

# Dementia and Alzheimer's Disease Coding

Risk Adjustment Programs for Provider  
Engagement and Education

March 2023

# Agenda

Speakers:  
Alexandra Manuel  
Tracey Cox  
Jacqueline Duncan

## Dementia Coding and Documentation

- Housekeeping
- Definition, stages, economics
- Types, Characteristics and Treatment
- Coding Guidelines
- Code Sets including new codes as of October 1, 2022
- Documentation tips
- Coding Scenario
- Questions
- Reminders

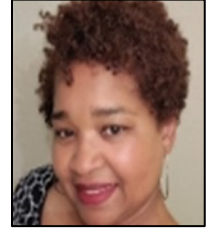
# Speaker Introductions



Alexandra Manuel  
Clinical Risk  
Management Analyst



Tracey Cox  
Clinical Risk  
Management Analyst



Jacqueline Duncan  
Clinical Risk  
Management Analyst

# Housekeeping Items



A copy of this presentation will be available on the BCBSNC Provider's Risk Adjustment webpage for educational purposes only.



Please hold questions until the Q&A session begins



For unanswered questions during the presentation, responses will be emailed to you after the webinar.

# Dementia

## What is it?

- Deterioration in cognitive function
- Loss of memory, cognitive ability severe enough to impair daily life and independent function
- Behavior changes may occur as well as changes in feelings and relationships



# Stages of Dementia

## Early Stage Mild

- May last an average of two years
- Forgetfulness
- Struggling to find the right word in a conversation
- Becoming lost in familiar places

## Middle Stage Moderate

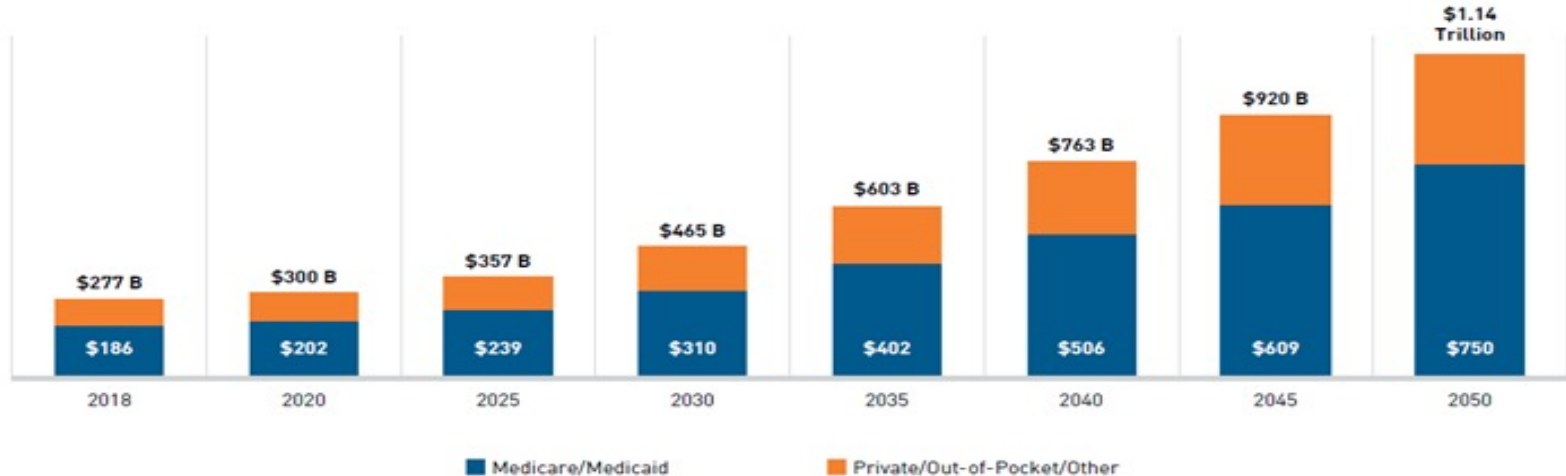
- Often the longest stage, may last from two to four years
- Confused while at home
- Requiring help with personal care
- Behavior changes like wandering

## Late Stage Severe

- Eventually may need full-time care
- Life expectancy lower despite type of Dementia
- Spoken language may be reduced to a few words or totally lost

