Coding For Dementia & Other Unspecified Conditions

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September 2014

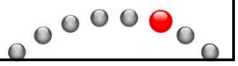
HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

Transmittal 3022

- CMS released Transmittal 3022, Hospice Manual Update for Diagnosis Reporting and Filing Hospice Notice of Election and Termination or Revocation of Election on August 22, 2014 to replace Transmittal 8877.
  - Purpose: to provide a manual update and provider education for new editing for principal diagnoses that are not appropriate for reporting on hospice claims.
  - Our focus today is on the diagnosis portion of the transmittal.
- Basis for the information
  - Per CMS: ICD-9-CM/ICD-10-CM Coding Guidelines state that codes listed under the classification of Symptoms, Signs, and Ill-defined Conditions are not to be used as principal diagnosis when a related definitive diagnosis has been established or confirmed by the provider.

Policy

- Effective with **dates of service 10/1/14 and later**.
- The following **principal diagnoses** reported on the claim will cause claims to be returned to provider for a more definitive code:
  - "Debility" (799..3), malaise and fatigue (780.79) and "adult failure to thrive"(783.7)are not to be used as principal hospice diagnosis on the claim..
  - Many dementia codes found in the Mental, Behavioral and neurodevelopment Chapter are typically manifestation codes and are listed as dementia in diseases classified elsewhere (294.10 and 294.11). Claims with these codes will be returned to provider with a notation "manifestation code as principal diagnosis".
  - Unspecified codes are only to be used when the medical record, at the time of the encounter, in insufficient to assign a more specific code.



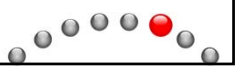
Transmittal #3032

In the cover information to the manual changes, it does state: "However it is recognized that the underlying condition causing dementia may be difficult to code because the medical record does not provide sufficient information".

Important Notes

- There is nothing in the billing manual or the transmittal that precludes hospices from using these diagnoses as secondary or other diagnoses.
- The limitation is listing the dementia codes as the principal (first listed) diagnosis.
- Refer to the coding manual for specific directions on sequencing various types of dementia.

Included in Handouts: CMS List of Hospice Invalid Principal DX Codes



CMS Publication 100-04, Medicare Claims Processing

The section related to principal diagnosis on page 31 of the transmittal incorporates the following changes:

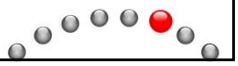
- The principal diagnosis listed is the diagnosis most contributory to the terminal prognosis.
- Non-reportable Principal Diagnosis Codes to be returned to the provider for correction:
  - Hospice may not report ICD-9CM v-codes and ICD-10CM z-codes as the principal diagnosis on hospice claims.
  - Hospices may not report debility, failure to thrive, or dementia codes classified as unspecified as principal diagnosis on the hospice claim.
  - Hospice may not report diagnosis codes that cannot be used as the principal diagnosis according to ICD-9Cm or ICD-10CM Coding Guidelines or require further compliance with various ICD-9CM or ICD-10CM coding conventions, such as those that have principal diagnosis sequencing guidelines.

Basic Coding Reminders

- **All** diagnosis or condition codes must be stated or confirmed by a physician or other qualified health care practitioner who is legally accountable for establishing the patient's diagnosis. (*Introduction to ICD-9CM & ICD-10CM Official Guidelines for Coding and Reporting*)
- The term "in conditions classified elsewhere" is a convention that requires the coder to follow the same sequencing rules as etiology/manifestation convention:
  - ***Code the etiology (cause) first!***
- The term, "use an additional code …" is also a convention and means to add an additional code.
- A possible, probable, suspected diagnosis cannot be assigned. Must use presenting symptoms.

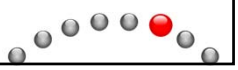
Assigning Diagnoses

- All health settings, including hospice, must code **all** conditions/diagnoses that are related to the reason you are seeing the patient.
  - If the hospice patient has diagnoses non-related to their terminal condition, the Medical Director must document why those diagnoses or conditions are not related to the patient's terminal status and that information should be in the medical record.
- Hospice personnel must add additional documentation to the medical record to fully explain each patient's situation such as documentation of recent history and the physical and mental status.
- Diagnosis codes can be changed at any time the patient's condition changes, but must be documented in the medical record.



What Does All This Mean for Hospice?

