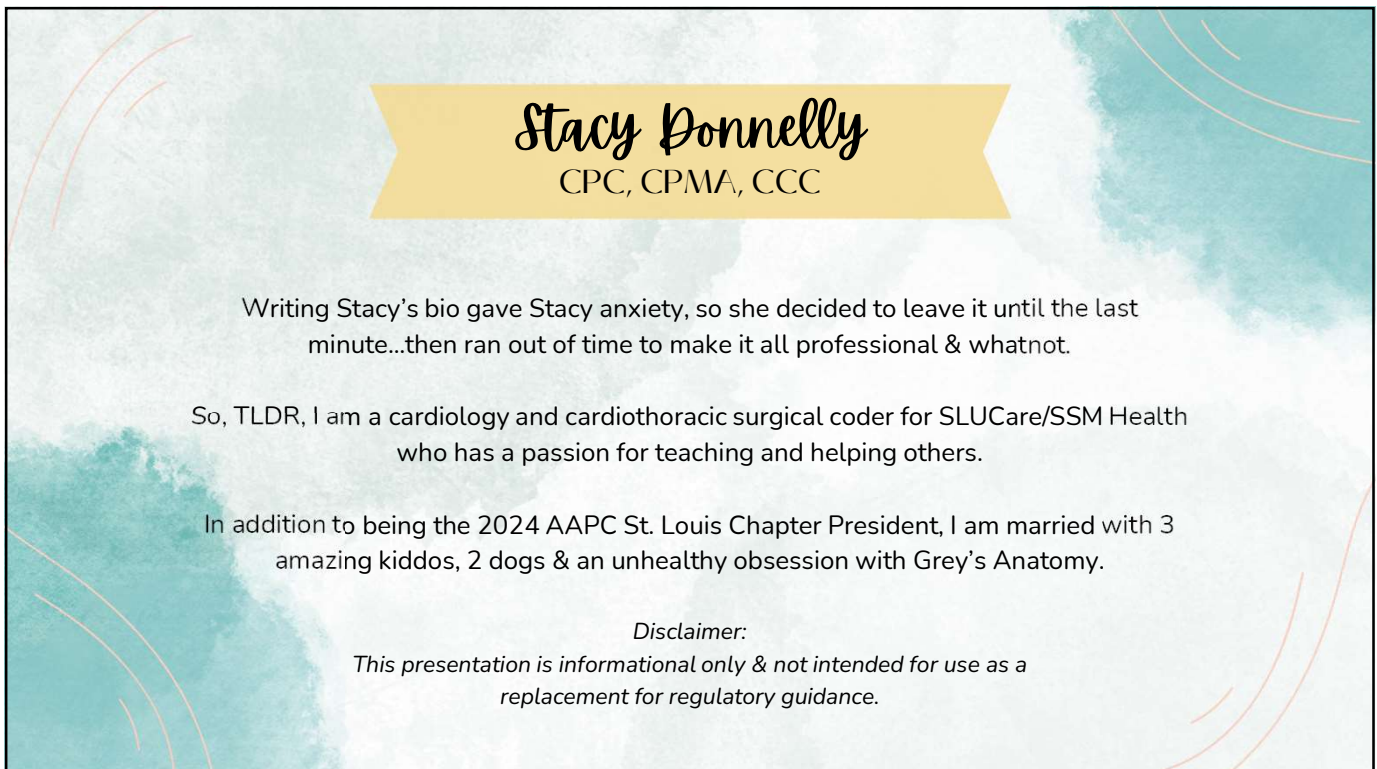


1



2

What is a Chronic Condition?

Broadly speaking, a chronic condition is one that develops gradually and worsens over an extended period of time.

They can usually be controlled but not cured.

3

Acute vs. Chronic

ACUTE CONDITIONS - severe and sudden in onset

- Broken bone
- Asthma attack
- Acute myocardial infarction

CHRONIC CONDITIONS - a long-developing syndrome

- Osteoporosis
- Asthma
- Heart disease

Chronic conditions can be the cause of acute conditions.

4

Determining Duration



At the end of the day, whether a condition is defined as acute or chronic comes down to your provider's judgment.

If your provider's documentation lists acute or chronic, then that is how you will determine your code assignment.

5

ICD-10-CM

While the ICD-10-CM Official Guidelines don't provide a timeframe for what constitutes a chronic condition nor specifically break down the difference between acute and chronic conditions, Section I.B.8, "Acute and Chronic Conditions," does specify how to sequence conditions that are described as both acute (subacute) and chronic.

