Home Health ICD-9/ICD-10 Alert

CODING 101: LOOK FOR THESE SPECIFICS TO NAIL THE RIGHT DEMENTIA DX

Never report 294.1 alone.

If the physician only documents that your patient has dementia and doesn't provide specifics about the type or the cause, you could be under-reporting the patient's actual condition. Follow this expert advice to help you dig deeper for greater dementia coding accuracy.

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If it's the physician's clinical judgment that the patient has dementia and that's all you have documented, report 294.8 (Other persistent mental disorders due to conditions classified elsewhere, or dementia NOS), says **Lisa Selman-Holman, JD, BSN, RN, HCS-D,COS-C,** consultant and principle of Selman-Holman & Associates in Denton, Texas.

Symptom coding tip: If the doctor also lists symptoms, you should code for them separately. For example, list 297.9 (Unspecified paranoid state) for delusions.

When the physician provides a more specific diagnosis, you can choose from the more detailed dementia codes including 290.1x (Presenile dementia), 290.2x (Senile dementia with delusional or depressive features), 290.3 (Senile dementia with delirium), or 290.4x (Vascular dementia).

List the Underlying Cause

For patients whose dementia is a result of a specified underlying condition, you must assign two codes, says **Judy Adams, RN,BSN, HCS-D, COS-C,** president and CEO of Adams Home Care Consulting in Chapel Hill, N.C. First, list the underlying physical condition,such as 331.0 (Alzheimer's disease) or 340 (Multiple sclerosis).

Then list a code from subcategory 294.1 (Dementia in conditions classified elsewhere) to capture the associated dementia.

Caution: Codes 294.10 (Dementia in conditions classified elsewhere without behavioral disturbance) and 294.11 (Dementia in conditions classified elsewhere with behavioral disturbance) cannot be assigned by themselves.

Coding example: Your new patient has dementia due to Parkinsonism. List 331.82 (Dementia with Lewy bodies) first, followed by 294.1x, selecting the fifth digit based on whether behaviors are present.

Documentation tip: When coding for dementia that is the result of a specified underlying condition, the physician doesn't have to specify in the diagnostic statement that the behavior is present in order to select the fifth digit "1" (... with behavioral disturbance).

Look for documentation that shows evidence of behavioral issues that are observed or reported by the caregiver or family and confirmed by the physician,Adams says. The psychosocial OASIS items may also provide some information for this decision,she says. Dementia behavioral issues can include wandering, aggression, combativeness, or violence.

Helpful hint: The 294.1x codes are written in italics in your ICD-9 manual to indicate that you can list these codes only as secondary.

Get the Facts On Mild Cognitive Impairment

Patients with mild cognitive impairment suffer from impairment in memory that is beyond what is normal for age -- but not memory loss. These patients maintain relatively intact functioning in their activities of daily living (ADLs). They are not demented but may be exhibiting cognitive changes,Adams says. List 331.83 (Mild cognitive impairment,so stated) only when specifically documented by the physician.

Mistake: Don't list 331.83 for patients who have suffered cognitive impairment as a late effect of a stroke. Mild cognitive impairment is not a vascular condition, so it is excluded from category 438.x (Late effects of cerebrovascular disease).

It's also inappropriate to list 331.83 for cognitive impairment due to other underlying causes such as head injury or dementia. Take a careful look at the "excludes" note before assigning this code.