Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

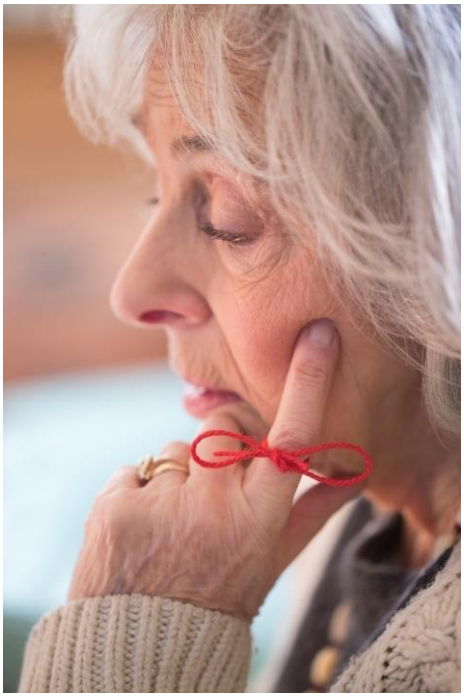
September 2021

Dementia Documentation and Coding

Dementia is one of the fastest growing health concerns for the Medicare Advantage population. In 2018, approximately 5.7 million people in the United States were living with some form of dementia.[1]

Some key facts on dementia from the World Health Organization (WHO):

- Dementia is a syndrome in which there is deterioration in memory, thinking, behavior and the ability to perform everyday activities.
- Worldwide, around 50 million people have dementia, and there are nearly 10 million new cases every year.
- Alzheimer's disease is the most common form of dementia and may contribute to 60–70% of cases.
- Dementia is one of the major causes of disability and dependency among older people worldwide.
- Dementia has a physical, psychological, social, and economic impact, not only on people with dementia, but also on their caregivers, families and society at large.



The Centers for Medicare & Medicaid Services (CMS) have become increasingly aware of the additional resources to support members with dementia and has introduced two new hierarchical condition categories (HCCs) for risk adjustment effective 2020:

51 – Dementia with complications

52 – Dementia without complications

Dementia can be a sensitive diagnosis for patients. It is important to code to the highest level of specificity to not only help tell a more complete medical story that can improve the patient's health outcome, but also assist researchers and policymakers in determining how prevalent the diseases are and their related symptoms.

Alzheimer's disease is the most common cause of a progressive dementia in older adults, but there are several causes of dementia. Depending on the cause, some dementia symptoms may be reversible.

Vascular dementia is the second most common type of dementia and is caused by damage to the vessels that supply blood to your brain. Blood vessel problems can cause strokes or damage to the brain in other ways, such as by damaging the fibers in the white matter of the brain. The most common symptoms of vascular dementia include difficulties with problem solving, slowed thinking, difficulty concentrating and deciding what to do next. These tend to be more noticeable than memory loss.

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Physician Documentation Tips

Documentation of mental health and decline is an important concept in senior care. Remember to note all counseling provided for driving alternatives, safety issues, neuropsychiatric referrals, interventions or end-of-life decisions and medication changes.

- Record evidence of declining basic/instrumental activities of daily living:
  - ✓ Impaired judgment/language/memory
  - ✓ Disorientation to time and place
  - ✓ Declining capabilities and routine activities of daily living
  - ✓ Change in personality or expression of feelings
  - ✓ Safety issues
  - ✓ Job performance/other influences (e.g., drug/alcohol abuse)

Note and document if any part of the patient's history is provided by someone other than the patient, as well as when the patient is accompanied to the visit by another person. Be as specific as possible in describing the patient's mental capabilities symptoms or diagnosis.

- Document diagnosis and its severity
  - ✓ Altered mental state
  - ✓ Acute confusion or acute delirium on chronic dementia
  - ✓ Dementia with behavioral disturbance
  - ✓ Sundowning linked with dementia
  - ✓ Metabolic encephalopathy
- State whether the mental status is consistent with the patient's baseline or an acute condition.
- Review and incorporate pertinent findings from:
  - Cognitive testing
  - Laboratory testing
    - ✓ Specific risk factors cerebrospinal fluid analysis
    - ✓ HIV testing
    - ✓ Lyme titer
  - Imaging tests
  - Medicolegal issues
    - ✓ POA
    - ✓ Personal directives
  - Medications/treatment options
  - Interventions/resource

Coding Tips

Use the codes below when coding dementia:

ICD-10 Codes*	Description
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
F02.80	Dementia and other diseases classified elsewhere without behavioral disturbance
F20.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F01.50	Vascular dementia without behavioral disturbances
F01.51	Vascular dementia with behavioral disturbances
G31.83	Dementia with Lewy bodies
G31.09	Other frontotemporal dementia
G31.01	Pick's disease

*A full list of conditions can be found in the ICD-10 Manual.

