CarePlus HEALTH PLANS | Dementia

Clinical overview

Definition

Dementia is an umbrella term for many different diseases associated with memory loss that deteriorates over time. Alzheimer's disease is the most common type, but vascular dementia is a close second with our society's common diagnoses of hypertension, heart disease, stroke, etc., increasing the risk. One of the most problematic aspects of these diseases are the symptoms of agitation, anxiety and behavioral, psychotic and mood disturbances. These symptoms change over time with the severity of the disease.[1]

Types[2]

- Alzheimer's disease
- Vascular dementia – also known as multi-infarct dementia
- Lewy body dementia
- Frontotemporal dementia
- Other dementias

Causes

- Not a natural part of aging (as once commonly thought)
- Damage to or loss of nerve cells and their connections in the brain
- Can be caused by many different disease processes that cause damage to brain cells

Signs and symptoms[3]

- Memory loss and/or personality changes, confusion, disorientation, potential inappropriate behavior
- Difficulty communicating or finding words
- Difficulty with visual and spatial abilities, such as getting lost while driving
- Difficulty handling complex tasks (e.g., problem solving, planning, organizing)
- Difficulty with coordination and motor functions
- Depression, anxiety, paranoia, agitation, hallucinations

Complications[3]

- Poor nutrition
- Inability to perform self-care tasks
- Personal safety challenges
- Death

Diagnostic tools[4]

- Cognitive, neuropsychological, neurological and psychiatric evaluations
- Brain scans and laboratory testing to rule out underlying pathology

Treatment[4]

- Medications (linked to diagnosis)
- Cognitive, behavioral, occupational and music therapies
- Modifying the environment

Best documentation practices for healthcare providers

Subjective[5]

- The History of Present Illness (HPI) sets the background for the patient's presenting problem, from when first diagnosed until this encounter.
- May include Review of Systems (ROS), Past, Family, and/or Social History (PFSH) Active Problems List.
- Document the presence or absence of any current symptoms related to dementia (e.g., memory loss, problems with planning or problem solving, losing track of time, having vision problems, misplacing things, poor decision making, problems with speaking or writing, changes in mood personality, etc.).

Objective[5]

Document any objective data, including secondary behavioral disturbances (what is the type and cause), neurological exam (e.g., reflexes, coordination, muscle tone and strength, eye movement, speech and sensation) and results of any assessments (e.g., cognitive assessment, functional assessment, behavioral assessment).

Assessment/Impression

- Specificity: Describe each final diagnosis clearly, concisely and to the highest level of specificity. Use all applicable descriptors and include the following:
  - Type of dementia
  - Severity – mild, moderate, severe
  - Presence or absence of behavioral disturbance
  - Further define behavior disturbance if present (e.g., aggression, combativeness, rocking, pacing, etc.).

Plan[5]

- Document a clear and concise treatment plan for the dementia (e.g., therapy, environmental modification, etc.).
- Document details of referrals and consultation requests, orders for evaluation and medications prescribed with clear linkage to the diagnosis.
- Address any additional steps being taken to treat the patient.

ICD-10-CM coding tips[6]

- If a patient is admitted to an inpatient acute care hospital or other inpatient facility setting with dementia at one severity level and it progresses to a higher severity level, assign one code for the highest severity level reported during the stay.

- This condition utilizes the ICD-10-CM I.A.13. Etiology/manifestation convention ("code first," "use additional code" and "in diseases classified elsewhere" notes) coding convention.

- Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first, if applicable, followed by the manifestation. Wherever such a combination exists, there is a "use additional code" note at the etiology code, and a "code first" note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation. In most cases the manifestation codes will have in the code title, "in diseases classified elsewhere." Codes with this title are a component of the etiology/manifestation convention.

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The code title indicates that it is a manifestation code. "In diseases classified elsewhere" codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition. See category FØ2, Dementia in other diseases classified elsewhere, for an example of this convention.

- An example of the etiology/manifestation convention is dementia with Parkinson's disease. In the Alphabetic Index, a code from category G2Ø is listed first, followed by code FØ2.8Ø or FØ2.81- in brackets. A code from category G2Ø- represents the underlying etiology, Parkinson's disease, and must be sequenced first, whereas codes FØ2.8Ø and FØ2.81- represent the manifestation of dementia in diseases classified elsewhere, with or without behavioral disturbance.

- Effective Oct. 1, 2023, ICD-10-CM, severity is classified as unspecified, mild, moderate or severe and must be determined by the provider. For each level of severity, there are codes which represent specific potential symptoms as well as a code for patients without any symptoms. For example:
    o Mild – fourth digit of letter A
    o Moderate – fourth digit of letter B
    o Severe – fourth digit of letter C

- The codes are only to be assigned if documented by the provider, and the record must support the level of severity and any behavioral symptoms reported. If severity is NOT documented, code it as "unspecified."[1]

- Important: be sure to review any instructional notes at category G2Ø
    o Dementia with or in Parkinson's disease codes to: G2Ø.A1, Parkinson's disease without dyskinesia, without mention of fluctuations with an additional code to identify dementia further.