# Economic Impact of Dementia

**FIGURE 2.** Projected Alzheimer Disease Costs in Billions, 2018 Dollars<sup>9</sup>

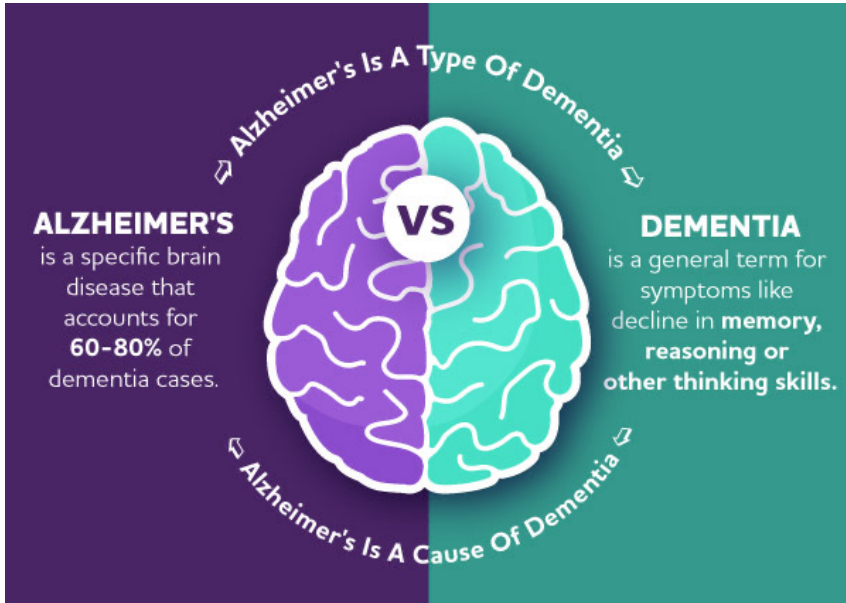


Total lifetime cost of care for patients with dementia is estimated at \$412,936 in 2022 with as much as 70% of those costs carried by the family from unpaid caregiving and out of pocket expenses

# Types of Dementia

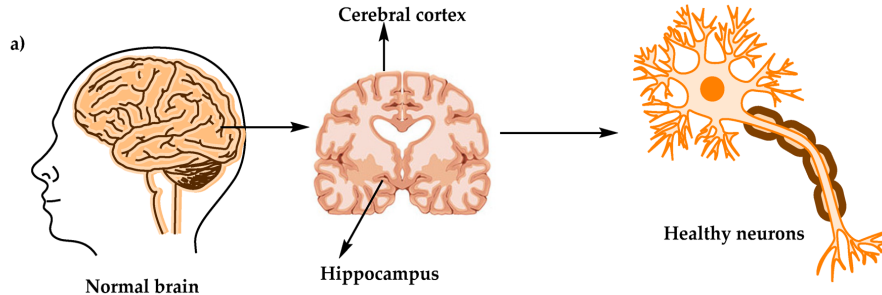


# Alzheimer's Disease

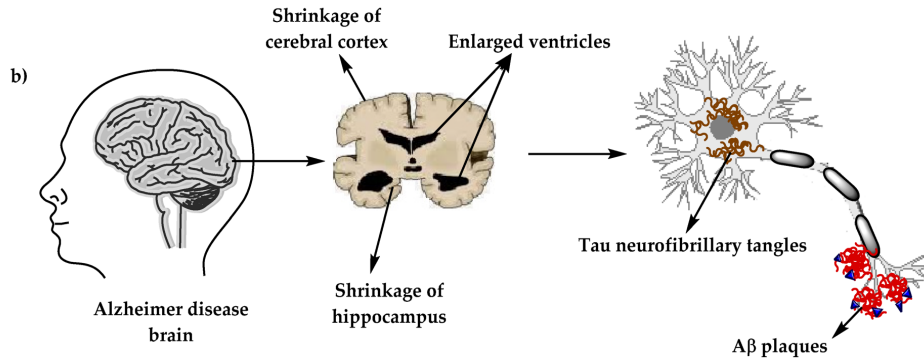


- The most common form of Dementia
- Difficulty remembering newly learned information
- Disorientation
- Mood and behavior changes
- Suspicious about family and friends

# Physiological impact of Alzheimer's Disease



- Amyloid plaques are found along with a massive loss of neurons
- Plaques are noticed in the hippocampus and cortex
- Brain atrophy causing loss of brain volume



