

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

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# Dementia

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# Agenda

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1. Overview of the condition
  2. Coding & documentation considerations
  3. Documentation example
  4. Additional resources
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# Dementia

Dementia, a progressive neurological disorder, is a leading cause of disability in older adults, characterized by deteriorating memory and cognitive skills. A clinician's evaluation is crucial in determining if mild cognitive impairment has advanced to a major neurocognitive disorder. Dementia involves impaired brain cell communication, affecting thinking, behavior, and emotions, and is distinct from normal aging; progressive forms are currently irreversible. Individuals with dementia may exhibit behavioral problems such as psychosis, mood swings, agitation, apathy, aggression, combativeness, and wandering. Diagnosing can be complex due to the various types of dementia encompassed by this umbrella term. These include Alzheimer's disease (the most common, progressively destroying memory and cognitive function), vascular dementia (resulting from impaired blood flow to the brain), and frontotemporal dementia (affecting personality and language). Mixed dementia, involving multiple types, also occurs.

<https://www.alz.org/alzheimers-dementia/what-is-dementia>

Holsinger, T., Deveau, J., Boustani, M., & Williams, J. W. (2007). Does this patient have dementia? *Jama*, 297(21), 2391-2404,

## Mild Cognitive Impairment

Memory complaints

Objective memory impairment

**VS**

## Dementia

Memory impairment

Disturbance in at least one other area of cognition:

- Agnosia
- Aphasia
- Apraxia
- Delirium
- Executive functioning

# Coding Considerations

To assign the most specific ICD-10-CM code for dementia, the documentation must include the following details: the type of dementia, the severity of the dementia, and presence/type of any disturbance.

# F 0 1 . A 3

**Mild vascular dementia with depression**

Refer to the current version of the ICD-10-CM Official Guidelines for Coding and Reporting, the ICD-10-CM Index to Diseases and Injuries, and the Tabular List of Diseases for a list of all ICD-10-CM codes and coding instructions.

## Type

- F01** Vascular
- F02** Dementia in other diseases Classified elsewhere  
Code first the underlying physiological condition

## Severity

- A** Mild  
Clearly evident functional impact on daily life, affecting mainly instrumental activities. No longer fully independent/requires occasional assistance with daily life activities.
- B** Moderate  
Extensive functional impact on daily life with impairment in basic activities. No longer independent and requires frequent assistance with daily life activities.
- C** Severe  
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.

## Disturbance

- 0** Without behavioral or mood disturbance and anxiety
- 11** With agitation
- 18** With other behavioral disturbance
- 2** With psychotic disturbance
- 3** With mood disturbance
- 4** With anxiety

# Documentation Considerations



## Obtain a detailed patient history

- Onset and progression of cognitive decline
- Medical history including relevant conditions (e.g., stroke, head injury, depression) and medications (particularly psychoactive drugs), and family history of dementia

## Record behavioral symptoms

- Agitation, aggression, wandering, sundowning
- Mood changes, depression, anxiety
- Communication difficulties



## Incorporate the cognitive assessment results

- Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA)
- Specific cognitive domains affected (e.g., memory, language, executive function)



## Include the functional assessment

- Activities of Daily Living (ADLs) (e.g., bathing, dressing, eating)
- Instrumental Activities of Daily Living (IADLs) (e.g., managing finances, cooking, driving)