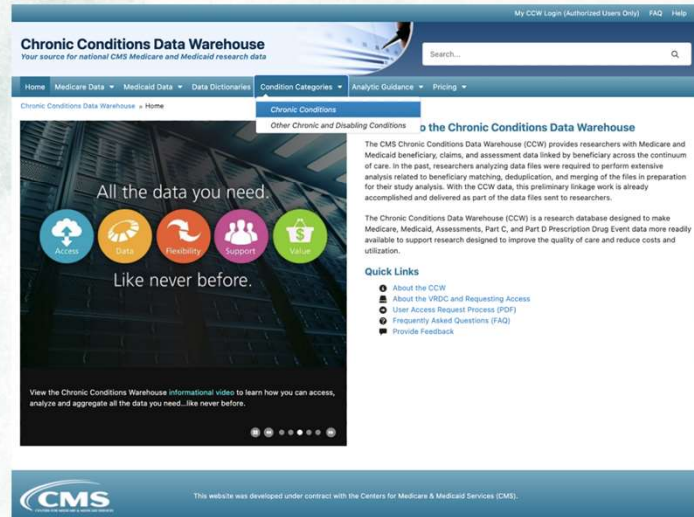
In situations where the same condition is described as both acute and chronic, and there are different codes in the Alphabetic Index with the same indentation level, you'll assign both codes with the acute code sequenced first.

6

Medicare CCPW

The Chronic Conditions Data Warehouse (CCW) is a research database that provides statistics on chronic conditions Medicare tracks.

Specific criteria is used to identify when each condition becomes chronic, including severity & certain dx tests.



7

30 Medicare Chronic Conditions

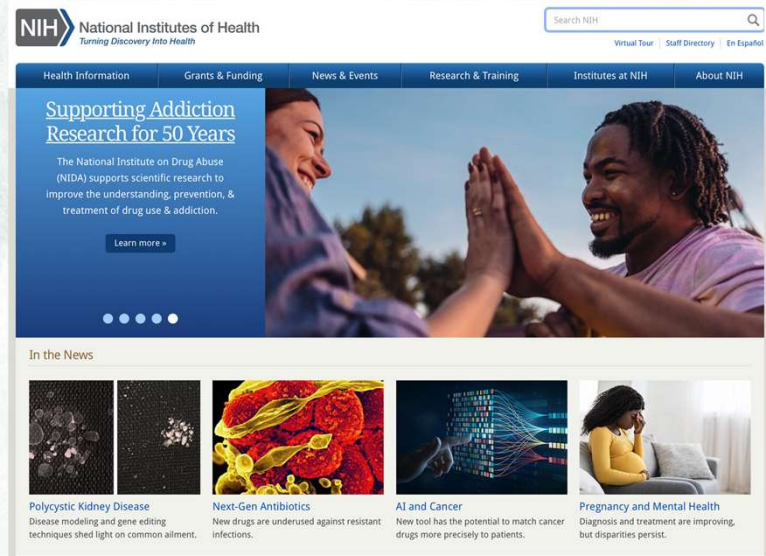
- ★ Acute Myocardial Infarction
- ★ Alzheimer's Disease
- ★ Anemia
- ★ Asthma
- ★ Atrial Fibrillation/Flutter
- ★ Benign Prostatic Hyperplasia
- ★ Cancer, Breast
- ★ Cancer, Colorectal
- ★ Cancer, Endometrial
- ★ Cancer, Lung
- ★ Cancer, Prostate
- ★ Cancer, Urologic
- ★ Cataract
- ★ Chronic Kidney Disease
- ★ COPD
- ★ Depression/Bipolar
- ★ Diabetes Mellitus
- ★ Glaucoma
- ★ Heart Failure/Non-Ischemic Disease
- ★ Hip Fracture
- ★ Hyperlipidemia
- ★ Hypertension
- ★ Hypothyroidism
- ★ Ischemic Heart Disease
- ★ Non-Alzheimer's Dementia
- ★ Osteoporosis
- ★ Parkinsons
- ★ Pneumonia
- ★ Rheumatoid/ Osteoarthritis
- ★ Stroke/TIA

8

NIH

The National Institute of Health (NIH) is also a good resource for determining if a condition is considered chronic.

They maintain information on many conditions with easy access to disease pathophysiology, testing, risk & treatment protocol.



9

Other Common Conditions

- ✿ Autism Spectrum Disorders
- ✿ Hepatitis (Chronic Viral A/B)
- ✿ HIV/AIDS
- ✿ Schizophrenia & Other Psychotic Disorders
- ✿ Substance Abuse Disorders
- ✿ Chronic Pain Syndromes
- ✿ Epilepsy
- ✿ Morbid Obesity
- ✿ ...and more

10

Impact of CC

Chronic conditions are the leading causes of death and disability in the United States, accounting for 70% of all deaths.

90% of the nation's \$4.1 trillion in annual health care expenditures are for people with chronic and mental health conditions

Six in ten adults in the US have a chronic disease. Four in ten adults have two or more.

