

Home Health ICD-9/ICD-10 Alert

Test Yourself: Try Your Hand at These Dementia Coding Scenarios

Which codes would you choose for these patients? Make your selections before reading on to see the codes our expert recommends.

Scenario 1: Mr. J. was admitted for new insulin teaching after a hospitalization for uncontrolled diabetes. The history and physical provided at time of referral also documents a diagnosis of dementia, but no other cognitive information is provided. However, his OASIS scores indicate some combative behavior when he was initially seen in the emergency room two weeks prior with a blood sugar of 550. He also has coronary artery disease (CAD) that is stable after a coronary artery bypass graft four years ago. His diabetes is not documented as uncontrolled at the time of referral. How would you code for this patient?

Scenario 2: Mrs. K. is another diabetic patient on care. The home health nurse gives her daily insulin injections because she is unable to self inject and is in a dementia living facility due to episodes of wandering from the assisted living apartments. She has current diagnoses of Alzheimer's disease with dementia with behavior disturbance. How would you code for this patient?

Scenario 3: Mrs. M. has documented dementia with Parkinsonism. She will be receiving physical therapy only for abnormal gait. How would you code for this patient?

Scenario 1 Answer: Code for this patient as follows, says **Jan McLain, RN, BS, LNC, HCS-D, COS-C**, with **Adventist Health System Home Care** in Port Charlotte, Fla.:

- M1020a: 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled);
- M1022b: 294.20 (Dementia, unspecified, without behavioral disturbance);
- M1022c: 414.00 (Coronary atherosclerosis of unspecified type of vessel, native or graft);
- M1022d: V58.67 (Long-term [current] use of insulin); and
- M1022e: V45.81 (Postsurgical aortocoronary bypass status).

The focus of care is your patient's diabetes. While the diabetes was uncontrolled when he was admitted to the hospital, it's not stated as uncontrolled on the home health referral, so 250.00 is the principal diagnosis.

Your patient has a dementia diagnosis, but no indication of an underlying etiology or behavioral disturbance or, so you list 294.20 for this diagnosis.

Next, list 414.00 for his CAD, the status to indicate his bypass and follow this with V58.67 to indicate that he is taking insulin. Finally, report V45.81 to show that he has had a bypass graft.

Scenario 2 Answer: Code for this patient as follows, says McLain:

- M1020a: 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled);
- M1022b: 331.0 (Alzheimer's disease);
- M1022c: 294.11 (Dementia in conditions classified elsewhere with behavioral disturbance);
- M1022d: V40.31 (Wandering in diseases classified elsewhere)
- M1022e: and V58.67 (Long-term [current] use of insulin).

The focus of care is your patient's diabetes. Her diabetes isn't uncontrolled and she has no manifestations, so 250.00 is the principal diagnosis.

Your patient has a diagnosis of dementia due to Alzheimer's disease. So you'll need to sequence the underlying etiology first (Alzheimer's), followed by the appropriate dementia diagnosis.

This patient does have a history of behavioral disturbance -- wandering in her case. So, you'll choose 294.11 for the dementia and follow this with V40.31 to indicate wandering.

Finally, list V58.67 to indicate that she is taking insulin.

Scenario 3 Answer: Code for this patient as follows, says McLain:

- M1020a: V57.1 (Other physical therapy);
- M1022b: 781.2 (Abnormality of gait);
- M1022c: 331.82 (Dementia with Lewy bodies)
- M1022d: and 294.10 (Dementia in conditions classified elsewhere without behavioral disturbance).

This is a physical therapy-only case, so your primary diagnosis is V57.1. Physical therapy is addressing the patient's abnormal gait, so list 781.2 next.

Next, list 331.82 to indicate that the patient has Dementia with Lewy bodies also known as Parkinsonism. Therapy is addressing a symptom of the Parkinsonism, but this disease affects the plan of care. The neurological impact of Parkinsonism makes the therapy approach much different from that of a knee replacement patient with abnormality of gait.

Finally, list 294.10. Listing a second dementia code when dementia is included in the Parkinsonism code allows you to indicate whether behavior disturbances are present, McLain says.

Note: Parkinson's with dementia is coded with 332.0/294.10 and Parkinsonism with dementia is coded with 331.82/294.10. Look carefully at the physician's documentation. Sometimes physicians use these terms interchangeably but you should try to nail down which condition they think the patient really has, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.