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ICD-9 Coding: Let Etiology and Behavior Documentation Guide Dementia Coding

Take note of sequencing rules for 294.1x.

You can be relatively certain that a dementia diagnosis will impact the plan of care for your patient. Make certain you're coding this condition accurately in M1020/M1022 to earn the case mix points and reimbursement your agency deserves and to avoid coming under scrutiny for upcoding.

Look to 294.2x Codes for Dementia without Details

When the physician diagnoses a patient with dementia and you can't gather any additional details about the cause, you'll look to the 294.2x (Dementia, unspecified) codes, says **Jan McLain, RN, BS, LNC, HCS-D, COS-C,** with **Adventist Health System Home Care** in Port Charlotte, Fla.

Whenever the patient has dementia without documentation of a specific cause or the diagnosis "Dementia, NOS," and the dementia impacts the home health plan of care, you should list a 294.2x code, says **Judy Adams, RN, BSN, HCS-D, COS-C** with **Adams Home Care Consulting** in Chapel Hill, N.C.

"Dementia is definitely a diagnosis that will impact the plan of care in nearly all situations," Adams says. Plus, it's a case mix diagnosis that offers one case mix point in equation 1 and three case mix points in equations 2 and 4 under the 2012 home health PPS.

If the documentation doesn't identify the etiology of the dementia but does document behavior disorders such as aggressive, combative, or violent behavior, then you'll list 294.21 (Dementia, unspecified, with behavioral disturbance), says McLain. Without behavior disturbance, list 294.20 (Dementia, unspecified, without behavioral disturbance).

New codes: The 294.2x codes were added with the 2012 ICD-9 updates along with another related code, notes McLain. New V code V40.31 (Wandering in diseases classified elsewhere) indicates the patient has documented behavior of wandering, she says. "Wandering is not considered to be inherent in dementia, but is a specific behavior that indicates a need for special safety precautions and should definitely be coded when documented."

Be sure to pair V40.31 with the fifth digit for 'with behaviors' regardless of whether you're using the 294.1x or 294.2x codes, 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.

Don't miss: You must have physician documentation when coding any dementia or mental disorder, McLain says.

Coding example: Your new patient was admitted to home health for aftercare following a joint replacement. She also has diagnoses of dementia, hypertension, and diabetes. List the following codes for this patient, says Adams:

- M1020a: V54.81 (Aftercare following joint replacement);
- M1022b: 294.20 (Dementia unspecified without behaviors);
- M1022c: 401.9 (Essential hypertension; unspecified);
- M1022d: 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled); and
- M1022e: V43.65 (Organ or tissue replaced by other means; joint; knee).

Tip: More than likely, your coding manual does not indicate that new codes 294.20 and 294.21 are case mix, Say

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Selman-Holman. The old code for dementia unspecified (294.8) is case mix, but when the inclusion note 'dementia NOS' was removed from that code and moved to the new codes, CMS failed to make the new codes case mix.

After concentrated lobbying efforts, persistence prevailed and CMS added the two new codes to the case mix list with the PPS changes effective January 1, 2012. The case mix status will be retroactive to Oct. 1, 2011, Selman-Holman adds.

Takeaway point: Turn to the 294.2x codes in your coding manual and add some dollar signs to help remember these additional case mix codes.

Target 294.1x for Dementia as Manifestation

When dementia is associated with an underlying disease process, you have an etiology/manifestation coding situation, Adams says. In this scenario, code for the underlying disease or etiology first, followed by either 294.10 (Dementia in conditions classified elsewhere without behavioral disturbance) or 294.11 (Dementia in conditions classified elsewhere with behavioral disturbance).

When the physician documentation indicates an associated condition, be sure to carefully review the wording, McLain says. If the dementia is associated with a neurological condition such as Alzheimer's (331.0), epilepsy (345.0-345.9), multiple sclerosis (340), or any of the other physical conditions listed in the "code first" note under 294.1 (Dementia in conditions classified elsewhere), list the code for the underlying disease process first, followed by 294.10 or 294.11. Then list V40.31 if there is documentation of wandering, she says.

For example: Code for Parkinson's disease with dementia but without behavioral problems with 332.0 (Parkinson's) followed by 294.10, Selman-Holman says. While dementia associated with Huntington's chorea with behavioral issues would be coded with Huntington's chorea (333.4) followed by 294.11. Remember to add the code V40.31 (Wandering in diseases classified elsewhere) if that problem is identified.

Rely on 331.83 for Mild Cognitive Impairment

When the medical record states that a patient has mild cognitive impairment, rather than dementia, list 331.83 (Mild cognitive impairment, so stated), Adams says.

A patient with mild cognitive impairment displays evidence of impairment of his cognitive status without a documented underlying etiology or symptoms that warrant additional resources or techniques, McLain says. This code is only appropriate when the physician diagnoses mild cognitive impairment without any other definitive diagnosis, she says.

Caution: There is a long list of excluded terms for 331.83 in the Tabular List of your ICD-9 manual, Adams says. These include altered mental status, cognitive impairment due to head injury, and mild memory disturbance. Make sure to verify the code in the Tabular List and read the Excludes list before reporting 331.83.

Coding example: Your patient was admitted to home health from the doctor's office for assessment and observation due to elevated blood sugars in a known diabetic. The physician states that the patient has noninsulin-dependent diabetes mellitus and is on oral medication. The physician says the patient claims to be compliant with diet and oral medications, but before he adds insulin to the medication regimen, he wants a baseline as to whether she is compliant or able to manage her insulin administration. The physician also notes that the patient has a mild cognitive impairment.

Code for this patient with the following codes, says McLain:

- M1020a: 250.00 and
- M1022b: 331.83.

Note: Get more tips for accurate diagnosis coding from Eli's Home Health ICD-9 Alert. Information on subscribing is online at www.elihealthcare.com or by phone at 1-800-874-9180.

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