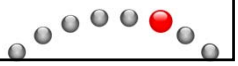
- With these changes, there is no effective way to list a dementia code as a principal or first listed diagnosis on a hospice claim.
  - Attachment A includes all of the codes in ICD-9-CM in categories 290.x, 293.x, and 294.x and most of the codes in 310.x, including some that are not listed as unspecified nor do not include coding instruction to code first an underlying condition such as:
    - 310.0 Frontal lobe syndrome
    - 310.2, Postconcussion syndrome
  - In ICD-10-CM, all of these code titles do have a notation that they are unspecified or in conditions classified elsewhere,
  - Note: 310.81, Pseudobulbar effect is not on the Attachment A list, but does include the instruction to code first underlying cause, if known.
- Dementia can be listed as a secondary or other condition, but like debility and adult failure to thrive, CMS is saying it cannot be the principal (first listed diagnosis).



Patients Coming to Hospice with an Unspecified Diagnoses.

Many older patients are referred to hospice because they are generally failing, but do not have one specific diagnosis that is clearly the cause of their terminal condition.

- The IDG will need to discuss these patients in depth to determine what conditions are contributing to a terminal prognosis within the next six months.
- Each situation is individual and may have different combinations of factors that are contributing to the terminal prognosis.
- Critical question is **what is contributing** to this patient's terminal status? Is it co-morbid conditions, a lack of adequate nutrition to continue to support life, dehydration, dysphagia, presence of an infection, compromised immune system, early failure of body systems, etc.



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Debility

- Medically defined as: an unspecified syndrome characterized by ***unexplained weight loss, malnutrition, functional decline, multiple chronic conditions contributing to the terminal progression***, and increasing frequency of outpatient visits, emergency department visits and/or hospitalizations.
- FY 2012 claims data for those beneficiaries with a reported principal hospice diagnosis of "debility," and reported secondary diagnoses, shows that congestive heart failure, coronary artery disease, heart disease, atrial fibrillation, Parkinson's disease, Alzheimer's disease, renal failure, chronic kidney disease, and chronic obstructive pulmonary disease are among the most common secondary diagnoses reported.
- The individual diagnosed with "Debility" may have multiple co-morbid conditions that individually, may not deem the individual to be terminally ill. However, the collective presence of these multiple co-morbid conditions contribute to the terminal status of the individual.

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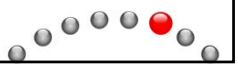

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Adult Failure to Thrive

- Defined as undefined weight loss, decreasing anthromorphic measurements, and a Palliative Performance Scale < 40%.
- It may also be associated with multiple primary conditions contributing to the physical and functional decline of the individual.
- Four syndromes known to be individually predictive of adverse outcomes in older adults are repeatedly cited as prevalent in patients with "adult failure to thrive"
  - impaired physical functioning
  - malnutrition
  - depression
  - cognitive impairment

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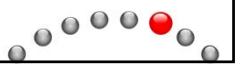
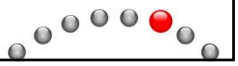


Definition of Dementia (Mayo Clinic)

Dementia is not a specific disease. Instead, dementia describes a group of symptoms affecting thinking and social abilities severe enough to interfere with daily functioning. There are many causes of dementia.

- Memory loss generally occurs with dementia, but memory loss alone does not mean a patient has dementia.
- Symptoms of dementia:

Memory loss	Agitation
Difficulty communicating	Hallucinations
Difficulty with complex tasks	Paranoia
Personality changes	Difficulty planning and organizing
Inability to Reason	Difficulty with coordinating & monitoring functions
Inappropriate behavior	Problems with disorientation such as getting lost



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There are a Multitude of Dementia Codes

- Some dementia codes are etiology/ manifestation codes or require multiple coding as instructed in the Tabular List of the coding manual.
  - Subcategory 294.1x is for Dementia in conditions classified elsewhere and requires the coder to code the etiology first and then the dementia code.
- Subcategory 294.2x is a situation in which *no underlying cause has been or can be identified for the dementia*.
- Category 290 includes a variety of specific types of dementia codes such as senile, presenile, vascular dementia plus others.
  - The note at the top of this category directs the coder to “code first the associated neurological condition”.

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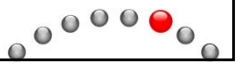
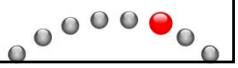


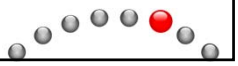
Dementia

- Vascular dementia is due to some type of circulatory condition, the most common of which are cerebral atherosclerosis (437.0) or late effect of cerbrovascular disease (438.0, cognitive changes or 438.89, other late effects and then you can list vascular dementia [290.4x]).
- There are also ***other codes that can indicate dementia when the term dementia may not be identified such as:***
  - 331.2, senile degeneration of the brain
  - 331.9, Cerebral degeneration is not on the list, b ut it is an unspecified code
  - Codes from 291, alcohol induced mental disorders, 292, drug induced mental disorders and can lead to dementia.
- Codes in category 293, transient mental disorders due to conditions classified elsewhere can lead to dementia-like conditions, but they also require the coder to code first the associated physical or neurological condition that is associated with the condition.



