

Dementia/Major neurocognitive disorder: Overview and education

What is dementia?

Dementia is not a specific disease. Rather, dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life.

Types of dementia

Alzheimer's disease

The most common type of dementia, this is a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks. It also involves changes in behavior and personality. The causes are not yet fully understood, but probably include a combination of:

- Age-related changes in the brain (e.g., shrinking, inflammation, blood vessel damage, and breakdown of energy within cells, which may harm neurons and affect other brain cells)
- Changes or differences in genes, which may be passed down by a family member
- Health, environmental, and lifestyle factors may play a role.

Vascular dementia – aka multi-infarct dementia (MID)

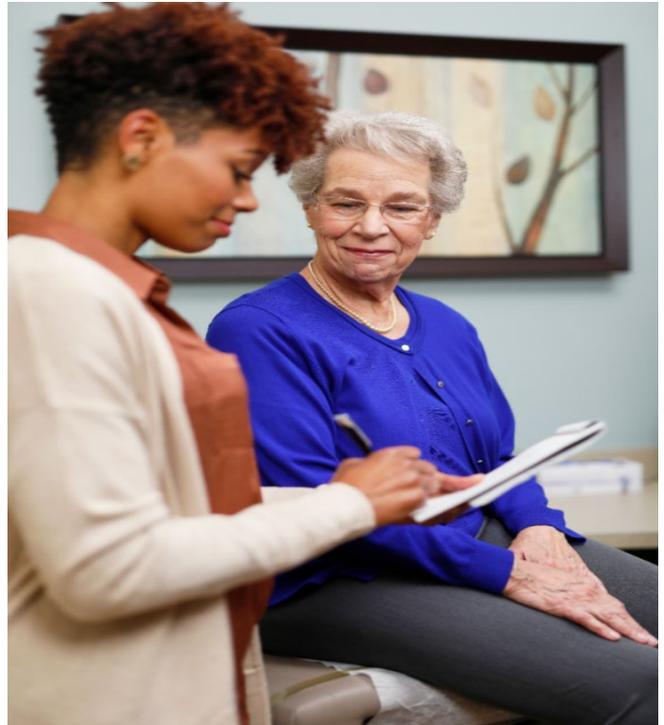
A type of dementia caused by different conditions that interrupt the flow of blood and oxygen supply to the brain and damage blood vessels in the brain. Vascular dementia can occur alone or alongside another form of dementia.

Lewy body dementia

A disease associated with abnormal deposits of a protein called alpha-synuclein in the brain. These deposits, called Lewy bodies, affect chemicals in the brain whose changes, in turn, can lead to problems with thinking, movement, behavior, and mood.

Frontotemporal dementia

A group of diseases characterized by the breakdown (degeneration) of nerve cells and their connections in the frontal and temporal lobes of the brain – the areas generally associated with personality, behavior and language.



Mixed dementia

A condition in which a person has more than one type of dementia. For example, a person may have a combination of brain changes related to Alzheimer's disease, vascular disease-related process, or another condition that involves the loss of nerve cell function or structure and nerve cell death (neurodegeneration).

Diagnosis

Please refer to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychiatric Association (APA) to review diagnostic criteria for Major and Mild Neurocognitive Disorders (formerly Dementia).

Diagnostic tools:

- Medical history, physical and neurological exam
- Cognitive and neuropsychological testing
- Brain scans (CT, MRI or PET scans)
- Psychiatric evaluation

Documentation tips for providers

Abbreviations

- Limit or avoid altogether
- Best practice: The initial notation of the condition should be spelled out in full with the abbreviation in parenthesis, e.g., “Dementia with Lewy bodies (DLB)”. Subsequent mention of the condition can then be made using the abbreviation. The diagnosis should always be spelled out in full in the final assessment.

Current versus historical

- Do not describe current dementia as “history of”. In diagnosis coding, the phrase “history of” means the condition is historical and no longer exists as a current problem.

Final assessment

- Describe each final dementia diagnosis to the highest level of specificity with all pertinent descriptors.
- It is not appropriate for healthcare providers to simply list a code number or select a code number from a list of codes in place of a written final diagnosis.
- The provider’s final statement of diagnosis should classify code with description.

For all codes, categories and subcategories, the coder must review and apply all instructional notes as appropriate based on medical record documentation.

Alzheimer’s disease dementia:

When the medical record provides sufficient detail, Alzheimer’s disease can be coded based on whether the individual began experiencing symptoms early (such as in their 40s or 50s, as opposed to later at age 65 or older.)

Category G30 Alzheimer’s disease

- G30.0 Alzheimer’s disease with early onset
- G30.1 Alzheimer’s disease with late onset
- G30.8 Other Alzheimer’s disease
- G30.9 Alzheimer’s disease, unspecified

Use an additional code to identify:

- delirium, if applicable (F05)
- dementia with behavioral disturbance (F02.81)
- dementia without behavioral disturbance (F02.80)

Conditions of dementia:

F05 Delirium due to known physiological condition

Code first the underlying physiological condition

Category F01 Vascular dementia

Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease

Includes arteriosclerotic dementia

Code first the underlying physiological condition or sequelae of cerebrovascular disease

- F01.50 Vascular dementia without behavioral disturbance.
- F01.51 Vascular dementia with behavioral disturbance

Social Determinants

Z72.89 Other problems related to lifestyle

Z91.83 Wandering in diseases classified elsewhere

Alcoholic dementia:

Alcoholic dementia combination codes distinguish between alcohol dependence and alcohol use:

F10.27 Alcohol dependence with alcohol-induced persisting dementia

F10.97 Alcohol use, unspecified, with alcohol-induced persisting dementia

Use an additional code for blood alcohol level, if applicable (Y90.-)

Dementia, Parkinson’s disease and Parkinsonism:

Parkinson’s disease is a progressive disorder of the nervous system that affects movement – tremors are a well-known sign of the disease. Dementia with or in Parkinson’s disease codes to G20, Parkinson’s disease.

Use an additional code to identify:

- dementia with behavioral disturbance (F02.81)
- dementia without behavioral disturbance (F02.80)

By contrast, “parkinsonism” refers to symptoms of Parkinson’s disease (e.g., slow movements and tremors), regardless of the cause, and is typically caused by another condition or external agent, such as drugs. Parkinson’s disease and Parkinsonism are not classified the same. Dementia with Parkinsonism codes to G31.83, Dementia with Lewy bodies.

Category F03 and subcategory F03.9 Unspecified dementia

Includes pre-senile dementia, presenile psychosis, primary degenerative dementia, senile dementia, senile dementia depressed or paranoid type, senile psychosis.

F03.90 Unspecified dementia without behavioral disturbance

F03.91 Unspecified dementia with behavioral disturbance

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