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The following tips can help when coding dementia:

Tip	Explanation
Report behavioral status for any patient with dementia	The patient who is violent, aggressive or uncooperative should be coded with behavioral disturbance. All others are reported without behavioral disturbance. In some cases, the behavioral disturbance, dementia, and etiology are captured with one code. In other instances, two codes are required.
Wandering	Reported in addition to dementia with Z91.83, *Wandering in diseases classified elsewhere.*
Sundowning	Reported in addition to Dementia F05.
Do not report senile dementia	When the patient is elderly, and the provider has documented only "dementia." If no cause is documented, query the provider to report F03.90, *Unspecified dementia without behavioral disturbance.*
Dementia is inherent to Alzheimer's, Lewy body and Pick's disease	If the physician does not document dementia in a setting of documented Alzheimer's disease, report both codes G30.9, *Alzheimer's disease unspecified* and F02.80, *Dementia and other diseases classified elsewhere without behavioral disturbance*. This is based on the alphabetic index entry requiring two codes, one for Alzheimer's disease and the second that is encased in brackets ([F02.80]). This convention also affects Lewy body and Pick's disease when dementia is not noted.
Code also	Any noted dementia comorbidities (e.g., F44.1, *Mild protein-calorie malnutrition*; F32.9, *Major depressive disorder unspecified*; F51.05, *Insomnia due to other mental disorder*; R54, *Age related physical disability*).

HEDIS and Star Measures: Advanced Illness Exclusions

The National Committee for Quality Assurance (NCQA) implemented the Advance Illness and Frailty exclusions to selected HEDIS[2] measures to allow eligible members to focus on care that is more appropriate for their conditions and health status. Some services identified in the impacted HEDIS measures may not benefit older adults with limited life expectancy or advanced illness. **Dementia, Alzheimer's, Pick's Disease and other frontotemporal dementia** are some of the conditions considered as Advanced Illness for HEDIS and Star Measures.

Criteria for Exclusion

Members with a diagnosis of advanced illness such as **dementia, Alzheimer's, Pick's disease and other frontotemporal dementia** during the measurement year or year prior to measurement year found in:

- two outpatient visits, observation visit, emergency department visit or non-acute inpatient encounter on different dates of service with an advanced illness diagnosis
- or one acute inpatient encounter with an advanced illness diagnosis
- or dispensed dementia medication (donepezil, galantamine, rivastigmine, memantine)

Members can only be excluded via appropriate and applicable coding on submitted claims.

Impacted HEDIS Measures

Patient age	Star Measure Exclusion
66 or older with frailty and advanced illness	Breast cancer Colorectal cancer screening Statin therapy for members with cardiovascular disease Comprehensive diabetes care (HBA1C control, diabetes eye exam, nephropathy screening)
66-80 with frailty and advanced illness	Controlling high blood pressure Osteoporosis management in women with fractures DMARD therapy for rheumatoid arthritis
Accurate documentation and coding will not only tell the true health profile of the patient, but also helps manage care gap requirements for our Medicare Advantage population.	

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We offer on-demand webinars that provide detail about how to support diagnoses per Centers for Medicare & Medicaid Services and U.S. Department of Health and Human Services guidelines. These courses are updated for 2021-22 and are eligible for 1.5 continuing education unit credits each.

Topics include:

- Atrial fibrillation
- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Diabetes
- Major depression
- Mental Health
- Rheumatoid arthritis

References

- ICD 10 coding guidelines
- CMS.gov
- Clinical Documentation Integrity (CDI) and Coding
- Advanced Risk Management and HCC Coding
- ICD-10 CM coding Manual
- American Academy of Professional Coders
- AHA Coding Clinic
- NCQA technical specifications
- Florida Blue 2020-2021 Measurement Years Comprehensive HEDIS document and Coding Guide

[1]Alzheimer's Association, 2018; Plassman et al., 2007
[2]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[3]Availity LLC is a multi-payer joint venture company.

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