Dementia

Dementia, a progressive neurological disorder, is a leading cause of disability in older adults, characterized by deteriorating memory and cognitive skills. 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.

Best Documentation Practices

Document the type
(E.g., vascular, dementia in diseases classified elsewhere, unspecified)

Specify the severity
(E.g., mild, moderate, severe)

Note the underlying cause
(E.g., Alzheimer's, Parkinson's, frontotemporal dementia, Lewy bodies)

Note any behavioral disturbances
(E.g., agitation, aggression, wandering, mood changes)

Include a caregiver assessment
(E.g., burden and coping mechanisms, understanding of diagnosis, availability of support

Document a detailed plan
(E.g., treatment goals based on needs, medication management plan, referral to relevant community service)

M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition.

M — Monitor

How is the patient doing?

Document signs, symptoms, disease progression/regression or ongoing surveillance

E — Evaluate

What is the current state of the condition?

Document current state, test results, medication effectiveness or response to treatment

A — Address/Assess

How will the condition be evaluated?

Document discussion, review of records, counseling, or ordering further tests

T — Treatment

What is being done to help the condition?

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

Dementia ICD-10 Category Reference Guide

This partial list of Risk Adjustment condition categories and ICD-10 codes (showing only the first three digits) is not exhaustive. **For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.**

Dementia	
F01.XX	Vascular dementia
F02.XX	Dementia in other diseases classified elsewhere Code first the underlying physiological condition
F03.X	Unspecified dementia

Coding Examples

Example 1	
Documentation	**Reason for Visit:** Follow-up for vascular dementia. **Subjective:** Patient's caregiver reports ongoing challenges with memory and cognitive function such as following instructions and recall; easily agitated. **Objective:** Exhibits slowed motor movements and speech, difficulty w/ short term recall. Agitated upon exam. **Assessment:** Vascular Dementia - Likely multi-infarct, moderate severity. **Plan:** Continue Namenda 20mg daily to slow progression of memory loss. For stroke prevention continue lisinopril and atorvastatin.
ICD-10 Code(s)	F01.B11 Vascular dementia, moderate, with agitation
Rationale	The provider clearly documented dementia, specifying the type as vascular and the severity as moderate, and noted a current behavior disturbance (agitation) observed during the exam. The provider further identified a likely underlying cause of multi-infarction.

Example 2	
Documentation	**S:** Patient brought in by son for worsening dementia. He reports his mother is now non-verbal and increasingly withdrawn. **O:** Upon exam she provides minimal response to questions. Depressed. Requires assistance with all ADLs, visibly thinner compared to previous visit. **A:** Alzheimer's Dementia progressed since last check up; Severe. **P:** Discussed overall decline and Recommendations. Appears medications no longer helpful. Provided information about palliative care as potential option.
ICD-10 Code(s)	G30.9 Alzheimer's disease, unspecified F02.C3 Dementia in other diseases classified elsewhere, severe, with mood disturbance
Rationale	The provider documented severe Alzheimer's Dementia (severity and type), noting depression as a current behavioral disturbance observed during the exam. Recommendations were provided based on the clinical picture.

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