

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. (Grimwood, 2023)

Types

- Alzheimer's disease
- Vascular dementia – aka multi-infarct dementia
- Lewy body dementia
- Frontotemporal dementia
- Mixed dementia

Causes

The exact cause is not known. Factors thought to play a role include:

- Age-related changes in the brain
- Changes or differences in genes
- Health, environmental and lifestyle factors

Signs and symptoms

- 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 (problem solving, planning, organizing)
- Difficulty with coordination and motor functions
- Depression, anxiety, paranoia, agitation, hallucinations

Complications

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

Diagnostic tools

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

Treatment

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

Best documentation practices for healthcare providers

Subjective

In the subjective section of the office note, 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

Document the presence of objective findings such as secondary behavioral disturbances (what is the type and cause) and neurological exam (reflexes, coordination, muscle tone and strength, eye movement, speech and sensation).

Assessment

- 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

- Document a clear and concise treatment plan for Dementia.
- Include specific details of status and underlying conditions (e.g., vascular dementia, dementia with Lewy bodies, severe head injuries, Parkinson's disease).
- Document details of referrals and consultation requests, orders for diagnostic testing and medications prescribed with clear linkage to dementia.

Coding tips

- 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. 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 F02, Dementia in other diseases classified elsewhere, for an example of this convention. (AAPC, 2023a)
- An example of the etiology/manifestation convention is dementia with Parkinson's disease. In the Alphabetic Index, a code from category G20 is listed first, followed by code F02.80 or F02.81- in brackets. A code from category G20 - represents the underlying etiology, Parkinson's disease, and must be sequenced first,

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whereas codes F02.80 and F02.81- represent the manifestation of dementia in diseases classified elsewhere, with or without behavioral disturbance. (AAPC, 2023a)

- 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:
 - Mild – fourth digit of letter A
 - Moderate – fourth digit of letter B
 - 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.” (Grimwood, 2023)
- Important: be sure to review any instructional notes at category G20
- Parkinson's disease is a progressive disorder of the nervous system that affects movement.
 - Dementia with or in Parkinson’s disease codes to: G20.A1, Parkinson’s disease without dyskinesia, without mention of fluctuations with an additional code to identify dementia further.
- Parkinsonism is a motor syndrome that manifests as rigidity, tremors, and bradykinesia. Parkinsonism is caused by Parkinson's disease in about eighty percent of cases of parkinsonism.
 - Dementia with Parkinsonism codes to G20.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	
Assessment and Plan	Alzheimer’s Disease
ICD-10-CM codes	G30.9 Alzheimer’s Disease, unspecified F02.80 Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
Comments	<ul style="list-style-type: none"> • Dementia is an inherent part of Alzheimer's disease; therefore, the provider does not need to separately document it. • Code G30.9 represents the underlying etiology, Alzheimer's disease, and must be sequenced first, whereas code F02.80 represents the manifestation of dementia in diseases classified elsewhere, with or without behavioral disturbance. • A broad and nonspecific condition description leads to assignment of a broad and nonspecific diagnosis code.

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Example 2	
Assessment and Plan	<ol style="list-style-type: none"> 1. Parkinson's disease with aggressive behavior 2. Dementia
ICD-10-CM codes	G20.A1 Parkinson's disease without dyskinesia, without mention of fluctuations F02.811 Dementia in other diseases classified elsewhere, unspecified severity, with agitation
Comments	<ul style="list-style-type: none"> • 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 G20.A1 Includes: Parkinson's disease NOS. • Code F02.811 Includes: Dementia in other diseases classified elsewhere, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence. • Always ensure you are following the instructional notes found in your Alphabetic Index and Tabular List.

Example 3	
Mental health medical history	Anxiety and Depression Dementia NOS ETOH abuse Marijuana abuse Memory loss
History of present illness (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.
Mental status physical exam	He is alert and oriented to person, place and time. Behavior normal and thought content normal.
Assessment/ICD-10-CM codes	F10.21 Alcohol dependence, in remission E11.9 Type 2 diabetes mellitus without complications I10 Essential (primary) hypertension F32.A Depression, unspecified
Comments	<ul style="list-style-type: none"> • 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 codes	G30.1 Alzheimer’s disease with late onset Use additional codes as directed: F02.B2 Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance Z91.83 Wandering in diseases classified elsewhere
Comments	<ul style="list-style-type: none"> Dementia is an inherent part of Alzheimer’s disease; therefore, the provider does not need to separately document it. Code G30.1 represents the underlying etiology, Alzheimer’s disease, and must be sequenced first, whereas code F02.B2 represents the manifestation of dementia in diseases classified elsewhere, moderate, with psychotic disturbance. (Grimwood, 2023)

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