11

Risk Factors

MODIFIABLE

NON-MODIFIABLE

UNDERLYING

12

Modifiable Risk Factors

POOR
NUTRITION

TOBACCO
USE OR
EXPOSURE

EXCESSIVE
ALCOHOL
USE

PHYSICAL
INACTIVITY

13

Non-Modifiable Risk Factors

AGE

GENETIC
DISPOSITION

14



15



16

Hypertension

- Hypertension increases the workload on the heart inducing structural and functional changes in the myocardium.
- Hypertensive heart disease refers to a constellation of changes in the left ventricle, left atrium, and coronary arteries as a result of chronic blood pressure elevation.
- High blood pressure makes men twice as likely and women three times more likely to get heart failure.

17

Categories

I10
ESSENTIAL

I11
HYPERTENSIVE

I12
CKD

I13
HYPERTENSIVE +
CKD

I15
SECONDARY

I1A.0
RESISTANT

The terms “malignant,” “benign,” or “unspecified” no longer require a different code assignment and are included in the essential (primary) hypertension category (I10)

Excluded Codes:

- Elevated blood pressure without a diagnosis of hypertension - R03.0
- Neonatal HTN - P29.2
- Obstetric HTN - O10-O11, O13-O16

18

Categories

I10
ESSENTIAL

I11
HYPERTENSIVE

I12
CKD

I13
HYPERTENSIVE

I15
SECONDARY

I1A.0
RESISTANT

- Elevated arterial blood pressure that occurs without an apparent organic cause.
- Key Terms:
 - high blood pressure
 - benign/malignant
 - essential
 - controlled/uncontrolled
 - HTN/HBP
 - primary

19

Categories

I10
ESSENTIAL

I11
HYPERTENSIVE

I12
CKD

I13
HYPERTENSIVE

I15
SECONDARY

I1A.0
RESISTANT

- Hypertensive Heart Disease
- Causal relationship with codes
 - i50.0-
 - i51.4-i51.7
 - i51.89
 - i51.9
- Do not use with i25.- codes
- When heart failure is present, use an additional code from i50.-
- Key Terms:
 - hypertensive cardiovascular disease
 - hypertensive heart disease
 - hypertensive heart failure

20

Categories

I10
ESSENTIAL

I11
HYPERTENSIVE

**I12
CKD**

I13
HYPERTENSIVE
CKD

I15
SECONDARY

I10.
RESISTANT

- Documentation indicates that both hypertension and a condition classifiable to category N18 Chronic kidney disease (CKD), are present.
- A cause-and-effect relationship is presumed
- Use additional code for CKD stage (N18.-)
- When documentation states the hypertension is due to kidney disease, the hypertension is considered secondary (i15)
- Key Terms (Hypertension and...)
 - arteriosclerosis of kidney
 - CKD
 - chronic nephritis
 - hypertensive renal disease

21

Categories

I10
ESSENTIAL

I11
HYPERTENSIVE

I12
CKD

**I13
HYPERTENSIVE +
CKD**

I15
SECONDARY

I10.
RESISTANT

- Both hypertensive kidney disease and hypertensive heart disease are present
- Assumed relationship between HTN and CKD (i11 + i12)
- Use additional codes for CKD stage (N18.-) and HF type (i50.-)
- Codes dependent on CKD stage
- Key Terms:
 - hypertensive chronic heart and kidney disease
 - cardiorenal disease
 - hypertensive nephropathy & hypertensive heart disease

22

Categories

I10
ESSENTIAL

I11
HYPERTENSIVE

I12
CKD

I13
HYPERTENSIVE
CKD

**I15
SECONDARY**

I1A.0
RESISTANT

- Secondary hypertension is hypertension that is due to an underlying condition
- Two codes are required: one to identify the underlying etiology and one from category I15 to identify the hypertension. Sequencing is determined by the reason for admission/encounter.
- Excludes postprocedural HTN (i97.3)
- Key Terms:
 - Hypertension due to _____
 - Renovascular hypertension
 - Secondary htn [condition causing HTN]

23

Categories

I10
ESSENTIAL

I11
HYPERTENSIVE

I12
CKD

I13
HYPERTENSIVE
CKD

I15
SECONDARY

**I1A.0
RESISTANT**

- Occurs when hypertension persists even with concurrent use of three or more antihypertensive drugs from different pharmacologic classes, including a diuretic.
- Requires 2 codes: Code first the specific type of HTN (ex: i10 or i15.-)
- Causes of RH are usually secondary
- Key Terms:
 - Apparent treatment resistant hypertension (aTRH)
 - Treatment resistant hypertension
 - True resistant hypertension

24

Tobacco Use

For all codes in the i10-i1A range:

Use additional code to identify:

