

## Home Health ICD-9/ICD-10 Alert

### You Be the Coder: Use Additional Code for Wandering with Alzheimer's

Question: Our new patient was admitted for management of congestive heart failure (CHF) and also has dementia due to Alzheimer's disease. He wanders and is not safe without constant supervision. How should we code for him?

Ohio Subscriber

Answer: Code for this patient as follows, says **Judy Adams, RN, BSN, HCS-D, COS-C** with **Adams Home Care Consulting** in Chapel Hill, N.C.

- M1020: 428.0 (Congestive heart failure, unspecified);
- M1022: 331.0 (Alzheimer's disease);
- M1022: 294.11 (Dementia in diseases classified elsewhere with behavioral disturbance); and
- M1022: V40.31 (Wandering in diseases classified elsewhere)

Your focus of care is management of the patient's CHF, so 428.0 is the principal diagnosis.

Next, list 331.0 to indicate that your patient has Alzheimer's disease. This condition will impact the care you provide.

Your patient has dementia due to Alzheimer's disease with the behavioral disturbance of wandering. To code for these diagnoses, you'll first need to list 294.11 to indicate that he has dementia with behavioral disturbance.

There is a note at 294.11 that advises "Use additional code, where applicable, to identify: wandering in conditions classified elsewhere (V40.31)." So, you'll also need to list V40.31 to indicate that your patient exhibits wandering, a condition not inherent in Alzheimer's disease.

The **Centers for Disease Control and Prevention** want to collect data on the incidence of wandering and the wandering code helps them to do so. When your patient exhibits wandering with dementia, it's appropriate to list the "with behavioral disturbances" dementia code (294.11) even if the patient doesn't have the behaviors listed there -- such as violent behavior, aggressive behavior and combative behavior.