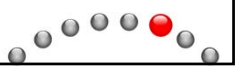
Diagnosing a Specific Dementia

- When a specific type of dementia is not given on referral:
  - Request and review as much medical history as possible.
  - Search for any indication of the symptoms that are associated with specific types of dementia, clues that it may be related to a particular condition and history of symptoms.
- The most common forms of dementia are Alzheimer's, vascular and Lewy body.
  - Alzheimer's dementia generally develops around age 60-65, but there are also cased of early onset Alzheimer's at an earlier age.
    - Progresses slowly over 7-10 years
    - Plagues and tangles of protein are often seen in the brain



Diagnosing Dementia

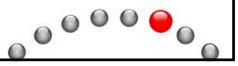
- Vascular dementia is second most common type of dementia that occurs as a result of brain damage due to reduced or blocked blood flow in blood vessels leading to the brain.
  - Problems may be caused by strokes, endocarditis, or other vascular conditions (HTN or heart attacks)
  - Symptoms start suddenly
- Lewy body dementia affects 10-22% of individuals with dementia.
  - Unique features include fluctuation between confusion and lucidity, visual hallucinations, tremors/rigidity (parkinsonism), and rapid eye movement sleep behavior disorder.
- The cause of the vast majority of dementia is unknown.
- Without an in-depth patient history, hospice may not be able to identify a specific type of dementia.
- More than one type of dementia can be coded, if it is supported by the medical record.



Examples

A patient with advanced unspecified dementia with or without behavioral problems (294.20/294.21), but the underlying cause is unknown, with loss of functional abilities, severe dysphagia with a recurrent risk of aspiration pneumonia, and other co-morbidities.

- 787.20, Dysphagia
- 294.20, dementia without behavioral issues
- 780.99, decreased functional ability
- V12.61, history of recurrent pneumonia
- Other related co-morbidities that contribute to the terminal prognosis



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Dementia in Conditions classified elsewhere: 294.1x

Listed right below this code in Chapter 5, Mental, Behavioral and Neurodevelopment Disorders:

Dementia of the Alzheimer's type

Code first any underlying physical condition as:

Alzheimer's disease (331.0)	General paresis [syphilis] (094.1)
Cerebral lipidosis (330.1)	Hepatolenticular degen. (275.1)
Creutz-Jacob disease (046.11-046.19)	Huntington's chorea (333.4)
Dementia w/ Lewy bodies (331.82)	Multiple sclerosis (340)
Dementia w/ Parkinsonism (331.82)	Parkinson's disease (332.0)
Epilepsy (345.0-345.9)	Pick's disease of the brain (331.11)
Frontal dementia (331.19)	Polyarteritis nodosa (446.0)
Frontotemporal dementia (331.19)	Syphilis (094.1)

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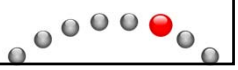

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Case Example

Patient is at a Fast Scale 7b, with 10% weight loss in 6 months with a BMI of 20. Patient has recently experienced increased confusion related to a UTI and fell, fracturing her left hip. Because patient has dementia that is continuing to worsen over the last 6 months to a year, the family has decided not to put her through surgery to repair the hip, but instead to keep the hip immobilized and provide comfort care. They also opted to treat the UTI for comfort.

The patient is alert and can form sentences, but has difficulty tracking sentences and is eating only bites of food and sips of fluids.

How would you code this patient?

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Case Example Codes

Primary & Other Dx	Description	ICD-9
Primary	Other Nutritional Deficiency	269.8
Primary	Dementia, unspecified without behavioral disturbance	294.20
Other	Aftercare for healing traumatic fracture of the hip	V54.13
Other	Debility	799.3
Other	Urinary Tract Infection	599.0

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Case Example

Mrs. Y is a 95 year old pleasant, but frail female referred to hospice with a loss of weight of 25 pounds over the last month. She has not been interested in eating for the last 4-6 months, she says that she is just tired and whenever she tries to eat, she just cannot force herself to eat. The physician has been unable to identify a physical condition associated with her weight loss other than her increasing depression which does not seem to respond to medical treatment

The physician has repeatedly recommended enteral nutritional support, but Mrs. Y has refused to even try the therapy. On admission, Mrs. Y is 5 foot 1 inches and weighs 95 pounds. Her MD has validated the following diagnoses: underweight, cachexia, moderate recurrent major depression, emphysema and cardiomyopathy.

