

Neurocognitive Codes

At age 45, the lifetime risk for Alzheimer's is 1 in 5 for women and 1 in 10 for men. In addition, 1 in 3 older Americans dies with Alzheimer's or another dementia, killing more than breast and prostate cancer combined.ⁱ

Codes	Description
F01.x	Vascular dementia
F02.x	Dementia in other diseases classified elsewhere
F03.x	Unspecified dementia
F06.7x	Mild neurocognitive disorder due to known physiological condition
G31.84	Mild cognitive impairment of uncertain or unknown etiology

Underlying Causes

Patients can have more than one type or mixed dementia. The most common is Alzheimer's disease and vascular cognitive impairment with dementia.

Underlying Conditions	
Alzheimer's disease	Frontotemporal degeneration
Lewy body disease	Vascular disease
Traumatic brain injury	Substance/medication use
HIV infection	Prion disease
Parkinson's disease	Huntington's disease
...or it can be an unknown etiology	

Differential Diagnosis

It's important to separate dementia from any other clinical condition that could be causing a reversible decline in cognition. Be sure your patient doesn't have delirium or depression, two of the most common conditions that can present as mimicking dementia.

- Unless the patient has advanced dementia, an inattentive patient can indicate delirium rather than dementia. This can occur from toxicity to medication, substance use or acute exacerbation of chronic conditions such as diabetes, chronic bronchitis, emphysema, infections, CKD, liver disorders, heart failure and even moderate consumption of alcohol.
- Unlike dementia patients, older patients with depression tend to exaggerate their memory loss and retain key current events and personal matters. Furthermore, their cognitive disturbance is resolved with treatment of depression.
- Be sure to rule out conditions appropriately such as B12 deficiency, hypothyroidism, normal-pressure hydrocephalus and subdural hematoma as a cause of cognitive issues.ⁱⁱ

Documentation Requirements

- Document the etiology of mild or major neurocognitive disorders, if known.
- Capture any conditions you addressed in a visit that are exacerbating dementia symptoms such as acute infections, diabetes and heart conditions.
- Stage dementia as mild, moderate or severe, when appropriate.

Documentation examples

Mild Neurocognitive Disorder

HPI: Patient is a 47-year-old male who comes in today with concerns about memory and forgetfulness. He has a history of a TBI about 6 months ago for which he was hospitalized and in rehab. He's been released from physical therapy and recovered well but has noticed that he can have trouble finding the word he needs when speaking, is more forgetful than he used to be, misplaces things around the house and can't remember where he left his keys or reading glasses. He's concerned this may be due to his injury.

PE: Vitals: Normal; PE: WNL, A&O x 4; ROS: Negative

A: **S06.2XAS Diffuse traumatic brain injury with loss of consciousness status unknown, sequela**
F06.70 Mild neurocognitive disorder due to known physiological condition without behavioral disturbance

P: Patient has no issues with ADLs/iADLS, is managing his finances well and mini mental status exam is normal. His wife has noticed word finding problems, but no one at work has said anything to him and he performs there as he used to before the accident. Advised patient that this is a side effect of his injury but nothing to be concerned about at this time. If symptoms worsen, he is to return to clinic; otherwise, see him in six months.

Alzheimer's Dementia

HPI: Patient is a 78-year-old female who comes in today for a refill of her dementia medication. Her husband is her main caregiver, but they have home health come in 3 times/week for help. He says that she's starting to have trouble recognizing their grandchildren and her home health aides, but isn't aggressive with anyone.

PE: Vitals: Normal; PE: WNL, A&O x 2, unable to tell me the date, time or why she is at the office; ROS: Negative

A: **G30.9 Alzheimer's disease, unspecified**
F02.B0 Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety

P: Refilled donepezil 10 mg taking 1 nightly. Refills sent to pharmacy. Husband states she has been tolerating the medication well and he notices she's more engaged with him in activities when she takes it. Urged husband to call if symptoms worsen or if he needs more supportive care. Will see patient back in 3 months for her annual wellness visit.

ⁱ [Alzheimer's Facts and Figures Report | Alzheimer's Association](#)

ⁱⁱ [Dementia - Neurologic Disorders - Merck Manual Professional Edition \(merckmanuals.com\)](#)