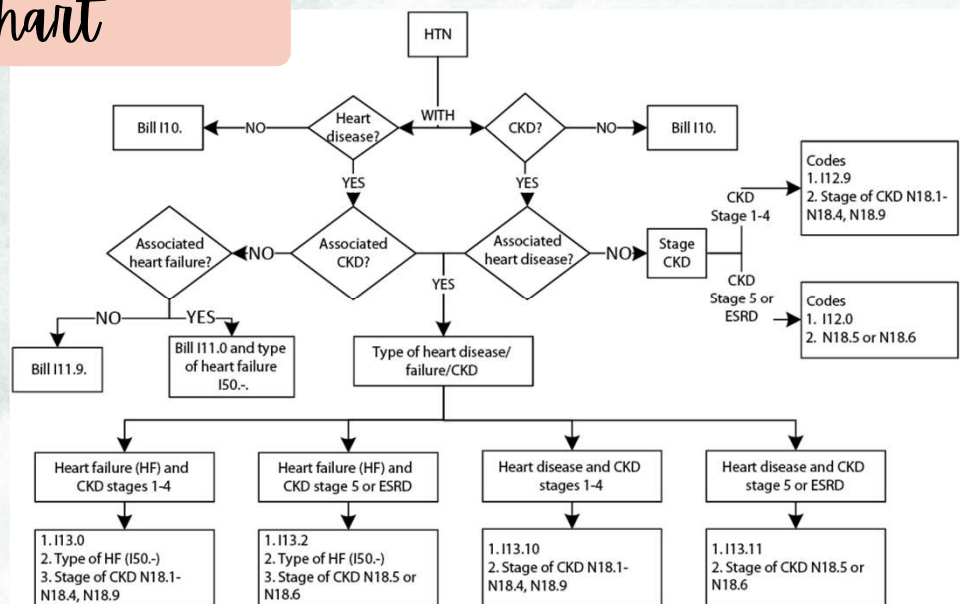
exposure to environmental tobacco smoke (Z77.22)
 history of tobacco dependence (Z87.891)
 occupational exposure to environmental tobacco smoke (Z57.31)
 tobacco dependence (F17.-)
 tobacco use (Z72.0)

25

A Nifty Chart

Don't forget codes for:

- Tobacco Use
- CKD Stage
- HF Type
- Dialysis (z99.2)
- Diabetes in CKD
- Any acute renal failure (N17.-)



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Chronic Kidney Disease

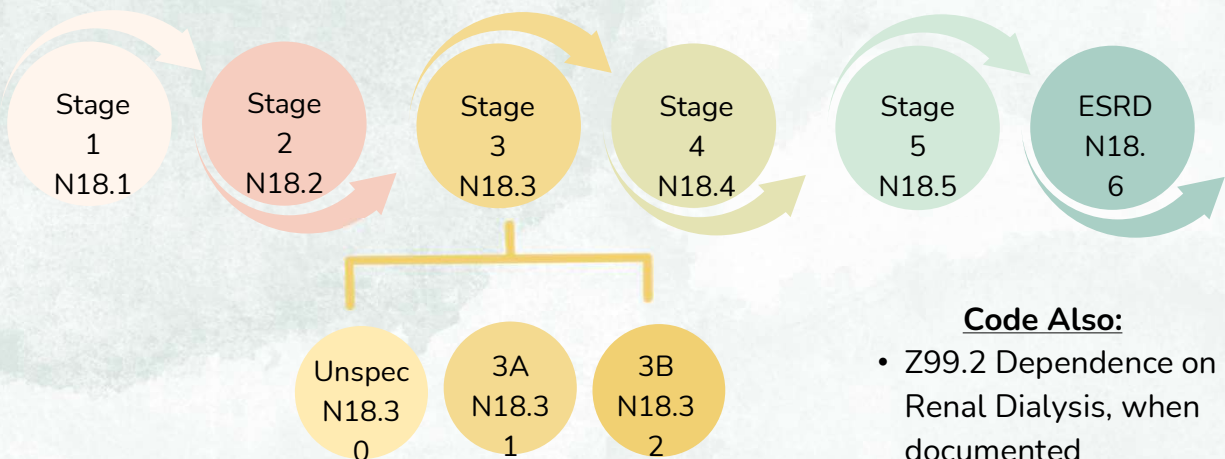
Chronic kidney disease (CKD) is the gradual loss of kidney function.

The function of your kidney is to filter waste and excess fluids from your blood and excrete into the urine. In patients with CKD, the waste and excess fluids can build up in the body.



27

Stages of CKD



Code Also:

- Z99.2 Dependence on Renal Dialysis, when documented
- Z94.0 Hx of Kidney Transplant

28

End Stage Renal Disease

ESRD - N18.6

- 1) ESRD
- OR
- 2) Stage 5 CKD Requiring Chronic Dialysis



When both ESRD and CKD 5 are documented, code only for ESRD.