On the admission visit, Mrs. Y tells the nurse that she has outlived all of her family and is tired and just plain worn out.

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Case Example Codes

Primary & Other DX	Diagnosis Description	ICD-9
Primary	Major recurrent Depression, moderate	296.3
Other	Anorexia	783.0
Other	Cachexia	799.4
Other	Adult failure to thrive	783.7
Other	Underweight	783.22
Other	BMI less than 19, adult	V85.0

Needs to be a determination regarding whether the emphysema and or cardiomyopathy are contributing to her terminal illness.

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Case Example

Patient is currently on hospice with a diagnosis of debility. She went to the hospital in July, was diagnoses (after many tests) with hydronephrosis, and the doctors wanted to do even more testing to find out the "definitive diagnosis" as to why she has hydronephrosis. She is 86, very weak and does not want to have any more tests. She is now 76 pounds, having lost 20 pounds in 2 month's time. Hospice has spoken to doctors and is trying to find another diagnosis. They are going to draw blood to see is anything is bad enough to possibly be diagnoses with renal failure.

Physician thinks the fluid is backing up in kidney because of a stricture, mass or stone, but has not been able to confirm any of these.

Case Example Answers

	Diagnosis	ICD-9-CM
a	Hydronephrosis	591
b	Weight loss	783.21
c	BMI	V85.0
d	Debility	799.3
e	Palliative Care	V66.7
f	DNR	V49.86

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Alzheimer's Dementia

An 88 year old female, diagnosed by her physician as terminal, is admitted with end stage Alzheimer's dementia. She is non-communicative, but very combative when touched, has dysphagia and is given ensure by her family through a PEG tube twice a day, is bedbound and has a stage 4 sacral decubitus.

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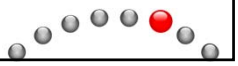

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Primary other Dx	Diagnosis	ICD-9-CM Code
Primary	Alzheimer's disease	331.0
Other	Dementia in conditions classified elsewhere with behavioral disturbance	294.11
Other	Dysphagia, unspecified	787.20
Other	Decubitus Pressure ulcer lower back	707.03
Other	Pressure ulcer, stage 4	707.24
other	Gastrostomy tube status	V44.1
Other	Bed confinement status	V49.84

These are optional V codes if the coder or clinician feels they add important information.

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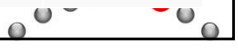

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Case Example

- Mrs. O is an 87 year old who is referred for palliative care due to chronic respiratory failure. She experienced aspiration pneumonia during her hospital stay. The pneumonia is now resolved.
- She was discharged home on continuous oxygen at 4 liters/min. Her O2 saturation is 84% on room air and 88% on supplemental oxygen. She is unable to walk any distance without significant dyspnea and is for the most part wheelchair bound. She becomes breathless when talking to others. She remains tachycardic at 100 bpm at rest.
- She experiences chronic fatigue related to her disease. As a result she eats poorly. She is currently 5' 5" tall and weighs 102 pounds.
- Mrs. O also has congestive heart failure, senile dementia, OA, and hypertension.

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Case Example Codes

Primary & other Dx	Diagnosis Description	ICD-9
Primary	Chronic respiratory failure	518.83
Other	Congestive Heart Failure	428.0
Other	Senile Dementia, NOS	290.0
Other	Dependence on Supplemental oxygen	V46.2
Other	History of pneumonia	V12.61
Other		

Allowable Symptom Codes in Hospice

Nervous System SX

- 331.83, Mild cognitive impairment
- 331.0-331.0 cerebral degeneration
- 438.0, cognitive deficits following CVA
- 850-854, 959.01, cognitive impairment due to intracranial or head injury
- 907.0, late effect of intracranial injury

General SX

- 780.0 Alteration of consciousness
- 780.03, persistent vegetative state
- 780.09, somnolence
- 780.72, functional quadriplegia
- 780.93, memory loss
- 780.97 Altered (change) mental status
- 781.8, neurological neglect

Other Symptom Codes

- Nutrition related
  - 783.0, anorexia
  - 783.21, loss of weight
  - 783.22, underweight
  - 783.3, feeding difficulties
  - 787.2x, dysphagia
  - 261, nutritional marasmus
  - 263.x Other and unspecified protein-calorie malnutrition
  - 269.8, other nutritional deficiency
- Other
  - 276.51, dehydration
  - 276.52, hypovolemia
  - 788.5, oliguria & anuria
  - 789.6, malignant ascites
  - 797, senility w/o mention of psychosis

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Questions?

