

## Vascular Dementia

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 **vascular dementia**. It provides information from industry sources about proper coding practice. This document does not represent or guarantee that Healthfirst will cover and/or pay for the 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 amount that Healthfirst or the member owes the provider.

**Vascular dementia includes** arteriosclerotic dementia; major neurocognitive disorder due to vascular disease; multi-infarct dementia.

### ICD-10 Codes and Descriptions

#### Vascular Dementia with or without behavioral disturbances

Vascular Dementia	Without Behavioral Disturbance	With Behavioral Disturbance				
		Agitation	Other	Psychotic	Mood	Anxiety
<b>Unspecified</b>	F01.50 <sup>†</sup>	F01.511	F01.518	F01.52	F01.53	F01.54
<b>Mild</b>	F01.A0 <sup>†</sup>	F01.A11	F01.A18	F01.A2	F01.A3	F01.A4
<b>Moderate</b>	F01.B0 <sup>†</sup>	F01.B11	F01.B18	F01.B2	F01.B3	F01.B4
<b>Severe</b>	F01.C0 <sup>†</sup>	F01.C11	F01.C18	F01.C2	F01.C3	F01.C4

Code first if applicable any causal condition.

<sup>†</sup>Use only if no other code describes the condition.

# Documentation and Coding

## Code first the underlying condition or sequelae of cerebrovascular disease

Code	Description
<b>G30*</b>	Alzheimer's Disease
<b>G31.83</b>	Neurocognitive disorder with Lewy bodies
<b>G40*</b>	Epilepsy and recurrent seizures
<b>B20</b>	Human immunodeficiency virus [HIV] disease
<b>G10</b>	Huntington's disease
<b>E00-E03* (E01-E03.9)</b>	Hypothyroidism, acquired
<b>T36*-T65*</b>	Intoxications
<b>G35</b>	Multiple Sclerosis
<b>G20</b>	Parkinson's disease
<b>I69*</b>	Sequela of CVA

\*Requires additional digit to complete the diagnosis code.

# Documentation and Coding

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

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

Type	Code	Description
<b>Sedative, Hypnotic, or Anxiolytic</b>	<b>F13.27</b>	Dependence with sedative, hypnotic, or anxiolytic-induced persisting dementia
<b>Inhalant-Induced Dementia</b>	<b>F18.17</b>	With inhalant abuse
	<b>F18.27</b>	With inhalant dependence
<b>Other Psychoactive Substance</b>	<b>F19.17</b>	Abuse with psychoactive substance-induced persisting dementia
	<b>F19.27</b>	Dependence with psychoactive substance-induced persisting dementia

# Documentation and Coding

## Clinical Documentation Should Include

<b>Updated Status of Condition</b>	<ul style="list-style-type: none"><li>• Currently on medication “x”; currently stable</li><li>• Worsening – i.e., behavioral changes; cognitive decline</li></ul>
<b>Specify Severity</b>	<ul style="list-style-type: none"><li>• Mild, Moderate, or Severe</li></ul>
<b>Identify Type of Disturbance</b>	<ul style="list-style-type: none"><li>• Without behavioral psychotic, mood, and anxiety disturbance</li><li>• With behavior disturbance:<ul style="list-style-type: none"><li>○ Agitation (profanity, violence)</li><li>○ Other behavioral disturbance (sleep disturbance)</li><li>○ Psychotic disturbance (hallucinations, paranoia, delusional state)</li><li>○ Mood disturbance (depression, apathy, or anhedonia)</li><li>○ Anxiety</li></ul></li></ul>
<b>Identify Risk Factors</b>	<ul style="list-style-type: none"><li>• Diabetes, heredity, atrial fibrillation</li><li>• History of heart attacks, strokes, or ministrokes</li></ul>
<b>Link Associated Conditions with Terms</b>	<ul style="list-style-type: none"><li>• Due to</li><li>• Secondary to</li><li>• Associated with</li></ul>
<b>Treatment Plan</b>	<ul style="list-style-type: none"><li>• Medications such as Aricept</li><li>• Patient education</li><li>• Diagnostic testing with findings</li><li>• Family and/or individual counseling</li><li>• Document patient’s loss of skills and functions</li><li>• Underlying presence of delirium, delusions, or depression if present</li></ul>

# Documentation and Coding

## Coding Tips

- For Other Fronto Neurocognitive Disorder **G31.09**
- Use additional code to identify Delirium (**F05**) if applicable.
- Use an additional code to identify Wandering (**Z91.83**) if applicable.
- For associated psychoactive-induced disorders such as Alcohol Induced Persisting Dementia, use (**F10.27**).
- Code first the underlying physiological condition as vascular dementia. Codes are not to be used as the principal diagnosis.

## Coding Examples

Case 1	Rationale
<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>Assign codes <b>G30.1</b>, Alzheimer's disease with late onset, and <b>F02.C11</b>, Dementia in other diseases classified elsewhere, severe, with agitation.</p> <p>Code <b>R53.2</b>, Functional quadriplegia, may be assigned for the quadriplegia.</p> <p>AHA Coding Clinic 2022, Fourth Quarter</p>

# Documentation and Coding

Case 2	Rationale
<p>What is the appropriate code assignment for a major neurocognitive disorder without behavioral disturbance when the underlying etiology is unknown or not further specified? Depending on how the alphabetic index is referenced, the coding professional may arrive at different code assignments, <b>F03.90</b> versus <b>F01.50</b>.</p>	<p>Assign code <b>F03.90</b>, Unspecified dementia without behavioral disturbance, for a major neurocognitive disorder when the underlying condition is unknown or not further specified.</p> <p>Although major neurocognitive disorder without behavioral disturbance is an inclusion term under code <b>F01.50</b>, Vascular dementia without behavioral disturbance, in this case the etiology is unknown. Therefore, it would not be appropriate to assign a code for vascular dementia.</p> <p>AHA Coding Clinic 2021, Second Quarter</p>

## References

- <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>
- <http://codingclinicadvisor.com>
- [https://hfproviders.org/documents/root/Doc-and-Coding-Dementia\\_FINAL.pdf](https://hfproviders.org/documents/root/Doc-and-Coding-Dementia_FINAL.pdf)

## 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 on [HFproviders.org](https://hfproviders.org)

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