OPTUM®

FOCUS ON: Dementia

Dementia is a syndrome characterized by progressive loss of previously acquired cognitive skills including memory, language, insight and judgement. There are several types of dementias that are progressive and nonreversible including; Alzheimer's disease (AD), vascular, Lewy body, frontotemporal and mixed dementia. Alzheimer's disease is thought to account for the majority (60-80%) of all cases of dementia. Dementia ranges in severity from the mildest stage, just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for the basic activities of living.

Currently an estimated 5.8 million Americans have AD. The risk of developing AD doubles every five years after the age of 65 and above the age of 85; the annual incidence is about 10%. Almost two-thirds of Americans with AD are women. AD is the sixth leading cause of death in the US. One in three seniors' dies with AD or another dementia. The estimated cost for AD and other dementias in the United States in 2019 was $290 billion including health care, long-term and hospice care.

Early detection of AD and other dementias provides medical, social, emotional and planning (including financial) benefits for the affected individual and their caregivers. One opportunity for early detection of cognitive decline in the primary care setting is the Medicare Annual Wellness Visit (AWV). Screening for cognitive impairment is a requirement of the Initial Annual Wellness Visit (HCPCS code G0438) and subsequent Annual Wellness Visits (HCPCS code G0439).

Documentation and coding tips

- Documenting cognitive decline is important, especially for senior patients. It is important to screen for and document dementia, including the type of dementia, and any behavioral issues the patient may be experiencing. It is equally important to document any counseling, interventions, medication changes, and/or referrals.
- Dementia should be linked to any known etiology or underlying condition, with statements such as "due to" or "in." For example, "dementia due to Parkinson's" or "dementia in alcoholism".
- Document the type of dementia (senile, vascular, etc) and behavioral disturbances, if present.

Code first the underlying condition or sequelae of cerebrovascular disease when assigning vascular dementia codes. These codes are not to be used as a principal diagnosis:

F01.50 Vascular dementia without behavioral disturbance

F01.51 Vascular dementia with behavioral disturbance

A code from **F02.8-** should always be assigned with a code from **G30.-** when Alzheimer's disease is documented, even in the absence of documented dementia:

F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance

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

Use additional code, if applicable, to identify wandering in dementia in conditions classified elsewhere (Z91.83).

These codes include senile dementia, senile psychosis and dementia not otherwise specified:

F03.90 Unspecified dementia without behavioral disturbance

F03.91 Unspecified dementia with behavioral disturbance

Documentation and coding example

Patient is seen today with her son for concerns about her wandering in her neighborhood. She has Alzheimer's dementia, and her son is concerned she may injure herself. Options were discussed at length.

G30.9 Alzheimer's disease, unspecified

F02.81 Dementia with behavioral disturbance

Z91.83 Wandering in dementia in conditions classified elsewhere

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Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2020: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verity that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that 2020 dates of service for the 2021 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. https://www.cms.gov/files/document/2021-announcement.pdf

Optum360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.
- Gaugler J, James B, Johnson T, Marin A, Weuve J. 2019 ALZHEIMER'S DISEASE FACTS AND FIGURES. Alzheimer's Association. https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf. Published 2019. Accessed May 4, 2020.
- What Is Dementia? Symptoms, Types, and Diagnosis. National Institute on Aging. https://www.nia.nih.gov/health/what-dementia-symptoms-types-and-diagnosis. Published December 31, 2017. Accessed May 4, 2020.