Thank you for attending!

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ICD-9-CM	DESCRIPTION	ICD-10-CM	DESCRIPTION
290.0	Senile Dementia Uncomplicated	F03.90	Unspecified dementia w/o behav. Disturb
290.10	Presenile Dementia Uncomplicated	F03.90	Unspecified dementia w/o behav. Disturb
290.11	Presenile Dementia With Delirium	F03.90	Unspecified dementia w/o behav. Disturb
290.12	Presenile Dementia With Delusional Features	F03.90	Unspecified dementia w/o behav. Disturb
290.12	Presenile Dementia With Delusional Features	F05	Delirium d/t known physiological condition
290.13	Presenile Dementia With Depressive Features	F03.90	Unspecified dementia w/o behav. Disturb
290.20	Senile Dementia With Delusional Features	F03.90	Unspecified dementia w/o behav. Disturb
290.20	Senile Dementia With Delusional Features	F05	Delirium d/t known physiological condition
290.21	Senile Dementia With Depressive Features	F03.90	Unspecified dementia w/o behav. Disturb
290.3	Senile Dementia With Delirium	F03.90	Unspecified dementia w/o behav. Disturb
290.3	Senile Dementia With Delirium	F05	Delirium d/t known physiological condition
290.40	Vascular Dementia Uncomplicated	F01.50	Vascular Dementia w/o behav. Disturb.
290.41	Vascular Dementia With Delirium	F01.51	Vascular Dementia w/ behav. Disturb.
290.42	Vascular Dementia With Delusions	F01.51	Vascular Dementia w/ behav. Disturb.
290.43	Vascular Dementia With Depressed Mood	F01.51	Vascular Dementia w/ behav. Disturb.
290.8	Other Specified Senile Psychotic Conditions	F03.90	Unspecified dementia w/o behav. Disturb
290.9	Unspecified Senile Psychotic Condition	F03.90	Unspecified dementia w/o behav. Disturb
293.0	Delirium Due To Conditions Classified Elsewhere	F05	Delirium d/t known physiological condition
293.1	Subacute Delirium	F05	Delirium d/t known physiological condition
293.81	Psychotic Disorder With Delusions In	F06.2	Psychotic disorder w/ delusions d/t known

	Conditions Classified Elsewhere		physiological conditions
293.82	Psychotic Disorder With Hallucinations In Conditions Classified Elsewhere	F06.0	Psychotic disorder w/ hallucin. d/t known physiological condition
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.3	Mood disorder d/t know physiological disorder
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.30	Subcategories of F06.3
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.31	Subcategories of F06.3
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.32	Subcategories of F06.3
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.33	Subcategories of F06.3
293.83	Mood Disorder In Conditions Classified Elsewhere	F06.34	Subcategories of F06.3
293.89	Other Specified Transient Organic Mental Disorders Due To Conditions Classified Elsewhere	F06.1	Catatonic disorder d/t know physiological condition
294.20	Dementia, Unspecified, Without Behavioral Disturbance	F03.90	Unspecified dementia w/o behav. Disturb
294.21	Dementia, Unspecified, With Behavioral Disturbance	F03.91	Unspecified dementia w/ behav. Disturb
294.8	Other Persistent Mental Disorders Due To Conditions Classified Elsewhere	F06.0	Psychotic disorder w/ hallucin. d/t known physiological condition
294.8	Other Persistent Mental Disorders Due To Conditions Classified Elsewhere	F06.8	Other specified mental disorders due to known physiological condition
310.0	Frontal Lobe Syndrome	F07.0	Personality Change D/T Known Physiological Condition

310.1	Personality Change Due To Conditions Classified Elsewhere	F07.0	Personality Change D/T Known Physiological Condition
310.2	Postconcussion Syndrome	F07.81	Postconcussional Syndrome
310.89	Other Specified Nonpsychotic Mental Disorders Following Organic Brain Damage	F07.89	Other Personality And Behavioral Disorders Due To Known Physiological Condition
310.9	Unspecified Nonpsychotic Mental Disorder Following Organic Brain Damage	F09	Unspecified Mental Disorder Due To Known Physiological Condition