## Note the details of the care giver assessment

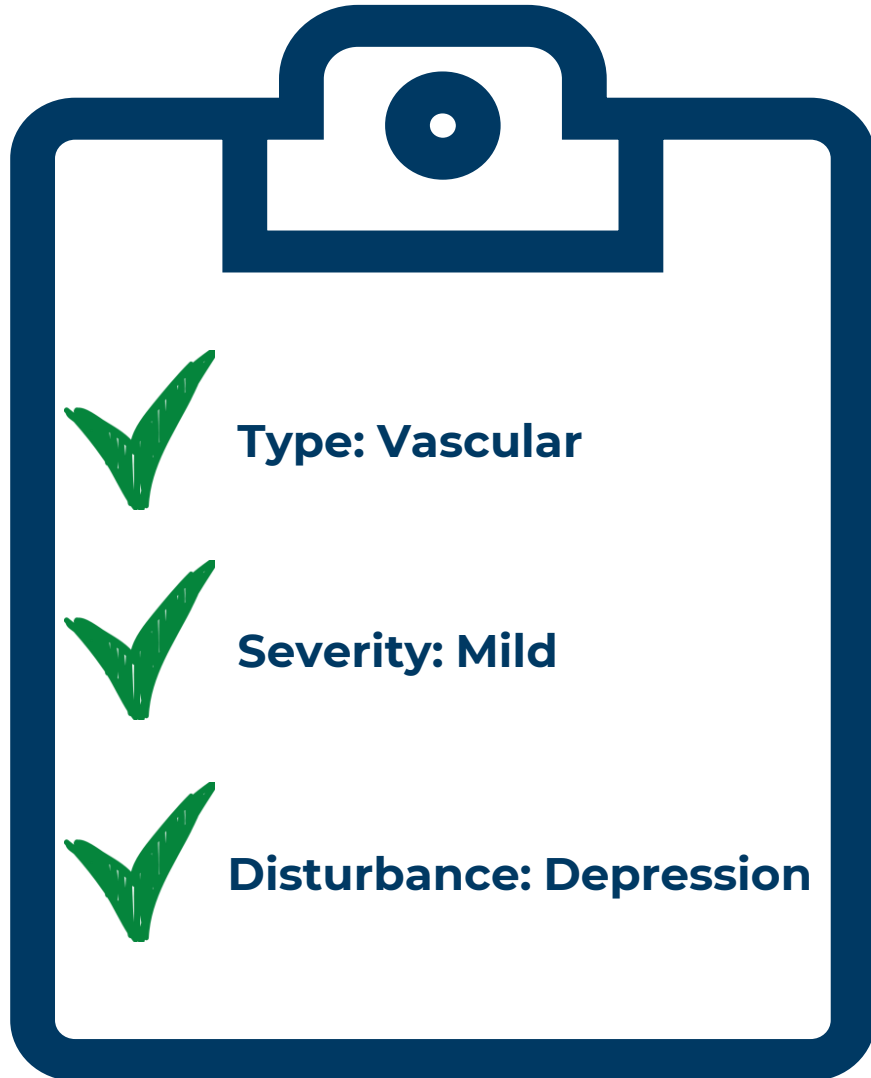
- Caregiver burden and coping mechanisms
- Understanding of the dementia diagnosis
- Availability of support systems

## Document the care plan

- Treatment goals based on the patient's needs
- Medication management plan
- Referral to relevant community services (e.g., adult day care, home health aide)



# Dementia Example



## History of Illness:

Patient with **ongoing depression** and Memory Loss, MMSE 20/30, **PHQ-9 6**. Referral to Neuro completed. Further testing indicated **Major Neurocognitive Disorder due to vascular disease**.

## Assessment & Plan:

Patient has **mild vascular dementia with depression**. Patient to continue Donepezil. Will follow up in 6 months

The clinician reviewed and interpreted the test results, incorporating the findings into the patient's medical documentation. The documentation specifies the type and severity of dementia, noting vascular dementia of mild severity. Additionally, the clinician documented depression as a co-occurring mood disturbance.

Based on this information, the appropriate code is F01.A3 (Vascular Dementia, mild severity, with mood disturbance such as depression, apathy, or anhedonia).

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# **Additional Resources**

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# Documentation Best Practice Checklist



**Annually assess** all chronic conditions and document a plan for each one



**Link medications** to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



**Use the term “History of”** before a condition if it no longer exists or has resolved



**Validate** patient reported findings



**Code and document all coexisting conditions** that require or affect patient care, treatment or management



**Avoid using uncertain terms** when a diagnosis has been confirmed for a patient



**Choose the highest level of specificity** when selecting an ICD-10 code



**Keep problem list up to date** by removing acute and one-time conditions

# Highmark Provider Resource Center

## KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

### RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



### CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



**Have questions about risk adjustment?**

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for future presentations?**

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