

Medicare Advantage Risk Adjustment in 2023

Dementia Documentation Tips for Providers

In 2023 the American Medical Association (AMA) added 1176 new billable healthcare codes. Of those new codes, 69 were introduced for dementia (both with and without psychological symptoms). The dementia code expansion is based on severity and identified as mild, moderate, and severe, and includes behavioral and psychological symptoms of dementia (BPSD).

The coding of dementia depends on clear and precise medical record documentation by the physician. The documentation should identify the underlying cause of dementia whenever possible. In addition to the objective examination, the physician should document behavioral and psychological disturbances such as:

Agitation	Anxiety	Aggression
Psychotic disturbance	Mood disturbance	Sleep disturbance
Hallucination	Delusion	Wandering
Social disinhibition	Sexual disinhibition	

Good medical record documentation is essential to describe the severity of illness:

- » to improve the quality of care
- » to measure the quality of care
- » and, to provide better data for research and for optimal reimbursement.

Coding Types of Dementia

Alzheimer's disease:

- » G30.0 – Alzheimer's disease with early onset
- » G30.1 – Alzheimer's disease with late onset
- » G30.9 – Other Alzheimer's disease
- » G30.9 – Alzheimer's disease, unspecified, ICD-10 also offers **Secondary codes** to distinguish between dementia without or with behavioral disturbances. For example:
 - » F02.80 - Dementia in other diseases classified elsewhere **without** behavioral disturbance should be used to distinguish from dementia with behavioral disturbance
 - » F02.81 - Dementia in other diseases classified elsewhere **with** behavioral disturbance

Vascular dementia:

- » F01.50 - Vascular dementia **without** behavioral disturbances
- » F01.51 - Vascular dementia **with** behavioral disturbances

ICD-10 includes a note instructing reporting of the underlying physiological condition or sequelae of cerebrovascular disease for patients with **vascular** dementia.

Also, code F01.51 includes an additional code Z91.83 to identify "**wandering**" (if applicable) in **vascular** dementia.

Lewy body dementia:

G31.83 Dementia with Lewy bodies includes:

- » Diffuse Lewy body disease
- » Lewy body dementia with or without behavioral disturbance
- » Senile dementia of the Lewy body type
- » G31.83 – Dementia with Parkinsonism and Lewy body disease
- » Diffuse Lewy body disease
- » Lewy body dementia with or without behavioral disturbance
- » Senile dementia of the Lewy body type
- » G31.83 – Dementia with Parkinsonism and Lewy body disease

Frontotemporal dementia:

- » G31.09 – Other frontotemporal dementia

F02.81 code range – are additional codes that should be used to identify dementia with behavioral disturbance.

Mixed dementia:

Since many people with dementia have a combination of Alzheimer's disease, vascular dementia, and Lewy body dementia there is no specific code for mixed dementia. Symptoms would depend on which type of dementia is **dominant**. The provider should document both the Alzheimer's and the other type of dementia (e.g., vascular dementia) and code the conditions separately.

NEW SUBCATEGORY F06.7-

Since a mild cognitive disorder or impairment can precede the diagnosis of dementia a new subcategory F06.7- for mild cognitive disorder has been added.

- » F06.70 – Mild neurocognitive disorder due to known physiological condition **without** behavioral disturbance
- » F06.71 - Mild neurocognitive disorder due to known physiological condition **with** behavioral disturbance

Coding Depression and Anxiety

Questions:

- » When a patient who has both depression and anxiety what code should be documented?
- » Should providers code the two conditions separately?
- » Can they use F41.8 [other specified anxiety disorders, which include: Anxiety depression (mild or not persistent), Anxiety hysteria, Mixed anxiety, and depressive disorder]?

Answer:

According to the AHA ICD-10-CM Coding Clinic (2021, Volume 8, Number 1), depression and anxiety are not automatically linked. This means documentation should list separate codes for the two conditions unless the conditions are connected. So, the Coding Clinic recommends providers use codes such as F32.9 (Major depressive disorder, single episode, unspecified) and F41.9 (Anxiety disorder, unspecified) "when the documentation has not established a linkage between the depression and the anxiety."

If the documentation indicates a relationship between the two conditions, it would be appropriate to use F41.8 (Other specified anxiety disorders).

Highlights from the new 2024 ICD-10-CM CODES – EFFECTIVE OCTOBER 1, 2023

2023 – ICD-10-CM = 73639 codes

2024 – ICD-10-CM = 74044 codes

A total of 395 new billable codes made the cut for 2024, along with 25 deletions and 13 revisions.

Stay tuned to the 2024 Medicare Advantage Risk Adjustment Provider Newsletter for more coding tips...

Reference: AHA ICD-10-CM Coding Clinic (2021, Volume 8, Number 1)

If you have any questions regarding this training or risk adjustment in general, contact:

- » Clinical Documentation Integrity (CDI) Team at DL_CDI@dhha.org; or
- » DHMP's Risk Adjustment Coder at Annette.Casias@dhha.org