# Alzheimer's Disease

## Includes

- Alzheimer's dementia (Senile and Presenile forms)
- G30.0 – Alzheimer's disease w/early onset
  - G30.1 – Alzheimer's disease w/late onset
  - G30.8 – Other Alzheimer's disease
  - G30.9 – Alzheimer's disease unspecified

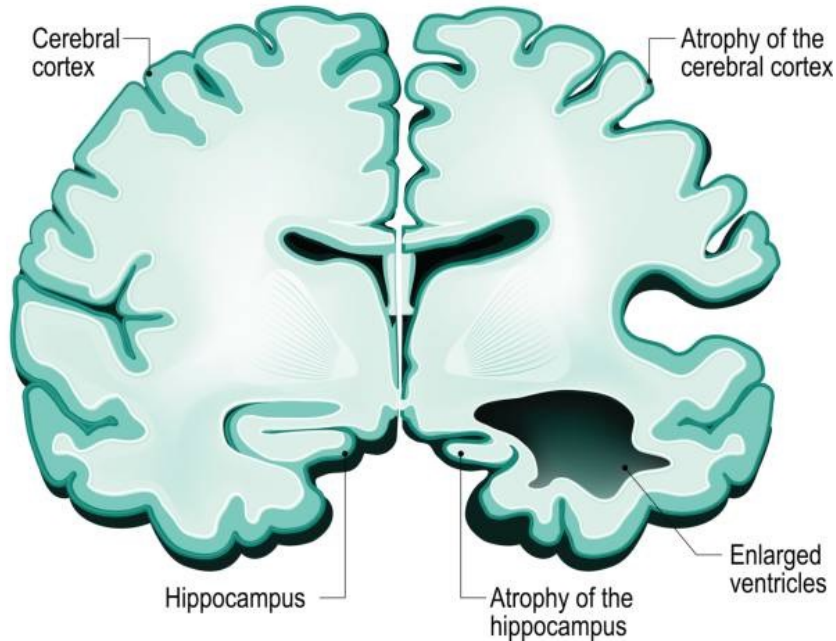
## Use additional code, if applicable

- Delirium
- Dementia w/Anxiety
- Dementia w/behavioral disturbance
- Dementia w/mood disturbance
- Dementia w/psychotic disturbance
- Dementia w/o behavioral disturbance
- Mild neurocognitive disorder d/t known physiological condition

# Lewy Bodies

Healthy

Alzheimer's  
disease



## Characteristics

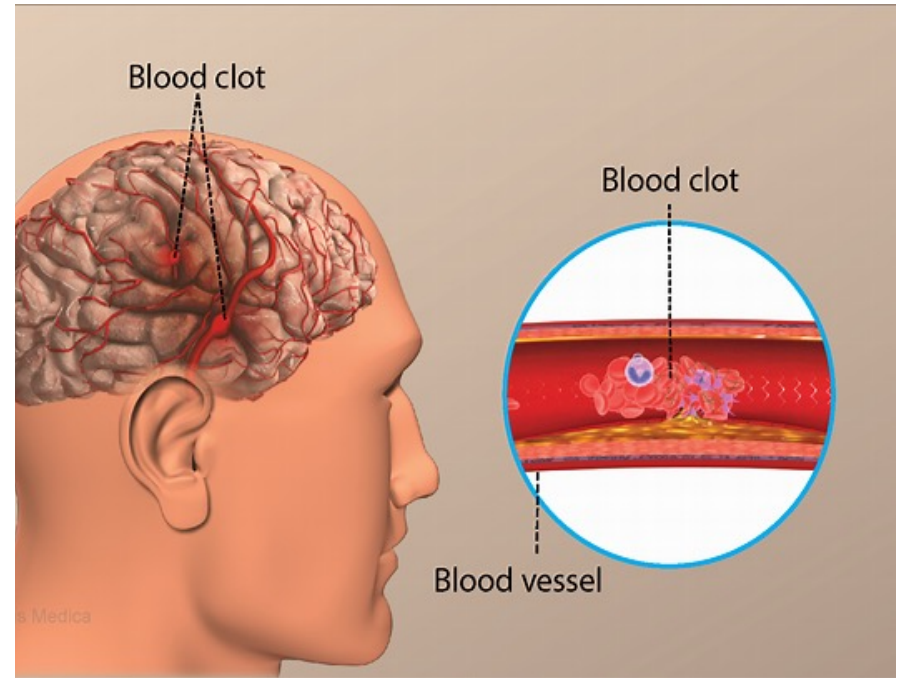
- Repeated Falls
- Syncope
- Transient Loss of Consciousness
- Hallucinations
- Systematic Delusions

