

Documentation and Coding: 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 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, Vascular dementia, Lewy body dementia, and Frontotemporal dementia.

Vascular Dementia (includes arteriosclerotic dementia)	F01.50	Without behavioral disturbance
	F01.51	With behavioral disturbance
Dementia (in other diseases classified elsewhere)	F02.80	Without behavior disturbance
	F02.81	With behavior disturbance (such as aggressive, combative, and violent behaviors)
Alcohol-Induced Dementia	F10.27	Alcohol dependence with alcohol-induced persisting dementia
	F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
Alzheimer's Disease	G30.0	With early onset
	G30.1	With late onset
	G30.8	Other Alzheimer's disease
	G30.9 [†]	Alzheimer's disease, unspecified
Frontotemporal Dementia	G31.09	Other frontotemporal dementia
Lewy Body Dementia	G31.83	Dementia with Lewy bodies (Dementia with Parkinsonism and Lewy body disease may also fall within this code category)
Unspecified Dementia	F03.90 [†]	Without behavioral disturbance
	F03.91 [†]	With behavioral disturbance (includes aggressive, combative, and violent behaviors)

[†]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">• Stable• Improved• Worsening
Specify Type of Dementia if Known	<ul style="list-style-type: none">• Huntington's disease• Vascular disease• Dementia with Lewy
Specify Stage of Dementia	<ul style="list-style-type: none">• Early• Middle• Late
Any Risk Factors	<ul style="list-style-type: none">• Age• Heredity• Family Hx• Traumatic brain injury (TBI)
Link Associated Conditions with Terms	<ul style="list-style-type: none">• "Due to,"• "Secondary to" or• "Associated with"
Include Treatment Plan	<ul style="list-style-type: none">• Family and/or individual counseling• Patient education• Support groups• Medications• Document patient's loss of skills and functions• Specify root cause of dementia

Coding Tips

- Use of ICD-10-CM codes is required to distinguish between dementia without behavioral disturbances (**F02.80** - Dementia in other diseases classified elsewhere without behavioral disturbance) and dementia with behavioral disturbances (**F02.81** - Dementia in other diseases classified elsewhere with behavioral disturbance).
- ICD-10-CM guidelines states
 - "Use additional code to identify the following conditions, if applicable: Delirium (**F05**); Dementia with behavioral disturbance (**F02.81**); or Dementia without behavioral disturbance (**F02.80**)".
 - 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 ("likely," "probable," "apparently," "consistent with," etc.) to describe a current or confirmed diagnosis.
- 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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Commonly coexisting conditions when coding F02 – Dementia in other diseases classified elsewhere

Alzheimer's (G30*)	Dementia with Parkinsonism (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.

Sedative, Hypnotic, or Anxiolytic Dependence with sedative, hypnotic, or anxiolytic-induced persisting dementia (F13.27)	Inhalant-Induced Dementia With inhalant abuse (F18.17) With inhalant dependence (F18.27)	Other Psychoactive Substance 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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Case 1	What is the correct code assignment for a diagnosis of Alzheimer’s disease without provider documentation of dementia? Based on the index entry, are two codes required, or must the provider specifically document Alzheimer’s disease with dementia?
ICD-10-CM	G30.9 - Alzheimer’s disease, unspecified F02.80 - Dementia in other diseases classified elsewhere, without behavioral disturbance
AHA Coding Clinic (Volume 4, First Quarter, 2017)	Dementia is an inherent part of Alzheimer’s disease; therefore, the provider does not need to separately document it. Code G30.9 represents the underlying etiology, Alzheimer’s disease, and must be sequenced first, whereas codes F02.80 and F02.81 represent the manifestation of dementia in diseases classified elsewhere, with or without behavioral disturbance. The Official Guidelines for Coding and Reporting pertaining to the etiology/manifestation convention (1.A.13) states, “Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first, if applicable, followed by the manifestation. Wherever such a combination exists, there is a ‘use additional code’ note at the etiology code, and a ‘code first’ note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation.”
Case 2	A patient diagnosed with dementia due to Parkinson’s disease and aggressive behavior is admitted for treatment. Depending on which Index entry is used, either code G20, Parkinson’s disease or code G31.83, Dementia with Lewy bodies, is assigned. The Alphabetic Index entry for “Dementia” has subentries for Parkinsonism (G31.81) and Parkinson’s disease (G20). However, the Index entry for Parkinson’s disease directs to see Parkinsonism. This instructional note is mandatory and indicates Parkinson’s disease is coded as Parkinsonism. What is the appropriate code assignment for Parkinson’s dementia with aggressive behavior?
ICD-10-CM	G20 - Parkinson’s disease F02.81 - Dementia in other diseases classified elsewhere with behavioral disturbance
AHA Coding Clinic (Volume 4, Second Quarter, 2017)	Parkinsonism refers to symptoms of Parkinson’s disease (e.g., slow movements and tremors), regardless of the cause, and is typically caused by another condition or external agent, such as drugs. These two conditions are not classified the same. The Centers for Disease Control and Prevention (CDC) is aware of inconsistencies in the Alphabetic Index and is considering possible modifications to the indexing of this condition.

Questions?

Contact us at [#Risk_Adjustments_and_clinical_Documentation@healthfirst.org](mailto:Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For documentation and coding guidance, please visit the coding section at hfproviders.org.

References: AAPC.com; Dementia.org; ICD-10-CM Official Guidelines for Coding and Reporting; CodingClinicAdvisor.com