29

CKD & Hypertension

CKD + HTN

- Stages 1-4**
- 1) i12.9
 - 2) N18.1-N18.4, N18.9
- Stage 5 or ESRD**
- 1) i12.0
 - 2) N18.5-N18.6

CKD + HTHD

- Stages 1-4**
- 1) i13.10
 - 2) N18.1-N18.4, N18.9
- Stage 5 or ESRD**
- 1) i13.11
 - 2) N18.5-N18.6

CKD + HTHD + HF

- Stages 1-4**
- 1) i13.0
 - 2) i50.0- HF
 - 3) N18.1-N18.4, N18.9
- Stage 5 or ESRD**
- 1) i13.2
 - 2) i50.0- HF
 - 3) N18.5-N18.6

When Necessary:

N17.- AKI | Tobacco Use | Z99.2 Dialysis | Z94.0 Transplant | E10.22/E11.22

30

CKD & Transplants

Patients who have undergone kidney transplant may still have some form of chronic kidney disease (CKD) because the kidney transplant may not fully restore kidney function.

The presence of CKD alone does not constitute a transplant complication.

CKD + TRANSPLANT

- 1) CKD Stage (N18.-)
- 2) Kidney Transplant Status
(Z94.0)

TRANSPLANT COMPLICATIONS

- 1) Complication (T86.1)
- 2) Code Describing Complication (ex. PTLD D47.Z1)

If the documentation is unclear as to whether the patient has a complication of the transplant, query the provider.

SOURCES: ICD 10 CM: I.C.14.a.2 &
IC.19.g

31

CKD & Diabetes

Diabetes is the number 1 cause of

CKD + DIABETES

- 1) Diabetes in CKD:
DM1 - E10.22
DM2 - E11.22
- 2) CKD Stage (N18.-)
When Needed:
- 3) Dialysis Status (Z99.2)
- 4) Kidney Transplant Status
(Z94.0)

- Do not report N18.9 with E10.22 or E11.22 -

When coding DM with CKD of unspecified stage, there is an instructional note in the ICD-10-CM Index stating "Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)." As N18.9 is not included in this range of codes and provides no further specificity, only E10.22 or E11.22 would be needed for DM with CKD of unspecified stage.

32

Diabetes Mellitus

One of the most important endocrine organs is the pancreas, which secretes insulin and regulates glucose levels within the body.

Diabetes mellitus describes conditions in which the body:

- does not produce any insulin at all (Type 1) or
- is unable to synthesize the insulin produced (Type 2)



33

Categories



**Clinical documentation should include the type of diabetes.
When a type is not listed, coders must default to Type 2**

34

Categories

E08

Due to an
Underlying
Condition

- Due to an underlying condition other than genetics or environmental conditions
- Never reported alone or as first listed
- Underlying cause code should be reported first, i.e.,:
 - Congenital rubella (P35.0)
 - Cystic Fibrosis (E84.-)
- Use an additional codes, if used:
 - insulin (Z79.4)
 - oral antidiabetic/hypoglycemic drugs (Z79.84)
- Excludes 1:
 - E09.-, E10.-, E11.-,E13.-
 - Gestational diabetes (O24.4-)
 - Neonatal DM (P70.2-)

35

Categories

E09

Drug or
Chemical
Induced

- Due to drug or chemical ingestion.
- If due to poisoning, sequence the code for the poisoning first (T36-T65)
- If due to adverse reaction, use additional code to identify the drug (T36-T50)
- Use an additional codes, if used:
 - insulin (Z79.4)
 - oral antidiabetic/hypoglycemic drugs (Z79.84)
- Excludes 1:
 - E08.-, E10.-, E11.-,E13.-
 - Gestational diabetes (O24.4-)
 - Neonatal DM (P70.2-)

36

Categories

E10

Type
1

- Due to an autoimmune destruction of insulin-producing beta cells in the pancreas leading to little or no insulin production
- Includes:
 - Brittle Diabetes
 - Diabetes due to an autoimmune process (including LADA)
 - Idiopathic diabetes
 - Juvenile onset diabetes
- Excludes 1:
 - E08.-, E09.-, E11.-, E13.-
 - Gestational diabetes (O24.4-)
 - Neonatal DM (P70.2-)
 - Hyperglycemia NOS (R73.9)

37

Categories

E11

Type
2

- A metabolic disorder that involves high blood glucose in the context of insulin resistance and relative insulin deficiency
- Insulin produced in the pancreas is either in small quantities or the body is resistant to it
- Use an additional codes, if used:
 - insulin (Z79.4)
 - oral antidiabetic/hypoglycemic drugs (Z79.84)
 - Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter
- Excludes 1:
 - E08.-, E09.-, E10.-, E13.-
 - Gestational diabetes (O24.4-)
 - Neonatal DM (P70.2-)

