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## REMINDER

**JUNE IS ALZHEIMERS AND  
BRAIN AWARENESS  
MONTH!**

## DEMENTIA

### **CODING & BILLING TIPS**

For all risk adjustment models it is imperative that the provider evaluates and documents all chronic conditions to the highest level of specificity on an annual basis. However, it is equally important that the providers documentation is coded and billed properly. It is the coding and billing process that reports the condition to CMS which makes it extremely important to code and bill to the highest specificity possible from the provider documentation. This will ensure the highest level of care for all patients.

### **DOCUMENTATION TIPS FOR CODING DEMENTIA TO THE HIGHEST SPECIFICITY:**

1. Did the provider document a type of dementia? i.e., vascular, Alzheimer's.
2. Did the provider document any associated behavioral disturbances? i.e., aggressive, violent, combative, wandering.



For access to & information on how to use the Wellcare by Allwell provider portal, please visit:

<https://www.azcompletehealth.com/providers/resources/claims-payment.html>

For questions or more information on Quality, please reach out to:

[QIProviderOutreach@azcompletehealth.com](mailto:QIProviderOutreach@azcompletehealth.com)

**CORRECT CODING FOR DEMENTIA (not an all-inclusive list)**

<b>F01.50</b>	<b>Vascular dementia without behavioral disturbance</b>
<b>F01.51</b>	<b>Vascular dementia with behavioral disturbance</b>
<b>F02.80</b>	<b>Dementia in other diseases classified elsewhere without behavioral disturbance</b>
<b>F02.81</b>	<b>Dementia in other diseases classified elsewhere with behavioral disturbance</b>
<b>F03.90</b>	<b>Unspecified dementia without behavioral disturbance</b>
<b>F03.91</b>	<b>Unspecified dementia with behavioral disturbance</b>
<b>Z91.83</b>	<b>Wandering in diseases classified elsewhere</b>

**ADDITIONAL CODING TIPS:**

**1. F01.50-F01.51, Vascular dementia conditions are classifiable as being specifically reportable due to an underlying condition per ICD-10 guidelines. If vascular dementia is documented without an identified underlying cause, code F03.90-F03.91 should be assigned.**

**2. F02.80-F02.81, Dementia in other diseases are manifestation codes and should only be assigned to report dementia in an etiology/manifestation pairing per ICD-10 guidelines. If there is not an etiology documented, code F03.90-F03.91 should be assigned.**

**3. ICD-10 Tabular List has a “use additional code” when wandering is documented. Wandering is considered a behavioral disturbance so when present Z91.83 should be assigned in addition to F01.51, F02.81, F03.91 even if the patient doesn’t have aggressive, violent, or combative behavior.**

**4. Alzheimer’s disease is a type of dementia, even in the absence of the provider documenting dementia a code from F02.80-F02.81 should be assigned in addition to the G30.0-G30.9 Alzheimer’s diagnosis code, per ICD-10 guidelines.**

**5. ICD-10 CM provides codes for memory loss without dementia. If the memory loss is a normal part of aging, R41.81-age related cognitive decline should be assigned. For patients experiencing more decline than expected for their age, G31.84-mild cognitive impairment should be assigned.**