- Parkinson's disease is a progressive disorder of the nervous system that affects movement.
    o Dementia with Parkinsonism codes to G2Ø.C Parkinsonism, unspecified. In accordance with the Alphabetic Index conventions, an additional code should be added as appropriate based on the medical record documentation.

Additional reminders
- Due to the volume of additional instructional notes (e.g., code first or use additional code) under this category, for higher specificity, please refer to the current ICD-10-CM coding manual to ensure most accurate code assignment.

Coding examples

Example 1	
Medical record documentation	Chief Complaint (CC): Patient present for office visit, accompanied by spouse who reports that disorientation and confusion has been getting worse
	Mental Health Medical History: Alzheimer's disease, currently on donepezil 5 mg daily at bedtime
	Cognitive Assessment: Positive for dysphoric mood. Negative for suicidal ideas.
	Functional Assessment: Patient able to complete ADL's with verbal cues, per spouse.
	Mental Status Physical Exam: He is alert and oriented to person only. Behavior normal.
	Assessment: Alzheimer's disease

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	Plan: 1. Will increase donepezil dosage to 10 mg daily at bedtime 　　　2. Referral for neuropsychology
ICD-10-CM code	**G3Ø.9**　Alzheimer's disease, unspecified **FØ2.8Ø** Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety
Rationale	• Dementia is an inherent part of Alzheimer's disease; therefore, the provider does not need to separately document it. • Code G3Ø.9 represents the underlying etiology, Alzheimer's disease, and must be sequenced first, whereas code FØ2.8Ø represents the manifestation of dementia in diseases classified elsewhere, with or without behavioral disturbance.[6] • A broad and nonspecific condition description leads to assignment of a broad and nonspecific diagnosis code.

Example 2	
Medical record documentation	HPI: Patient presents for check on chronic conditions. Patient has Parkinson's and dementia. Son drove patient to appointment. Psych ROS: Son relates that patient has begun to have emotional outbursts with episodes of intense anger and shouting. Exam: Positive for tremors in bilateral upper extremities, difficulty with balance and coordination noted as patient ambulated to exam room. Assessment/Plan: 1. Parkinson's disease with **aggressive** behavior 　　　　　　　　2. Dementia
ICD-10-CM code	**G2Ø.A1**　Parkinson's disease without dyskinesia, without mention of fluctuations **FØ2.811** Dementia in other diseases classified elsewhere, unspecified severity, with agitation
Rationale	• Parkinson's disease is a progressive disorder of the nervous system, which typically affects middle-aged adults. It is associated with degeneration of the basal ganglia and a deficiency of the neurotransmitter dopamine. Parkinson's disease affects movement, and tremors are a well-known sign of the disease. Code **G2Ø.A1** Includes: Parkinson's disease NOS.[6] • Code **FØ2.811** Includes: Dementia in other diseases classified elsewhere, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, **aggression**, combativeness, or violence.[6] • Always ensure you are following the instructional notes found in your Alphabetic Index and Tabular List.

Example 3	
Medical record documentation	Mental Health Medical History: • Anxiety and Depression • Dementia NOS • ETOH abuse • Marijuana abuse • Memory loss HPI: Follow-up multiple medical problems. History of alcoholism, DM, HTN. He is established with Psychiatry at Regions 6, takes Zoloft® and Seroquel®. Psychiatric/Behavioral ROS: Positive for dysphoric mood. Negative for suicidal ideas.

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	Mental Status Physical Exam: He is alert and oriented to person, place and time. Behavior normal and thought content normal. Assessment: • Alcohol dependence, in remission • DM2 w/o complications • HTN • Depression
ICD-10-CM code	**F1Ø.21** Alcohol dependence, in remission **E11.9** Type 2 diabetes mellitus without complications **I1Ø** Essential (primary) hypertension **F32.A** Depression, unspecified
Rationale	• Dementia is not coded from the PMH as the mental health symptoms patient has could present for several different mental health conditions that are documented elsewhere in this example. • Without a provider query we cannot confirm if the patient has dementia currently.

Example 4	
Medical record documentation	Mr. Jameson is a retired mailman. He has moderate, late-onset Alzheimer's disease. He lives with his daughter and her family. Today he presents to the clinic with his daughter, reporting episodes of hallucinations and paranoia. Last night, he unknowingly walked out of their home. He wandered to the neighbor's house and rang their doorbell at 1 a.m. to deliver mail. Fortunately, the neighbor called his daughter, and he was returned home safely.
ICD-10-CM code	**G3Ø.1** Alzheimer's disease with late onset *Use additional codes as directed:* **FØ2.B2** Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance **Z91.83** Wandering in diseases classified elsewhere
Rationale	• Dementia is an inherent part of Alzheimer's disease; therefore, the provider does not need to separately document it. • Code **G3Ø.1** represents the underlying etiology, Alzheimer's disease, and must be sequenced first, whereas code **FØ2.B2** represents the manifestation of dementia in diseases classified elsewhere, moderate, with psychotic disturbance.[1]

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