

# Documentation and Coding: Dementia

Updated September 2023

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst—specifically for common types of **dementia**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Dementia is a term for progressive neurological disorders, including Alzheimer's disease, Lewy body dementia, and frontotemporal dementia.

## ICD-10 Codes and Descriptions

Type of Dementia and Severity	Without Behavioral Disturbance	With Behavioral Disturbance				
		Agitation	Other	Psychotic	Mood	Anxiety
Dementia, In Other Diseases	<b>F02.80</b>	<b>F02.811</b>	<b>F02.818</b>	<b>F02.82</b>	<b>F02.83</b>	<b>F02.84</b>
Dementia, Mild	<b>F02.A0</b>	<b>F02.A11</b>	<b>F02.A18</b>	<b>F02.A2</b>	<b>F02.A3</b>	<b>F02.A4</b>
Dementia, Moderate	<b>F02.B0</b>	<b>F02.B11</b>	<b>F02.B18</b>	<b>F02.B2</b>	<b>F02.B3</b>	<b>F02.B4</b>
Dementia, Severe	<b>F02.C0</b>	<b>F02.C11</b>	<b>F02.C18</b>	<b>F02.C2</b>	<b>F02.C3</b>	<b>F02.C4</b>
Dementia, Unspecified	<b>F03.90</b>	<b>F03.911</b>	<b>F03.918</b>	<b>F03.92</b>	<b>F03.93</b>	<b>F03.94</b>
Dementia, Mild	<b>F03.A0</b>	<b>F03.A11</b>	<b>F03.A18</b>	<b>F03.A2</b>	<b>F03.A3</b>	<b>F03.A4</b>
Dementia, Moderate	<b>F03.B0</b>	<b>F03.B11</b>	<b>F03.B18</b>	<b>F03.B2</b>	<b>F03.B3</b>	<b>F03.B4</b>
Dementia, Severe	<b>F03.C0</b>	<b>F03.C11</b>	<b>F03.C18</b>	<b>F03.C2</b>	<b>F03.C3</b>	<b>F03.C4</b>
Alcohol-Induced Dementia	<b>F10.27</b>	Alcohol dependence with alcohol-induced persisting dementia				
	<b>F10.97</b>	Alcohol use, unspecified with alcohol-induced persisting dementia				
Alzheimer's Disease, Includes Senile and Presenile Forms	<b>G30.0</b>	Alzheimer's disease with early onset				
	<b>G30.1</b>	Alzheimer's disease with late onset				
	<b>G30.8</b>	Other Alzheimer's disease				
	<b>G30.9<sup>†</sup></b>	Alzheimer's disease, unspecified				
Frontal dementia	<b>G31.09</b>	Other frontotemporal neurocognitive disorder				
Lewy Body Dementia	<b>G31.83</b>	Neurocognitive disorder with Lewy bodies				

<sup>†</sup>Use only in the event that no other code describes the condition.

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## Clinical Documentation Should Include

Updated Status of Condition	<ul style="list-style-type: none"><li>• Stable</li><li>• Improved</li><li>• Worsening</li></ul>
Any Risk Factors	<ul style="list-style-type: none"><li>• Age</li><li>• Heredity</li><li>• Family Hx</li><li>• Traumatic brain injury (TBI)</li></ul>
Link Associated Conditions with Terms	<ul style="list-style-type: none"><li>• "Due to"</li><li>• "Secondary to"</li><li>• "Associated with"</li></ul>
Treatment Plan	<ul style="list-style-type: none"><li>• Family and/or individual counseling</li><li>• Patient education</li><li>• Support groups</li><li>• Medications</li><li>• Document patient's loss of skills and functions</li><li>• Specify root cause of dementia</li></ul>

## Coding Tips

- ICD-10 Coding guidelines indicate to code first the underlying physiological condition, i.e., Alzheimer's disease, Huntington's disease.
  - If a patient is admitted to an inpatient acute care hospital or other inpatient facility setting with dementia at one severity level and it progresses to a higher severity level, assign one code for the highest severity level reported during the stay.
- ICD-10-CM guidelines state:
  - Use additional code to identify the following conditions, if applicable: Delirium (F05); Dementia with behavioral disturbance or Dementia without behavioral disturbance (F02.8\*).
  - Functional quadriplegia (R53.2) is not integral to Alzheimer's disease and can be coded in addition to codes from category G30\*.
- Providers should avoid using words that imply uncertainty to describe a current or confirmed diagnosis (e.g., likely, probable, apparently, consistent with, etc.).
- A code from F02.8\* (Dementia in other diseases classified elsewhere) should always be assigned with a code from G30\* category, **even in the absence of documented dementia**.

\*Requires additional digit to complete the diagnosis code.

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Code first the underlying physiological condition, such as:

Alzheimer's (G30*)	Lewy Body Dementia (G31.83)	Epilepsy and recurrent seizures (G40*)
Human immunodeficiency virus [HIV] disease (B20)	Huntington's disease (G10)	Hypothyroidism, acquired (E00-E03*); (E01-E03.9)
Intoxications (T36-T65)	Multiple sclerosis (G35)	Parkinson's disease (G20)

## Coding Dementia with Substance Use, Abuse, and Dependence

If the patient has sedative, hypnotic, or anxiolytic related disorder; inhalant abuse; or other psychoactive substance abuse, and documentation supports condition, select the appropriate combination code below.

<b>Sedative, Hypnotic, or Anxiolytic</b>  Dependence with sedative, hypnotic, or anxiolytic-induced persisting dementia (F13.27)	<b>Inhalant-Induced Dementia</b>  With inhalant abuse (F18.17)  With inhalant dependence (F18.27)	<b>Other Psychoactive Substance</b>  Abuse with psychoactive substance-induced persisting dementia (F19.17)  Dependence with psychoactive substance-induced persisting dementia (F19.27)
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\*Requires additional digit to complete the diagnosis code.

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## Coding Example

Case	ICD-10-CM	AHA Coding Clinic (Volume 9, Fourth Quarter 2022)
<p>A patient with known severe dementia due to late onset of Alzheimer’s disease and functional quadriplegia is admitted from a senior living facility due to increased agitation and combativeness over the past three days. What is the appropriate code assignment for severe dementia in a patient with agitation and combativeness?</p>	<p><b>G30.1</b>, Alzheimer’s disease with late onset <b>F02.C11</b>, Dementia in other diseases classified elsewhere, severe, with agitation <b>R53.2</b>, Functional quadriplegia, may be assigned for the quadriplegia</p>	<p>The stages of dementia and behavioral and psychological symptoms of dementia (BPSD) can vary from patient to patient. Some symptoms, primarily linked to behavior that may develop at one stage, may disappear at a later stage. Other symptoms like memory loss or problems with thinking and talking tend to stay and progressively worsen over time. Therefore, it is essential, for clinical data purposes, to identify the stages at which these disorders develop and how they present in patients.</p>

## Questions?

Contact us at: [#Risk\\_Adjustments\\_and\\_clinical\\_Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section at [HFproviders.org](https://www.healthfirst.org/HFproviders.org).

## References

- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2023](#)
- [CodingClinicAdvisor.com](https://www.codingclinicadvisor.com)
- [AAPC.com](https://www.aapc.com)
- [Dementia.org](https://www.dementia.org)
- [HFproviders.org, Vascular Dementia](https://www.healthfirst.org/HFproviders.org)