

DEMENTIA

- Specify the type/cause of dementia and any behavioral disturbances that are present
- Assess the severity of dementia as indicated by functional impairment – mild, moderate, severe
- Document a clear and concise management plan, including the need for any caregiver involvement

Clinical Concepts

Dementia, also referred to as major neurocognitive disorder, is a progressive condition marked by significant impairment in cognitive domains such as memory, problem solving, attention, and language. These deficits significantly hinder an individual's ability to perform daily activities independently.

Most dementia cases are associated with neurodegenerative disorders and cerebrovascular disease, but sometimes the cause is unknown.

Severity is an integral element of the diagnosis.

Severity	Presentation
Mild	Symptoms are vague and may be noted by family/friends. Can function independently but requires occasional assistance.
Moderate	Symptoms are more evident and may affect mood or frustration level. No longer independent and requires frequent assistance with ADL/iADL.
Severe	Symptoms include an inability to respond to environment. Complete dependency with impairment of basic activities, including self-care.

One of the most problematic aspects of dementia is the presence of aberrant behavior which is the principal factor leading to admission to long-term care. These symptoms change over time with the severity of the disease.

Behavioral disturbances include:

- **Anxiety**
- **Agitation** – restlessness, rocking, pacing, exit-seeking, shouting, profanity, anger, aggression, combativeness, violence
- **Mood disturbance** – depression, apathy, anhedonia
- **Psychotic disturbance** – hallucinations, delusions, paranoia, suspiciousness
- **Other behavioral disturbances** – sleep disturbance, social or sexual disinhibition, wandering

Documentation Matters

History – document the date of onset, need for assistance with ADL/iADLs, and the presence or absence of current symptoms, such as:

- Memory loss (short or long term)
- Problems with planning or problem-solving

- Poor decision making
- Changes in mood or personality

Exam – document the presence of neurological findings such as problems with speech, eye movements, reflexes, coordination, muscle tone, and strength. Include the results of diagnostic testing if performed (e.g. MMSE, SLUMS, Mini-Cog, etc.).

Assessment – document the dementia diagnosis to the highest level of specificity known. Include the cause (if known), current severity of the condition, presence and nature of any associated behavioral disturbances.

Plan – document the treatment goals or management plan based on current needs. Link associated prescription medications, specialist or community service referrals, as well as care planning and/or caregiver instructions.

Coding Guidance

When documenting dementia, specify:

- **Type/Cause (if known)**
 - Vascular dementia (cerebrovascular disease or prior stroke)
 - Underlying disease or injury (e.g. Alzheimer's, Parkinson's, alcoholism, traumatic brain injury, etc.)
 - Unspecified/unknown cause
- **Severity**
 - Mild, moderate, or severe
- **Behavioral Disturbances (if present)**
 - Anxiety, agitation/disruptive behaviors, wandering, mood disturbances, or psychosis

Dementia should be linked to any known etiology or behavioral manifestations with causal language. Multiple codes are often required to fully report the condition.

If dementia is associated with the long-term effects of substance use, a code for the substance use disorder (F10-F19*) should be assigned along with the dementia code (F01-F02*).

References

[ICD-10-CM Official Guidelines for Coding & Reporting](#)
[Up to Date: Evaluation of Cognitive Impairment and Dementia](#)

Dementia Diagnoses

Type	Severity	ICD-10-CM		HCC Model
Vascular Dementia <i>Note: code first the underlying physiological condition or sequelae of cerebrovascular disease (e.g. cerebral atherosclerosis, stroke sequela, etc.)</i>	Mild	F01.A*	<u>*5th-6th character required:</u> 0 – without behavioral disturbance 11 – with agitation 18 – with other behavioral disturbance 2 – with psychotic disturbance 3 – with mood disturbance 4 – with anxiety	CMS
	Moderate	F01.B*		CMS
	Severe	F01.C*		CMS
	Unspecified	F01.5*		CMS
Dementia in Other Diseases <i>Note: code first the underlying physiological condition (e.g. Alzheimer's, Parkinson's, alcoholism, TBI, etc.)</i>	Mild	F02.A*		CMS
	Moderate	F02.B*		CMS
	Severe	F02.C*		CMS
	Unspecified	F02.8*		CMS
Unspecified Dementia	Mild	F03.A*		CMS
	Moderate	F03.B*		CMS
	Severe	F03.C*		CMS
	Unspecified	F03.9*		CMS

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
F10.188	Alcohol abuse with other alcohol-induced disorder <ul style="list-style-type: none"> Use additional code F10.11 if abuse is in remission 	CMS/HHS
F10.27	Alcohol dependence with alcohol-induced persisting dementia <ul style="list-style-type: none"> Use additional code F10.21 if dependence is in remission 	CMS/HHS
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia <ul style="list-style-type: none"> Use additional code F10.91 if use disorder is in remission 	CMS/HHS
F32 – F33*	Major depressive disorder <ul style="list-style-type: none"> Specify episode & severity 	CMS/HHS
G20*	Parkinson's disease	CMS/HHS
G30*	Alzheimer's disease	CMS
G31.09	Frontotemporal dementia	CMS
G31.83	Dementia with Lewy bodies	CMS
G35	Multiple sclerosis	CMS/HHS
I67.2	Cerebral atherosclerosis	-
I69.311	Memory deficit following cerebral infarction	-
S06*	Traumatic brain injury, sequela <ul style="list-style-type: none"> Use 7th character "S" for sequela 	-
R54	Age-related physical debility	-
R64	Cachexia	HHS
Z74.1	Need for assistance with personal care	-
Z74.3	Need for continuous supervision	-
Z91.83	Wandering in diseases classified elsewhere	-

*Additional characters needed to complete code