

Provider Bulletin

Molina Healthcare of California

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Responsibilities for annual cognitive health assessment for eligible members 65 years of age or older – APL 26-014

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to Medi-Cal line of business.

This notification is based on [All-Plan Letter \(APL\) 26-014](#), which can be found in full on the [Department of Health Care Services \(DHCS\) website](#).

What you need to know:

BACKGROUND

DHCS issued APL 26-014 to update requirements for annual cognitive health assessments for eligible Medi-Cal managed care members age 65 and older, replacing APL 22-025. The APL reinforces early identification of cognitive impairment and outlines managed care plan responsibilities for ensuring eligible members receive annual cognitive health assessments.

The purpose of the assessment is to help identify signs of Alzheimer's disease or related dementias, consistent with standards for detecting cognitive impairment under the Medicare Annual Wellness Visit and recommendations from the American Academy of Neurology. Members with Medicare are excluded from this policy because cognitive assessments are already covered as part of the Medicare Annual Wellness Visit.

POLICY

Providers must administer the annual cognitive health assessment as part of an Evaluation and Management (E&M) visit, which may include an office visit, consultation, preventive medicine service, or other applicable visit type. Elements of the assessment may be completed by non-billing team members when acting within their scope of practice and under the supervision of the billing provider.

Providers must use at least one validated cognitive assessment tool recommended by DHCS. Examples of assessment tools include the General Practitioner Assessment of Cognition (GPCOG), Mini-Cog, Eight-Item Informant Interview to Differentiate Aging and Dementia, and Short Informant Questionnaire on Cognitive Decline in the Elderly.

When this is happening:

APL 26-014 was issued by DHCS on July 1, 2026. The training requirement was removed effective June 30, 2025, for cognitive health assessments completed on or after that date.

Provider Action

Providers must document the following in the member's medical record and make records available upon request:

- The screening tool or tools used
- Verification that the screening results were reviewed by the provider
- The screening results
- The interpretation of the results
- Details discussed with the member and/or authorized representative
- Any appropriate actions taken based on the screening results

Providers should bill annual cognitive health assessments using the allowable CPT codes in the Medi-Cal Provider Manual. CPT code 1494F may only be used for eligible Medi-Cal members age 65 and older who do not have Medicare coverage, regardless of whether they have signs or symptoms of cognitive decline.

Assessments completed before June 30, 2025:

Providers were required to complete the DHCS Dementia Care Aware cognitive health assessment training before billing for and receiving reimbursement.

Assessments completed on or after June 30, 2025:

That training requirement was removed. Providers may bill using the applicable CPT code(s) without completing the training, provided all other billing and documentation requirements are met.

For members under age 65 with signs or symptoms of cognitive decline, MHC will continue to cover medically necessary assessments, treatment, and referrals through established clinical processes.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).

