-Cog
 - 2. Informant tools (family members and close friends)
 - a. Eight-item Informant Interview to Differentiate Aging and Dementia
 - b. GPCOG
 - c. Short Informant Questionnaire on Cognitive Decline in the Elderly.
- F. Details regarding coverage of CPT code 1494F and quantity limits related to the annual screening reimbursement can be found in the Medi-Cal Provider Manual. The Medi-Cal Provider Manual, E&M, Cognitive Health Assessment, is available here, [Evaluation & Management \(E&M\) \(eval\) \(ca.gov\)](#) refer to page 38.
- G. Reimbursement rates may be found at [Medi-Cal Rates | Medi-Cal Providers](#).
- H. If treatment is indicated based on the screening outcome, prior authorization for further treatment services will be required.
- I. For Members under sixty-five (65) years of age who are reporting symptoms or showing signs of cognitive decline, providers are required to perform medically necessary and appropriate coverage of assessments, which may include but is not limited to cognitive health assessments, appropriate treatment services, and necessary referrals, billed through established practices and conform with KHS Utilization Management (UM) requirements for treatment authorization requests.
- J. Providers may find further information for identification and treatment guidance for mild cognitive impairment and dementia at the following websites:
 - 1. AAN Guidelines on dementia and mild cognitive impairment:
 - a. <https://n.neurology.org/content/56/9/1143>
 - b. <https://n.neurology.org/content/90/3/126>
- K. The following documentation requirement are required and must be in the Member’s medical records and have such records available upon request for KHS auditing purposes:
 - 1. The screening tool or tools that were used (at least one cognitive assessment tool listed below is required),
 - 2. Verification that screening results were reviewed by the Provider,
 - 3. The results of the screening,
 - 4. The interpretation of results, and
 - 5. Details discussed with the Member and/or authorized representative and any appropriate actions taken in regard to screening results.

V. ATTACHMENTS

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| Attachment A: | N/A |
|---------------|-----|

VI. REFERENCES

| Reference Type | Specific Reference |
|--------------------------|---|
| All Plan Letter(s) (APL) | DHCS All Plan Letter 22-025- Responsibilities For Annual Cognitive Health Assessment For Eligible Members sixty-five (65) Years Of Age Or Older. November 28, 2022 |
| Regulatory | www.dementiacareaware.org |
| Regulatory | The Medi-Cal Provider Manual, E&M, Cognitive Health Assessment, is available here, Evaluation & Management (E&M) (eval) (ca.gov) |
| Regulatory | ANN Guidelines on dementia and mild cognitive impairment: https://n.neurology.org/content/56/9/1143 https://n.neurology.org/content/90/3/126 |

VII. REVISION HISTORY

| Action | Date | Brief Description of Updates | Author |
|---------|---------|---|--------|
| Created | 04/2025 | Created to comply with DHCS All Plan Letter 22-025- Responsibilities or Annual Cognitive Health Assessment for Eligible Members sixty-five (65) Years of Age or Older. November 28, 2022. | UM |

VIII. APPROVALS

| Committees Board (if applicable) | Date Reviewed | Date Approved |
|------------------------------------|---------------|---------------|
| Choose an item. | | |
| Choose an item. | | |

| Regulatory Agencies (if applicable) | Date Reviewed | Date Approved |
|-------------------------------------|---------------|---------------|
| Choose an item. | | |
| Choose an item. | | |

| Chief Executive Leadership Approval * | | |
|--|------------------|----------------------|
| Title | Signature | Date Approved |
| Chief Executive Officer | | |
| Chief Medical Officer | | |
| Chief Operating Officer | | |
| Chief Financial Officer | | |
| Chief Compliance and Fraud Prevention Officer | | |
| Chief Health Equity Officer | | |
| Chief Legal and Human Resources Officer | | |
| Deputy Chief Information Officer | | |
| *Signatures are kept on file for reference but will not be on the published copy | | |



Policy and Procedure Review

KHS Policy & Procedure: 30.54 -P Annual Cognitive Screening for Members Over 65 and do not have Medicare Coverage

Last approved version: N/A

Reason for Creation: Created to comply with DHCS All Plan Letter 22-025- Responsibilities or Annual Cognitive Health Assessment for Eligible Members sixty-five (65) Years of Age or Older. November 28, 2022.

| Director Approval | | |
|---|-----------|---------------|
| Title | Signature | Date Approved |
| Christine Pence, Senior Director of Health Services | | |
| Robin Dow-Morales, Senior Director of Claims | | |
| Dr. Maninder Khalsa, Medical Director of Utilization Management | | |
| Amanda Gonzalez, Director of Utilization Management | | |

Date posted to public drive: _____

Date posted to website (“P” policies only) : _____