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Categories

E13

Other

- Includes other types of diabetes caused by various other mechanisms
 - Genetic defects in insulin action
 - Genetic defects of beta-cell function
 - Post-pancreatectomy diabetes
 - Secondary diabetes NEC
- Use an additional codes, if used:
 - insulin (Z79.4)
 - oral antidiabetic/hypoglycemic drugs (Z79.84)
- Excludes 1:
 - E08.-, E09.-, E10.-
 - Gestational diabetes (O24.4-)
 - Neonatal DM (P70.2-)
- The ICD-10-CM official coding guidelines state that when documentation indicates postpancreatectomy diabetes mellitus (i.e., lack of insulin due to the surgical removal of all or part of the pancreas), code E89.1 Postprocedural hypoinsulinemia should be reported. Report a code from subcategory Z90.41 Acquired absence of pancreas, and a code from category E13 as additional codes

39

Complications

Hyperosmolarity (E--.0-)

- without coma
- with coma

Ketoacidosis (E--.1-)

- without coma
- with coma

Kidney Complications (E--.2-)

- diabetic nephropathy
- diabetic CKD
- other diabetic kidney comp

Ophthalmic (E--.3-)

- nonproliferative diabetic retinopathy
 - mild, moderate, severe
 - with or without macular edema
- proliferative diabetic retinopathy
 - with or without macular edema
 - traction retinal detachment
- diabetic cataract
- diabetic macular edema, resolved

Neurologic (E--.4-)

- neuropathy
- mononeuropathy
- polyneuropathy
- amyotrophy

Circulatory (E--.5-)

- peripheral angiopathy
 - with or without gangrene

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Complications

Other Specified Complications (E--.6-)

- arthropathy
- skin complications
 - dermatitis
 - foot ulcer
 - skin ulcer
 - other
- oral complications
 - periodontal disease
- hypoglycemia
 - with or without coma
- hyperglycemia

Unspecified (E--.8)

Without Complications(E--.8)

Assign as many codes from categories E08 – E13 as needed to identify all the associated conditions/complications that the patient has related to their diabetes

41

Uncontrolled Diabetes

- **Borderline Diabetes** - R73.03
- CDI rules indicate that **“out of control,” “inadequately controlled,” or “poorly controlled”** is reported as the specified type of diabetes with hyperglycemia.
- When another diabetic complication is present and the diabetes is stated as poorly controlled, etc., both complications are reported.
 - The exception is diabetes with ketoacidosis: report only the code for diabetes with ketoacidosis as it is inherently uncontrolled.
- There is no default code for diabetes mellitus documented only as **“uncontrolled”**
 - Diabetes described as “uncontrolled” can mean either with hyperglycemia or with hypoglycemia, per the ICD-10-CM index.
 - Clarification from the provider will be required if only this descriptive term is used without further specificity as to whether the patient’s blood sugars are too high (hyperglycemia) or too low (hypoglycemia).

42

Heart Failure

Heart failure, also known as congestive heart failure, is a condition that develops when your heart doesn't pump enough blood for your body's needs.

When this happens, blood often backs up and fluid can build up in the lungs, causing shortness of breath.

More than 6 million people in the United States have congestive heart failure. It's the leading cause of hospitalization in people older than 65.

43

Clinical Documentation

Type

- left ventricular
- systolic (reduced ejection fraction, rEF)
- diastolic (preserved ejection fraction, pEF)
- combined systolic and diastolic
- other
- unspecified

Acuity

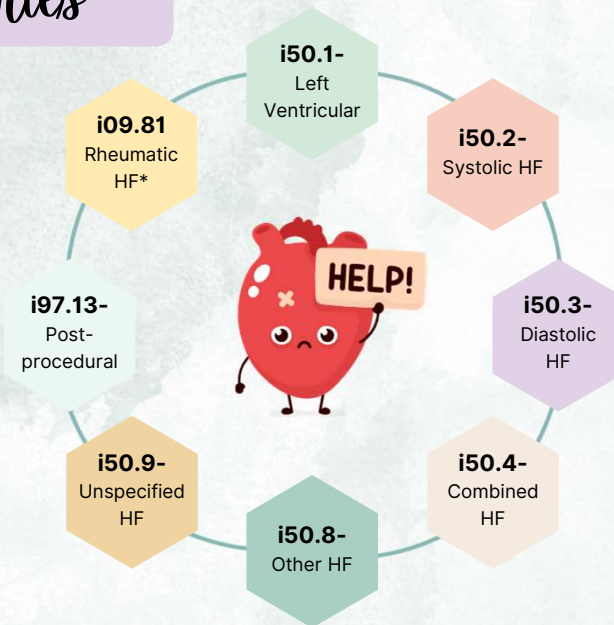
- acute
- chronic
- acute on chronic

Also document

- associated hypertension
- associated renal disease
- congestive
- neonatal

44

Coding Categories



*Provider must document heart failure as rheumatic for i09.81

45

Acute vs Chronic

- “Exacerbation” of congestive heart failure indicates an acute flare-up of the condition.
- If the patient also carries a chronic CHF diagnosis, classify the case to one of the “acute on chronic” CHF codes.*
- Documented “history” of heart failure should be reported as “chronic”.*

*Coding Clinic for ICD-10-CM, second quarter 2013, page 33.

