

Documentation and Reporting Dementia

DOCUMENTATION TIPS

Screen senior patients for dementia during the annual wellness exam or preventative health visit. Dementia is associated with several different conditions or causes. Document the underlying condition, specify the type of dementia and report the diagnoses supported by the documentation. Reporting dementia requires two diagnosis codes and in later stages may require three diagnosis codes to fully support the severity of illness.

Document the **underlying cause** of dementia:

- Alzheimer's disease
- Parkinson's disease
- Frontotemporal dementia
- Pick's disease

Document the **type** of dementia:

- Vascular dementia
 - Report the underlying physiological condition or sequelae of cerebrovascular disease
- Dementia in other diseases classified elsewhere (Alzheimer's, Parkinson's, Lewy body)
- Unspecified dementia

Document **behavioral disturbance** to support the severity of illness:

- Wandering
- Aggressive or combative behavior
- Agitation

Dementia (not an all-inclusive list)

ICD-10-CM Code	Description	ICD-10-CM Code	Description
G30.0	Alzheimer's disease with early onset	F01.50	Vascular dementia without behavioral disturbance
G30.1	Alzheimer's disease with late onset	F01.51	Vascular dementia with behavioral disturbance
G30.8	Other Alzheimer's disease	F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
G30.9	Alzheimer's disease, unspecified	F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance

ICD-10-CM Code	Description	ICD-10-CM Code	Description
G31.01	Pick's disease	F03.90	Unspecified dementia without behavioral disturbance
G31.09	Other frontotemporal dementia	F03.91	Unspecified dementia with behavioral disturbance
G31.1	Senile degeneration of brain, not elsewhere classified	Z91.83	Wandering in diseases classified elsewhere
G31.83	Dementia with Lewy bodies		

Screening for Dementia

Screening tools measure the patient's orientation to time and place, short-term memory recall, ability to problem solve and identify common objects by name, and motor skills. These tools will assist in identifying patients in need of additional diagnostics to confirm the diagnosis of dementia.

- Six-item cognitive impairment test (6CIT) – series of questions with scoring based on the number of errors in the patient's responses
- Mini mental status exam (MMSE) – a 30-point test to measure cognitive impairment
- Clock drawing test
- Self-Administered Gerocognitive Exam (SAGE)

DOCUMENTATION AND REPORTING EXAMPLE

83-year old male with Alzheimer's with aggressive behavior in the afternoon and wandering, continue Donepezil as prescribed. New prescription for Mirtazapine 15mg, q.p.m. for aggressive behavior.

G30.9 Alzheimer's disease, unspecified

F02.81 Dementia in other diseases classified elsewhere with behavioral disturbance

Z91.83 Wandering in diseases classified elsewhere

According to the ICD-10-CM Official Guidelines for Coding and Reporting FY2022: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required." Refer to the tabular to verify that all characters are assigned to complete the diagnosis code.

1. ICD-10-CM Official Guidelines for Coding and Reporting FY2022. 1 Oct. 2021, www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf. Accessed 30 Nov. 2021.
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.