

MAJOR NEUROCOGNITIVE DISORDER (MND): NON-REVERSIBLE FORM

Provider's guide to diagnose and code Non-Reversible MND

Important change

DSM-5 (2013) manual has renamed the term of dementia to MND; which expands the diagnostic criteria to include:

- › Memory impairment
- › Social cognitive dysfunction
- › Complex attention derangement

MND goes beyond dementia to include dysfunction in the following forms:

- › **Aphasia** – Inability to comprehend and express language
- › **Apraxia** – Inability to execute purposeful movements
- › **Agnosia** – Inability to recognize or process sensory information
- › **Executive function** – Inability to connect past experience with present action

Mild cognitive impairment

Mild cognitive impairment (MCI) is classified as between normal cognition and MND and is often an early form of MND. Patients may exhibit:

- › Intact activities of daily living
- › Preserved cognitive function
- › Objective memory dysfunction may be noted by family or friends such as:
 - Inability to remember age, education or historical background

Patients who express signs of aphasia, apraxia, agnosia, and

executive function disturbances are no longer classified as MCI, but diagnosed as MND.

Alzheimer's disease (AD) is the most common form of MND. According to the Centers for Disease Control (2013):

- › The risk of getting AD doubles every 5 years after the age of 65
- › 25 to 50 percent of people exhibit some signs of AD after age 85
- › AD is the sixth leading cause of death in the U.S.

Non-Reversible MNDs

- › Alzheimer's disease (50-80% incidence)
 - Diffuse cerebral cortical atrophy resulting in progressive mental and physical decline
 - Etiology is unknown
 - Common symptoms include change in mood, social withdrawal, confusion
- › Vascular dementia (10-20% incidence)
 - Caused by atherosclerotic plaques, which result in ischemic and/or infarcted cerebral tissue
 - Common symptoms are confusion, unsteady gait, and urinary incontinence
- › Lewy-body dementia (5-10% incidence)
 - Caused by deposition of alpha-synuclein deposits in the outer cortex and mid-brain
 - These proteins are found in Parkinson's disease
 - Falls/syncope and hallucinations are characteristic symptoms



Non-Reversible MNDs (continued)

- Fronto-temporal dementia, previously known as Pick's complex (12-25% incidence)
 - Focal asymmetric degeneration of the frontal and/or temporal regions of the brain
 - Manifests as progressive aphasia
 - Patients may exhibit extrapyramidal symptoms

Treatments for non-reversible MNDs seek to address the neurotransmission chemical pathology with:

- Medications which decrease but do not eliminate the progression of MND
- Wellness promoting activities such as:
 - Exercise
 - Healthy diet
 - Active social engagement
 - Intellectual participation

ICD-10-CM codes to support a more precise diagnosis

2015 ICD 10 CM		
ICD-10-CM Code	ICD 10 CM Description	Definition/tips
G30.0	Alzheimer's disease w/early onset	Use additional code to identify:
G30.1	Alzheimer's disease w/late onset	➤ Delirium, if applicable (F05)
G30.8	Other Alzheimer's disease	➤ Dementia with behavioral disturbance (F02.81)
G30.9	Alzheimer's disease, unspecified	➤ Dementia without behavioral disturbance (F02.80)
G31.01	Pick's Disease <i>Primary progressive aphasia</i> <i>Progressive isolated aphasia</i>	Use additional code to identify:
G31.09	Other Frontotemporal dementia <i>Frontal Dementia</i>	➤ Dementia with behavioral disturbance (F02.81)
G31.83	Dementia with Lewy bodies <i>Dementia with Parkinsonism</i> <i>Lewy body disease</i> <i>Lewy body dementia</i>	➤ Dementia without behavioral disturbance (F02.80)
F01.50	Vascular dementia without behavioral disturbance	➤ Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease (includes arteriosclerotic dementia)
F01.51	Vascular dementia with behavioral disturbance	➤ Code first the underlying physiological condition or sequelae of cerebrovascular disease

References

- CDC. (October, 2013). Dementia/Alzheimer's disease <http://www.cdc.gov/mentalhealth/basics/mental-illness/dementia.htm>
- McDade, E. M. and Petersen, R. C. Mild cognitive impairment: Epidemiology, pathology, and clinical assessment. In: UpToDate, DeKosky, S. T. (Ed), UpToDate, Waltham, MA. Accessed on 11/20/2014, <http://www.uptodate.com/contents/mild-cognitive-impairment-epidemiology-pathology-and-clinical-assessment?source=searchresultandsearch=mild+cognitive+impairmentandselectedTitle=1-94>
- Randolph, C. Frontotemporal dementia: clinical features and diagnosis. In UpToDate, DeKosky, S. T. (Ed), UpToDate, Waltham, MA. Accessed on 11/20/2014, <http://www.uptodate.com/contents/frontotemporal-dementia-clinical-features-and-diagnosis?source=searchresultandsearch=Frontotemporal+dementia%3A+Clinical+features+and+diagnosisandselectedTitle=1-150>
- Shadlen, M. and Larson, E. Evaluation of cognitive impairment and dementia. In UpToDate, DeKosky, S. T. (Ed), UpToDate, Waltham, MA. Accessed on 11/20/2014, http://www.uptodate.com/contents/evaluation-of-cognitive-impairment-and-dementia?source=search_resultandsearch=dementiaandselectedTitle=1-150

Documentation

In addition to the objective examination it is important to document behavioral disturbances such as:

- Sleep disturbance
- Agitation
- Delusion
- Aggression
- Hallucination
- Wandering

It is important to:

- Include findings that support a diagnosis of MND
- Ensure that a treatment plan and follow-up are included
- Confirm a face to face encounter is signed and dated by a credentialed provider
- Include specific ICD-10 code with written description

Evaluation

It is important to interview the patient along with an informant. Clinician should ask about deficits with:

- Judgment
- Language
- Learning elementary tasks
- Memory problems
 - Appointments
 - Days of week
- Reduced activity interest
- Handling finances
- Specific or current year

Examination

An objective examination needs to include the results of neurocognitive testing such as:

- **Mini-Mental State Exam:** http://ncemi.org/shared/etools_c/etools_c.pl
- **Mini-Cog:** http://www.alz.org/documents_custom/minicog.pdf
- **PHQ-9:** http://www.phqscreeners.com/pdfs/O2_PHQ-9/English.pdf