ICD-9 Dementia Fact Sheet

First code the associated physical or associated neurological condition present when using the following dementia codes. These code ranges are NOT to be used as the principal diagnosis:

290.0 - 290.3 Dementias
293.0 – 293.9 Transient mental disorders/delirium
294.0 – 294.11 Dementia classified elsewhere

They may, however, be listed as secondary diagnosis

You may consider one of the following ICD-9 codes as primary:

331.0* – Alzheimer’s disease
331.82* – Dementia with Lewy bodies
331.82* – Dementia with Parkinsonism
331.19* – Frontal dementia
310.1 – senility with mental changes of nonpsychotic severity

*where applicable, also identify the dementia as:
with behavioral disturbance (294.11)
w/o behavioral disturbance (294.10)

Vascular Dementia
CR 8877 added 290.40-290.43 as invalid primary diagnosis codes for hospice. In addition to coding the underlying neurological condition, when coding vascular dementia, use an additional code to identify cerebral atherosclerosis: 437.0

Best practices when documenting for dementia would include some or all of the following:

- The type of Dementia; senile, presenile, vascular etc.
- What is the underlying neurological condition?
- Information regarding presence of delirium, delusions or depression.
- Are there any behavioral disturbances present (e.g., aggressive, violent or combative behavior)?

How to recognize a manifestation code when you see one....

Does the condition have an underlying etiology?

Does the note in the ICD-9 book state “code first”?

Is “in diseases classified elsewhere” in the code title?

If the answer to any of these is “yes,” the condition/code is probably a manifestation code.

“In diseases classified elsewhere” codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition

In these cases, code the etiology (the cause) first, followed by the manifestation.

Do NOT use the manifestation code as the principal diagnosis.

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1 This is not intended to be an all inclusive list of codes and exclusions. As in all coding matters, clinical documentation should drive code selection along with coding guidelines and conventions, and payer policies.