**DX:** G31.83 Lewy body dementia

# Vascular Dementia

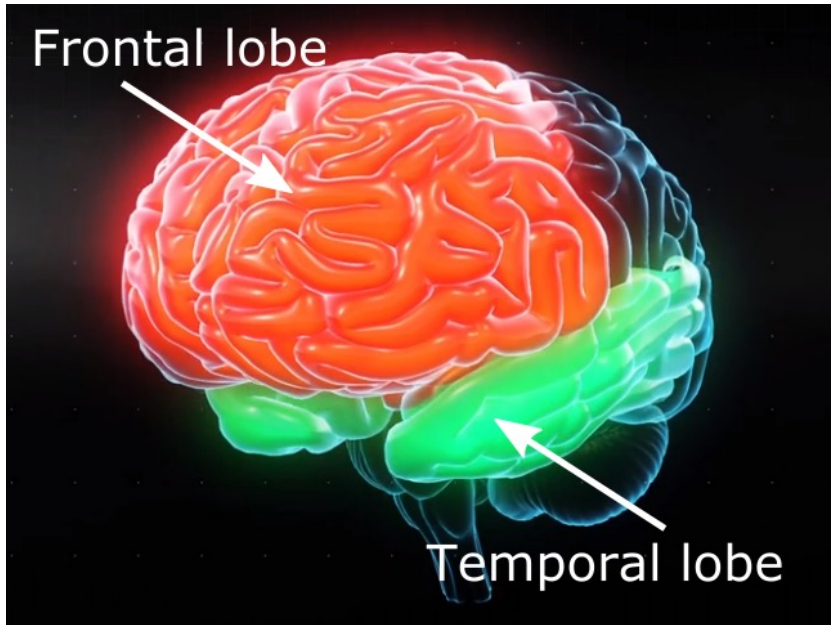
## Characteristics

- Short-term memory loss
- Getting lost in known surroundings
- Inability to follow instructions
- Delusions
- Risk factors for Vascular disease include Hypertension, Diabetes, Hyperlipidemia, Smoking, Cardiac Arrhythmias



# Frontotemporal Dementia

## G31.09 – Frontal Dementia



### Characteristics

- Often misdiagnosed
- May begin as early as age 40
- Portions of the lobes shrink
- Personality changes often reported
- Others may lose their ability to use language properly
- Motor disorders

# Diagnosing Dementia

## Cognitive Tests/Psychiatric Evaluation

- Memory Assessment
- Problem solving
- Language Skills
- Sensory Response
- Reflexes
- Psych evaluation for mood disorders

## Brain Scans

- Computed Tomography
- Magnetic Resonance Imaging
- Positron Emission Tomography

## Additional Tests

- Genetic Testing
- Cerebrospinal Fluid Tests
- Blood Tests

# Treatments and Tips

Dementia



# Important Safety Measures

## Shower Handrails



## Home Safety Tips

- Keep a list of emergency phone numbers/addresses for local police and fire departments
- Secure large furniture to prevent tipping. Utilize chairs with armrests for support
- Using handrails in the home for stairs and in the bathroom near the tub or shower are suggested for safety.

## Grab Bars for Tubs



# Calendars for help with Routines

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>
<del>6</del>	<del>7</del>	<del>8</del>	<del>9</del>	<del>10</del>	<del>11</del>	<del>12</del>
<del>13</del>	<del>14</del>	<del>15</del>	<del>16</del>	<del>17</del>	<del>18</del>	<del>19</del>
<del>20</del>	<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>	25	26
27	28	29	30	31		

- Routines for dementia patients has proven to reduce anxiety and foster feelings of security
- Have established mealtimes, try placing meds next to their meals to keep medication times simple
- Keep important dates on a large calendar. Cross out yesterday so the first square always shows “today”.

# Treatments for Dementia

- Common medications are Aricept, Exelon, Aduhelm and Razadyne (Raz-a-dine) which boosts levels of a chemical messenger involved in memory and judgement.
- Namenda regulates the part of the brain for learning and memory
- Other medications may be prescribed for depression, sleep disturbances, hallucinations or agitations

# Medication



# ICD-10 Coding for Dementia Guidelines and Coding Conventions

## Mental, Behavioral and Neurodevelopment disorders (F01 – F99)

- The ICD-10-CM classifies dementia (categories F01, F02, and F03) based on the etiology and severity (unspecified, mild, moderate or severe)
- Selection of the appropriate severity level requires the provider's clinical judgment and codes should be assigned only **based on provider documentation** (as defined in the *Official Guidelines for Coding and Reporting*), unless otherwise instructed by the classification.

