

# Documentation and Coding: Vascular Dementia

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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. 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.

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

## Clinical Documentation Should Include

<p><b>Updated Status of Condition</b></p>	<ul style="list-style-type: none"> <li>• Currently on medication "x"; currently stable</li> <li>• Worsening – i.e., behavioral changes; cognitive decline</li> </ul>
<p><b>Specify Severity</b></p>	<ul style="list-style-type: none"> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
<p><b>Identify Type of Disturbance</b></p>	<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>
<p><b>Identify Risk Factors</b></p>	<ul style="list-style-type: none"> <li>• Diabetes, heredity, atrial fibrillation</li> <li>• History of heart attacks, strokes, or ministrokes</li> </ul>
<p><b>Link Associated Conditions with Terms</b></p>	<ul style="list-style-type: none"> <li>• Due to</li> <li>• Secondary to</li> <li>• Associated with</li> </ul>
<p><b>Treatment Plan</b></p>	<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>

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## ICD-10 Codes and Descriptions

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

Code first the underlying physiological condition.

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

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

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)	Sequela of CVA (I69*)

\*Requires additional digit to complete the diagnosis code.

## 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:

Sedative, Hypnotic, or Anxiolytic	Inhalant-Induced Dementia	Other Psychoactive Substance
Dependence with sedative, hypnotic, or anxiolytic-induced persisting dementia (F13.27)	With inhalant abuse (F18.17)	Abuse with psychoactive substance-induced persisting dementia (F19.17)
	With inhalant dependence (F18.27)	Dependence with psychoactive substance-induced persisting dementia (F19.27)

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## Coding Tips

- For Fronto-temporal Dementia, use **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
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?	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. Code <b>R53.2</b> , Functional quadriplegia, may be assigned for the quadriplegia. AHA Coding Clinic 2022, Fourth Quarter

Case 2	Rationale
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> .	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. 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. AHA Coding Clinic 2022, Fourth Quarter

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## 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/providers).

## References

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