Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

April 2023

Dementia

Dementia is a general term for loss of memory, language, problem-solving, and other cognitive abilities that are severe enough to interfere with daily life. As the large baby boomer generation ages, the number of people with dementia will rise. More than 7 million people age 65 and older had dementia in 2020. If current trends continue, more than 9 million Americans could have dementia by 2030, and nearly 12 million by 2040.

Common Types of Dementia

- Alzheimer's disease (the most common type)
- Vascular dementia – aka multi-infarct dementia (MID)
- Lewy body dementia
- Frontotemporal dementia
- Mixed dementia
- Reversible dementia

Risk Factors

- Aging (the biggest risk factor)
- Smoking
- Poor health (e.g., high blood pressure, poorly controlled diabetes)
- Family history

Centers for Medicare and Medicaid Services on Dementia and Care Services

In 2012, the Centers for Medicare and Medicaid Services (CMS) launched the National Partnership to Improve Dementia Care in nursing homes. The campaign's focus is to improve dementia care by reducing the use of unnecessary antipsychotic or other harmful medications in nursing homes and eventually other care settings as well. The partnership promotes person-centered care for every nursing home resident by using individualized, comprehensive care approaches.

The Affordable Care Act of 2010 requires that CMS provide regular training on abuse prevention for nurse aides caring for residents with dementia. The mission is to provide high-quality training programs that support person-centered care for individuals with dementia and prevent abuse.

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Recent ICD-10-CM Code Changes and Updates

With dementia continuing to grow as a health concern, there is a need to identify associated disorders such as psychotic disorders, mood disorders, and anxiety. Effective October 1, 2022, the updated ICD-10-CM classified dementia into more than 80 codes that provide greater specificity based on etiology and levels of severity.

The codes all start with F0 and use the following format for the third through sixth characters:

Third character: Type of dementia

- F01 Vascular dementia
- F02 Dementia in other diseases classified elsewhere
- F03 Unspecified dementia

Fourth character: Current severity

- F0x.A ... mild
- F0x.B ... moderate
- F0x.C ... severe
- F01.5 ... unspecified severity
- F02.8 ... unspecified severity
- F03.9 ... unspecified severity

Fifth and sixth characters: Accompanying behavioral or psychological disturbance

- F0x.x0 ... without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
- F0x.x11 ...with agitation
- F0x.x18 ...with other behavioral disturbance
- F0x.x2 ... with psychotic disturbance
- F0x.x3 ... with mood disturbance
- F0x.x4 ... with anxiety

Dementia Severity Levels

- **Mild**: Difficulties with instrumental activities of daily living (e.g., housework, managing money)
- **Moderate**: Difficulties with basic activities of daily living (e.g., feeding, dressing)
- **Severe**: Fully dependent (unable to communicate coherently; requires daily assistance with personal care)

Documentation and Coding Tips

- The new guidelines for reporting dementia require accurate and complete documentation. Provider documentation must clearly identify the etiology, severity, and seriousness of the patient's condition.
- Do not describe current diagnosis of dementia as "history of." In diagnosis coding the phrase "history of" indicates the condition is historical and no longer exists as a current problem.

- Avoid acronyms on first reference. If using acronyms, spell out in full the initial notation of the condition with the acronym in parenthesis, e.g., multi-infarct dementia (MID). Use the acronym for subsequent mentions of the condition. Spell out the diagnosis in full in the final assessment.
- Describe each final dementia diagnosis to the highest level of specificity.

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Documentation and Coding Tips (continued)

- Determination of the appropriate severity level requires the provider's clinical judgment. Assign codes based only on provider documentation unless otherwise instructed by the classification.
- It is not appropriate to simply list a code number or select code from a list of diagnosis codes in place of written diagnostic statement.
- If the documentation does not provide information about the severity of the dementia, assign the appropriate code for unspecified severity.
- If a patient with dementia at one severity level is admitted to an inpatient acute care hospital or other inpatient setting and the dementia progresses to a higher severity level, assign one code for the highest severity level reported during the stay.

References

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