# Section 1.A -13 Coding Convention



## Etiology/manifestation convention

(“code first”, “use additional code” and “in diseases classified elsewhere” notes)

- 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.

# Coding Conventions: “code first” & “use additional code”

Coding Examples

# Section 1.A -13 Coding Conventions

## Using the “Code First” and “Use Additional Code” conventions with the “Diseases Classified Elsewhere” categories

- “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.



✓ F02 Dementia in other diseases classified elsewhere	
<b>INCLUDES</b>	major neurocognitive disorder in other diseases classified elsewhere
	Code first the underlying physiological condition, such as:
	Alzheimer's (G30.-) (G30-G30.9)
	cerebral lipidosis (E75.4) (E75.4)
	Creutzfeldt-Jakob disease (A81.0-) (A81.0-A81.09)
	dementia with Lewy bodies (G31.83) (G31.83)
	dementia with Parkinsonism (G31.83) (G31.83)
	epilepsy and recurrent seizures (G40.-) (G40-G40.B19)
	frontotemporal dementia (G31.09) (G31.09)
	hepatolenticular degeneration (E83.0) (E83.01)
	human immunodeficiency virus [HIV] disease (B20) (B20)
	Huntington's disease (G10)
	hypercalcemia (E83.52) (E83.52)
	hypothyroidism, acquired (E00-E03.-) (E01-E03.9)
	intoxications (T36-T65) (T36-T65.94XS)
	Jakob-Creutzfeldt disease (A81.0-) (A81.0-A81.09)
	multiple sclerosis (G35) (G35)
	neurosyphilis (A52.17) (A52.17)
	niacin deficiency [pellagra] (E52) (E52)
	Parkinson's disease (G20) (G20)
	Pick's disease (G31.01) (G31.01)
	polyarteritis nodosa (M30.0) (M30.0)
	prion disease (A81.9)
	systemic lupus erythematosus (M32.-) (M32-M32.9)
	traumatic brain injury (S06.-)
	trypanosomiasis (B56.-, B57.-) (B56-B56.9, B57-B57.5, )
	vitamin B deficiency (E53.8) (E53.8)



# Section 1.A -13 Coding Conventions



Using the “Code First” and “Use Additional Code” conventions outside of the “Diseases Classified Elsewhere” categories

When “diseases classified elsewhere” is *not listed* as part of your manifestation code you will follow the “use additional code” note at the bottom of the etiology code and the “code first” note at the bottom of the manifestation code.

→ **G20** Parkinson's disease

Hemiparkinsonism

Idiopathic Parkinsonism or Parkinson's disease

Paralysis agitans

Parkinsonism or Parkinson's disease NOS

Primary Parkinsonism or Parkinson's disease

→ Use additional code, if applicable, to identify:

dementia with anxiety (F02.84, F02.A4, F02.B4, F02.C4) ([F02.84](#), [F02.A4](#), [F02.B4](#), [F02.C4](#))

dementia with behavioral disturbance (F02.81-, F02.A1-, F02.B1-, F02.C1-) ([F02.81-F02.818](#), [F02.A1-F02.A18](#), [F02.B1-F02.B18](#), [F02.C1-F02.C18](#), )

dementia with mood disturbance (F02.83, F02.A3, F02.B3, F02.C3) ([F02.83](#), [F02.A3](#), [F02.B3](#), [F02.C3](#))

dementia with psychotic disturbance (F02.82, F02.A2, F02.B2, F02.C2) ([F02.82](#), [F02.A2](#), [F02.B2](#), [F02.C2](#))

→ dementia without behavioral disturbance (F02.80, F02.A0, F02.B0, F02.C0) ([F02.80](#), [F02.A0](#), [F02.B0](#), [F02.C0](#))

mild neurocognitive disorder due to known physiological condition (F06.7-) ([F06.7-F06.71](#))

