Correct Coding of Alzheimer’s and Other Types of Dementia

by

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Coding of dementia and Alzheimer’s disease represents yet another challenge in the management of AD and dementia. Aside from dealing with the complex issues of dementia care, we as clinicians want to and deserve to be reimbursed for our time and effort. Incorrectly coding a visit can result in less reimbursement or a rejected claim. Here is our best effort to parse out what is applicable.

780.93 memory loss (Coding symptoms is permissible)
331.83 Mild Cognitive Impairment

The first line physical condition codes causing the dementia include:
331.0 Alzheimer’s disease (avoid using ‘probable’ or ‘possible’)

Add modifier [294.10] for dementia without behavioral disturbance or [294.11] for dementia with behavioral disturbance. Use these modifiers with all dementia diagnoses
331.11 Pick’s disease
331.19 Frontotemporal dementia
331.2 Senile degeneration of the brain
331.82 Dementia with Lewy bodies
331.9 Cerebral degeneration, unspecified
332.0 Parkinson’s disease (for PDD use 332.0 and 294.10 or 294.11)
333.4 Huntington’s chorea
046.1 Creutzfeld-Jakob
330.1 Cerebral lipidoses
275.1 Hepatolenticular degeneration
042 HIV
340 MS
094.9 Neurosyphilis
275.1 Wilson’s disease
331.3 Normal Pressure Hydrocephalus
331.89 Other cerebral degeneration (for dementias related to conditions such as cortical basal degeneration or Progressive Supranuclear Palsy)

The 290 codes have been assigned as mental health diagnoses and have been subject to lower Medicare reimbursement. All codes numbered between 290 and 319 are considered Mental Health codes in a strictly bureaucratic coding sense. This includes dementias, mental retardation, Tourette syndrome, ADHD, some sleep disorders, and learning disorders.

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The dementia codes 290.XX are among the Mental Health ICD codes. (XX means this is a family of codes that begin with 290.) A patient with those diagnostic codes may be paid as a mental health benefit or as a medical benefit -- the process varies among carriers. These codes include:

Symptom codes are used when the diagnosis remains unclear. One may NOT code for “rule-out” diagnoses. If the diagnosis has not yet been made, use the symptom codes.

Late effects codes describe conditions after the acute event is over.

Other conditions include injuries, accidents, poisoning, or visits by healthy persons for various reasons. For patients seen after injuries or accidents, include the injury or accident date, and use a late effect code as the primary diagnosis code on your billing sheet.

However, according to Medicare Claims Processing Manual, 290 codes may no longer reimbursed at a lower rate. Nevertheless, it is better to use these as secondary codes.

290.0 Senile dementia uncomplicated
290.1
290.2
291.2 Alcoholic dementia
290.40 Vascular dementia. You may want to add 438.0 (Late effects of cerebrovascular disease, cognitive deficits)

Some of these codes may need to be clarified with your billing department. Also, check the ICD-9 codebook every fall, as the codes can change yearly. For example, 331.83 (MCI) is a new code. Updates to ICD•9•CM are available by CD ROM from the government, and many publishers have their own versions of ICD•9•CM which are updated each year. The official update is printed in Coding Clinic for ICD•9•CM available from the American Hospital Association. The codes are posted on the NCHS Web site at: http://www.cdc.gov/nchs/icd9.htm New codes for the following year are effective in October of the current year.

Your office should have at least one updated version of the entire ICD•9•CM. AAN publishes a short, focused version, ICD•9•CM for Neurologists easier for everyday use.

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Optimizing the Medical Management of Alzheimer’s Disease and Bipolar Disorder

Key Speakers
Dr. David Geldmacher
Associate Professor of Neurology, University of Virginia

Dr. Rakesh Jain
Assistant Clinical Professor, Psychiatry and Behavioral Science
University of Texas Health Science Center

Moderator
Dr. Bryan Woodruff
Assistant Professor of Neurology
Mayo Clinic Arizona

Saturday, October 27, 2007
Room: Sunset AB
Pointe Hilton Tapatio Cliffs Resort
11111 North 7th Street
Phoenix, Arizona

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Audience
Physicians, Physician Assistants, Pharmacists, Nurse Practitioners

Learning Objectives — Alzheimer’s Disease
- Diagnose AD accurately in the office setting
- Overcome obstacles to AD management
- Implement management strategies for the spectrum of AD symptoms, including difficult behaviors

