

Home Health ICD-9/ICD-10 Alert

Reader Question: Know When to List Additional Codes

Question: What is the proper interpretation of the "use additional code to identify cerebral atherosclerosis" note found in the tabular list for 290.4x (Vascular dementia)? Does this mean that we should always list 437.0 (Cerebral atherosclerosis) in addition to 290.4x when coding for vascular dementia, or is including this additional code only appropriate when cerebral atherosclerosis is documented?

Massachusetts subscriber

Answer: "Use additional code" instructions ask you to list an additional code if you have documentation that it is an appropriate additional diagnosis. There are cases where this note indicates a manifestation/etiology pair, but that's not the case with the diagnoses you're asking about.

Atherosclerosis is the most common cause of vascular dementia, but it is not the only cause. Hypertensive changes, anoxic brain damage, ischemic white matter damage, and hypotensive brain damage can all result in vascular dementia.

The "code first the associated neurological condition" note at the beginning of the 290.xx category creates the same kind of confusion. Often, specifics regarding the associated neurological condition are not available.

You may code the 290.xx codes without the associated neurological condition if that information is not available. The 290 codes are not manifestation codes so if the underlying condition is not documented, report the appropriate 290 code according to the physician's description.