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Systolic vs Diastolic Heart Failure

SYSTOLIC

- Systolic heart failure occurs when the left ventricle no longer has the ability to contract hard enough to push the blood into circulation
- HFrEF (reduced ejection fraction)
- HFmrEF (mid-range/mildly reduced)*

DIASTOLIC

- Diastolic heart failure occurs when the left ventricle does not relax; therefore, the chamber does not fill with blood appropriately.
- HFpEF (preserved ejection fraction)
- Heart failure with RECOVERED EF*

*AHA Coding Clinic for ICD-10-CM, third quarter 2020, page 32

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Other Heart Failure

- **RIGHT HEART FAILURE - I50.81**
 - includes right heart failure due to left heart failure
 - code also the type of left ventricular failure, if known (I50.2–I50.43)
- **BIVENTRICULAR FAILURE**
 - DIFFERENT disease causing heart failure in each ventricle - I50.82
 - code also the type of left ventricular failure, if known (I50.2–I50.43).
 - SAME disease causing HF with right ventricular failure secondary to left ventricular failure - I50.814 (see Right Heart Failure above)
- **HIGH OUTPUT HEART FAILURE - I50.83**
- **END-STAGE HEART FAILURE - I50.84**
 - code also type of heart failure as systolic or diastolic, if known

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Heart Failure, Hypertension & CKD

HF + HTN

- 1) i11.0
- 2) i50.-

CKD + HTHD + HF

Stages 1-4

- 1) i13.0
- 2) i50.0- HF
- 3) N18.1-N18.4, N18.9

Stage 5 or ESRD

- 1) i13.2
- 2) i50.0- HF
- 3) N18.5-N18.6

When Necessary:

N17.- AKI | Tobacco Use | Z99.2 Dialysis | Z94.0 Transplant | E10.22/E11.22

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Ischemic Heart Disease

Chronic ischemic heart disease (i25.-) includes:

- coronary atherosclerosis (CAD)
 - with or without angina pectoris
- old myocardial infarction
- aneurysm of the heart
- coronary artery dissection
- chronic coronary insufficiency
- myocardial ischemia

Use additional code to identify:

- chronic total occlusion of coronary artery (I25.82)
- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco dependence (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

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Coronary Atherosclerosis

CAD & Angina (I25.10-I25.119)

- ICD-10-CM codes combine the clinical concepts of coronary atherosclerosis and several different forms of angina.
- A cause-and-effect relationship may be assumed when a patient has both coronary atherosclerosis and angina unless the documentation indicates the angina is due to something other than the atherosclerosis.
- An additional code for the angina is not necessary.
- Use additional code to identify:
 - coronary atherosclerosis due to calcified coronary lesion (I25.84)
 - coronary atherosclerosis due to lipid rich plaque (I25.83)

51

Atherosclerosis of CABG

i25.7- Atherosclerosis of Coronary Artery Bypass Graft (CABG)

- i25.70-: Unspecified with Angina
- i25.71-: Autologous Vein with Angina
- i25.72-: Autologous Artery with Angina
- i25.73-: Non-Autologous Biological with Angina
- i25.75-: Native Coronary Artery of Transplanted Heart with Angina
- i25.76-: Bypass Graft of Transplanted Heart with Angina
- i25.79-: Other Coronary Artery with Angina
- i25.81-: Other Coronary Vessels without Angina
 - Use additional codes i25.83-i25.84

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Other Forms of Chronic Ischemia

I25.82 - Chronic Total Occlusion of a Coronary Artery

- Excludes1 i21.0-i21.B, i22.-
- Code first coronary atherosclerosis (i25.1-, i25.7-, i25.81-)

I25.83 - Coronary Atherosclerosis due to lipid rich plaque

- Code first coronary atherosclerosis (i25.1-, i25.7-, i25.81-)

I25.84 - Coronary atherosclerosis due to calcified coronary lesion

- Code first coronary atherosclerosis (i25.1-, i25.7-, i25.81-)

I25.85 - Chronic coronary microvascular dysfunction

I25.9 - Chronic ischemic heart disease, unspecified

53

Old Myocardial Infarction

I25.2

When a myocardial infarction is found on ECG and the physician discusses its clinical significance and the patient is having no symptoms, code I25.2 Old myocardial infarction, is reported. This type of infarction is more prevalent in the elderly, diabetics, and heart transplant recipients

- Includes:
 - Healed myocardial infarction
 - Past myocardial infarction diagnosed by ECG or other investigation, but currently presenting no symptoms

54

Aneurysm of the Heart

i25.3 - Heart Aneurysm

- Includes:
 - Mural aneurysm
 - Ventricular aneurysm

i25.41 - Coronary Artery Aneurysm

- Includes:
 - Coronary arteriovenous fistula, acquired
- Excludes 1 - congenital coronary (artery) aneurysm (Q24.5)

55

Alzheimer's vs. Dementia

Dementia

An umbrella term for many different diseases associated with memory loss that deteriorates over time.