# New/Revised Codes for Dementia

# New and Revised ICD-10 Codes as of October 1, 2022

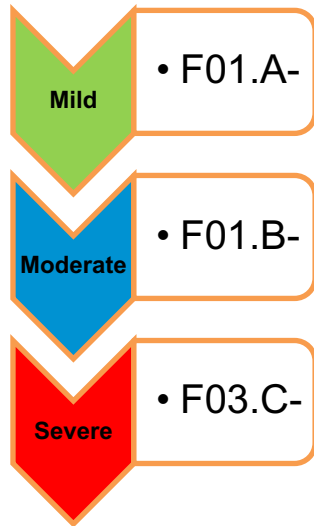


- Over **80 new and revised codes** were added at the request of the National Minority Quality Forum in September 2021 during the ICD-10 Coordination and Maintenance Committee Meeting.
- **Mild dementia:** “Clearly evident functional impact on daily life, affecting mainly instrumental activities. No longer fully independent/requires occasional assistance with daily life activities.”
- **Moderate dementia:** “Extensive functional impact on daily life with impairment in basic activities. No longer independent and requires frequent assistance with daily life activities.”
- **Severe dementia:** “Clinical interview may not be possible. Complete dependency due to severe functional impact on daily life with impairment in basic activities, including basic self-care.”

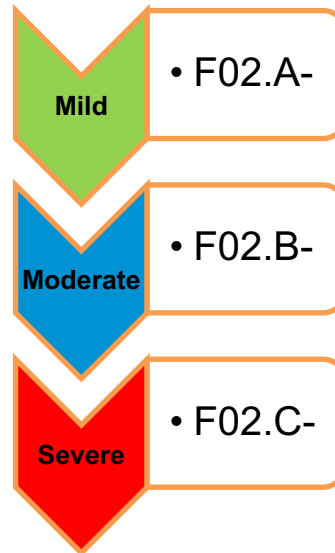
# New Dementia Codes based on Severity



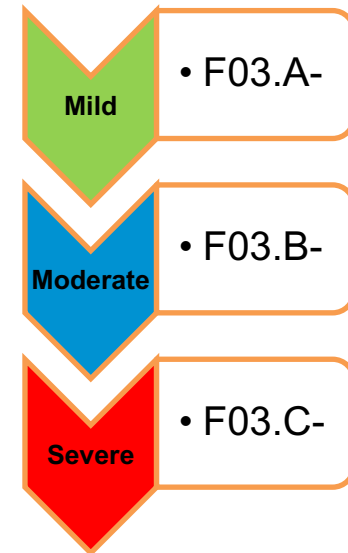
F01  
Vascular  
Dementia



F02  
Dementia in other  
diseases classified  
elsewhere



F03  
Unspecified  
Dementia



## Vascular Dementia

- F01.5X – **Vascular dementia** has been relabeled as “Vascular dementia, *unspecified severity*”
- F01.50 **Vascular dementia, *unspecified severity***, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
- F01.51X - **Vascular dementia, unspecified severity, *with behavioral disturbance***
  - F01.511 Vascular dementia, *unspecified severity*, with agitation
  - F01.518 Vascular dementia, *unspecified severity*, with other behavioral disturbance
- F01.AX– **Vascular dementia, *mild***
- F01.BX – **Vascular dementia, *moderate***
- F01.CX – **Vascular dementia, *severe***

# Vascular Dementia

F01.5-

Vascular Dementia, Unspecified Severity

F01.A-

Vascular Dementia Mild

F01.B-

Vascular Dementia Moderate

F01.C-

Vascular Dementia Severe

# Vascular Dementia cont'd

## F01.50

- W/o behavioral disturbances, psychotic disturbances, mood disturbances & anxiety

## F01.51X

- With behavioral disturbances
  - F01.511 & F01.518

## F01.52

- with Psychotic disturbances
  - Hallucinations
  - Paranoia
  - Delusional state

## F01.53

- with mood disturbances
  - Depression
  - Apathy

## F01.54

- with anxiety

## Dementia in (other) diseases classified elsewhere

- F02.80 – **Dementia in diseases classified elsewhere**, *unspecified severity*, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety
- F02.811 **Dementia in diseases classified elsewhere**, *unspecified severity*, with agitation
- F02.818 **Dementia in diseases classified elsewhere** *unspecified severity*, with other behavioral disturbance



# Dementia in other diseases classified elsewhere...

F02.8-

Unspecified Severity

F02.A-

Mild

F02.B-

Moderate

F02.C-

Severe

# Dementia in other diseases classified elsewhere cont'd

## F02.80

- W/o behavioral disturbances, psychotic disturbances, mood disturbances & anxiety