Learning Objectives — Bipolar Disorder
- Recognize the symptoms of bipolar disorder
- Distinguish bipolar disorder from other psychiatric illnesses
- Prescribe effective therapies for bipolar disorder and manage their side effects

Accreditation Statement
The American Academy of Physician Education (AA-PE) is accredited by the Institute for Medical Quality/California medical Association (IMQ/CMA) to provide continuing medical education for physicians. AA-PE takes responsibility for the content, quality and scientific integrity of this CME activity.
The Behavioral Neuroscience and Alzheimer’s Clinic (BNAC) at the University of Arizona focuses on patients with:

- Alzheimer's Disease and other dementias
- Behavioral consequences of stroke, head injury, and seizure
- Adult learning disabilities
- Behavioral aspects of movement disorders (Parkinson's, Tourette's, etc.)
- Atypical psychiatric disorders

As an essential part of the evaluation process, the behavioral neurologist compiles a complete picture of the patient – including the evolution of the current problem, past medical history, medications, and social and family history. Mental status and neurological examinations are also performed. Based on the findings, a number of tests may be ordered, including brain imaging (CT, MRI, PET, SPECT), laboratory studies, neuropsychological testing, electroencephalogram (EEG), and neuropsychiatric evaluation. These tests help the physician formulate a diagnosis, and may also help to find a treatable cause of the neurobehavioral syndrome.

The Behavioral Neuroscience and Alzheimer’s Clinic operates in close conjunction with the Memory Disorders Clinic at the University of Arizona Health Sciences Center. The BNAC also serves as the focal point of the University of Arizona’s participation in the multi-site, NIA-funded, Arizona Alzheimer’s Disease Core Center (ADCC).

Clinical research has been an essential part of the mission of the Department of Neurology at the University of Arizona, almost since its inception in 1967. The tradition continues today and particularly in the domain of cognitive disorders and dementia. We have participated in the trials leading to the development of agents such as donepezil (Aricept) and galantamine (Reminyl / Razadyne). Aside from working with the pharmaceutical industry, we have also been members of the NIA-funded Alzheimer’s Disease Cooperative Study (ADCS), and have participated in such studies as the Mild Cognitive Impairment / Aricept / Vitamin E study. Recent clinical trials include:

- A Multi-Center, Randomized, Double-Blind, Placebo-Controlled Trial of Simvastatin to Slow the Progression of Alzheimer’s Disease – ADCS
- High Dose Supplements to Reduce Homocysteine and Slow the Rate of Cognitive Decline in Alzheimer’s Disease – ADCS
- A Double-blind, Phase II, Safety and Efficacy Evaluation of ONO-2506PO in Patients with Mild to Moderate Alzheimer’s Disease – ONO Pharmaceutical Company
- A Randomized, Double-Blind, Placebo-Controlled Trial of Valproate to Attenuate the Progression of Alzheimer’s Disease (AD) – ADCS
- A Double-Blind, Randomised, Placebo-Controlled, Parallel-Group Study to Investigate the Effects of Rosiglitazone (Extended Release Tablets) on Cerebral Glucose Utilisation and Cognition in Subjects with Mild to Moderate Alzheimer's Disease (AD) – GlaxoSmithKline

For more information on upcoming studies at the University of Arizona, please call Margie Baldwin, RN, BSN at (520) 626-4296.
No One Needs to Go Through This Journey Alone

The Alzheimer’s Association Desert Southwest Chapter
Provides Support for Individuals and Families Dealing with Memory Loss

- 24/7 Information Helpline
- Family Care Consultation
- Support Groups
- Education / Skills Training
- Safe Return
- Research and Advocacy

1.800.272.3900
1028 E McDowell Rd
Phoenix, AZ 85310
www.alzdsw.org

Resource Guide

The Alzheimer's Association Desert Southwest Chapter Medical Scientific Advisory Committee recommends the following websites, which have good information and resources to learn more about Alzheimer’s disease and research.

**www.alzdsw.org**
The website of the Desert Southwest Chapter. Find information about local programs and services, education sessions and support groups in your area. As well, houses the latest fact sheets and brochures available from the Alzheimer’s Association and information on the Medical Scientific Advisory Committee.

**www.alz.org**
The website of the National Alzheimer’s Association.

**www.alzheimers.org/adcdir.htm#arizona**
Find the Alzheimer's Disease Centers (ADC) in your area, funded by the National Institute on Aging.

**www.nia.nih.gov**
The website of the National Institute on Aging.