



August 5, 2021 (Updated February 11, 2022)

Web Announcement 2554

Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse) and 77 (Physician's Assistant):

Cognitive Assessment and Care Planning Procedure Code 99483 May Be Billed

Effective with claims with dates of service on or after July 1, 2021, provider types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse) and 77 (Physician's Assistant) may bill Current Procedural Terminology (CPT) code 99483 (Assessment of and Care Planning for Patient with Cognitive Impairment, typically 50 minutes) for recipients age 55 and older. No prior authorization is required unless the limitation of once per 180 days is exceeded.

Claims for procedure code 99483 submitted by PTs 20, 24 and 77 with dates of service on or after July 1, 2021, that processed on or before September 27, 2021, and denied with error codes 3340 (Service not covered by Nevada Medicaid) or 4021 (No coverage rule for procedure) or 1009 (Contract could not be determined - detail) will be automatically reprocessed to adjudicate correctly. A future web announcement will report the results of the reprocessed claims.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.