ALZHEIMER'S DISEASE

The most common type

VASCULAR DEMENTIA

Second most common

OTHER FORMS

Lewy Bodies

Parkinson's

Fronto-temporal
Dementia

Creutzfeldt-Jakob
Disease

Wernicke-Korsakoff
Syndrome

Mixed
Dementia

56

Alzheimer's Disease

This is the most prevalent type of dementia, accounting for 60-80% of cases.

G30.0
Early Onset

G30.1
Late Onset

G30.8
Other

G30.9
Unspecified

EXCLUDES1:

- senile degeneration of brain NEC (G31.1)
- senile dementia NOS (F03)
- senility NOS (R41.81)

Use additional code, if needed:

- delirium, if applicable (F05)
- dementia with anxiety (F02.84, F02.A4, F02.B4, F02.C4)
- dementia with behavioral disturbance (F02.81-, F02.A1-, F02.B1-, F02.C1-)
- dementia with mood disturbance (F02.83, F02.A3, F02.B3, F02.C3)
- dementia with psychotic disturbance (F02.82, F02.A2, F02.B2, F02.C2)
- dementia without behavioral disturbance (F02.80, F02.A0, F02.B0, F02.C0)
- mild neurocognitive disorder due to known physiological condition (F06.7-)

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Non-Alzheimer's Dementia

Dementia Diagnosis Coding Tables for 2023

Vascular Dementia (F01.-)				
Symptoms	Severity			
	Unspecified	Mild	Moderate	Severe
Without any symptoms	F01.50	F01.A0	F01.B0	F01.C0
With agitation	F01.511	F01.A11	F01.B11	F01.C11
*With other behavioral disturbance	F01.518	F01.A18	F01.B18	F01.C18
With psychotic disturbance	F01.52	F01.A2	F01.B2	F01.C2
With mood disturbance	F01.53	F01.A3	F01.B3	F01.C3
With anxiety	F01.54	F01.A4	F01.B4	F01.C4
* Wandering Z91.83				

Dementia in Other Diseases Classified Elsewhere (F02.-)				
Symptoms	Severity			
	Unspecified	Mild	Moderate	Severe
Without any symptoms	F02.80	F02.A0	F02.B0	F02.C0
With agitation	F02.811	F02.A11	F02.B11	F02.C11
*With other behavioral disturbance	F02.818	F02.A18	F02.B18	F02.C18
With psychotic disturbance	F02.82	F02.A2	F02.B2	F02.C2
With mood disturbance	F02.83	F02.A3	F02.B3	F02.C3
With anxiety	F02.84	F02.A4	F02.B4	F02.C4
* Wandering Z91.83				

Unspecified Dementia (F03.-)				
Symptoms	Severity			
	Unspecified	Mild	Moderate	Severe
Without any symptoms	F03.90	F03.A0	F03.B0	F03.C0
With agitation	F03.911	F03.A11	F03.B11	F03.C11
*With other behavioral disturbance	F03.918	F03.A18	F03.B18	F03.C18
With psychotic disturbance	F03.92	F03.A2	F03.B2	F03.C2
With mood disturbance	F03.93	F03.A3	F03.B3	F03.C3
With anxiety	F03.94	F03.A4	F03.B4	F03.C4
* Wandering Z91.83				

ONE OF THE MOST PROBLEMATIC ASPECTS OF THESE DISEASES ARE THE SYMPTOMS OF AGITATION, ANXIETY, AND BEHAVIORAL, PSYCHOTIC, AND MOOD DISTURBANCES. THESE SYMPTOMS CHANGE OVER TIME WITH THE SEVERITY OF THE DISEASE.

Behavior examples per ICD-10-CM

- Agitation: restlessness, rocking, pacing, exit-seeking, profanity, shouting, threatening, anger, aggression, combativeness, or violence.
- Other behavioral disturbance: sleep disturbance, social disinhibition, or sexual disinhibition.
 - If documentation supports wandering (Z91.83), guidelines direct to also code the underlying disorder. In the case of vascular, other, or unspecified dementia, code the underlying disorder as "with other behavioral disturbance".
- Psychotic disturbance: hallucinations, paranoia, suspiciousness, or delusional state.
- Mood disturbance: depression, apathy, or anhedonia.
- Anxiety: as stated.

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SOURCE: AAPC.COM

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