## F02.81X

- With behavioral disturbances
  - F02.811 & F02.818

## F02.82

- with Psychotic disturbances
  - Hallucinations
  - Paranoia
  - Delusional state

## F02.83

- with mood disturbances
  - Depression
  - Apathy
  - Anhedonia

## F02.84

- with anxiety
  - Unspecified severity

# Unspecified Dementia

F03.9-

Unspecified Severity

F03.A-

Mild

F03.B-

Moderate

F03.C-

Severe

# Unspecified Dementia, unspecified severity



## F03.90

- w/o behavioral disturbances, psychotic disturbances, mood disturbances & anxiety

## F03.91X

- with behavioral disturbances
  - F02.911 & F02.918

## F03.92

- with Psychotic disturbance
  - Hallucinations
  - Paranoia
  - Delusional state

## F03.93

- with mood disturbance
  - Depression
  - Apathy
  - Anhedonia

## F03.94

- with anxiety

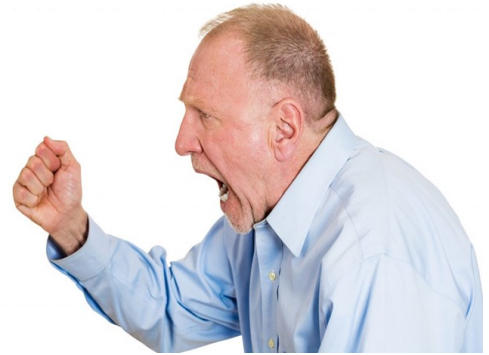
# Dementia Coding Scenarios

# Coding Scenario

*Mr. Walburg who lives with his daughter Jane, was diagnosed with vascular dementia one year ago. He is in to see his primary care provider Dr. Pepper today. Jane reports having difficulty recently with her father when getting ready for dinner and at bedtime. “He appears to become very upset in the late afternoon leading up to dinner and again when it is time for bed” Jane reports to Dr. Pepper. “He yells at the family and paces up and down the hall when we are about to sit down for dinner”.*

What should the provider include in his assessment to ensure his coders are able to select the best diagnosis code for Mr. Walburg? Which ICD-10 code for dementia would best describe Mr. Walburg’s condition?

Provider: A/P Vascular Dementia with other behavioral disturbance marked by agitation and pacing the floor according to his daughter, the primary caregiver. Rx for Abilify given.



Answer: F01.511 Vascular dementia unspecified severity, with agitation

# Coding Scenario

Mrs. Jones, aged 75, was admitted to the hospital with unspecified dementia, mild, with mood disturbance. During her 4 day stay, her symptoms became worse, progressing to moderate stage, unspecified dementia with mood disturbances. What ICD-10 code would you use for this patient?

**F03.B3 – unspecified dementia, moderate with mood disturbance**

## Dementia

- moderate (F03.B0)

- with

- mood disturbance (anhedonia, apathy, depression) F03.B3

# Reminders

- Please fill out our survey which you should receive later today.
- Our next topic will be Vascular Disease on April 26<sup>th</sup>, 2023, at 10:00AM. Please join us.

Post-event feedback survey (will take about 4 minutes)





# References

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<https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/sundowning#:~:text=Sundowning%20can%20happen%20at%20any,middle%20stage%20and%20later%20stages>

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<https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/sundowning#:~:text=Sundowning%20can%20happen%20at%20any,middle%20stage%20and%20later%20stages>.

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<https://memory.ucsf.edu/caregiving-support/behavior-personality-changes#Aggressive-amp-Threatening-Behavior>

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<https://alzheimersnewstoday.com/alzheimers-disease-statistics/>

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<https://www.cdc.gov/aging/publications/features/Alz-Greater-Risk.html>

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<https://www.who.int/news-room/fact-sheets/detail/dementia#:~:text=Currently%20more%20than%2055%20million,or%20secondarily%20affect%20the%20brain>.

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<https://www.ajmc.com/view/the-economic-and-societal-burden-of-alzheimer-disease-managed-care-considerations>

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[https://www.mdpi.com/molecules/molecules-25-05789/article\\_deploy/html/images/molecules-25-05789-g001.png](https://www.mdpi.com/molecules/molecules-25-05789/article_deploy/html/images/molecules-25-05789-g001.png)

Questions?

Thank You!

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