Updated 8/13/25
Resources: 1. ACDIS Outpatient 2023, 2. Up to Date

Dementia

Diagnosis Overview:

Dementia: (major neurocognitive disorder) A group of disorders characterized by a decline in cognition involving one or more cognitive domains: (1) learning and memory, (2) language, (3) executive function, (4) complex attention, (5) perceptual-motor, (6) social cognition. ***Deficits must represent a decline from the previous level of function and be severe enough to interfere with daily function and independence.***	**Mild neurocognitive disorder: (mild cognitive impairment (MCI))** An impairment in memory beyond what is considered normal age-related changes, yet not so severe that it is considered dementia. Symptoms do not significantly affect a patient's daily life and activities and typically do not cause personality changes or functional impairments. ***Distinguish between mild cognitive impairment and dementia in your documentation.***

Diagnosis Types | Classes:

Alzheimer's disease	Most common type – slowly destroys memory and thinking skills.
Vascular dementia	Caused by conditions that interrupt blood flow and oxygen supply to the brain, damaging cerebral blood vessels. Can occur alongside other forms of dementia.
Lewy body dementia	Associated with abnormal deposits of a protein called alpha-synuclein in the brain.
Frontotemporal dementia	Characterized by the breakdown of nerve cells and their connections in the frontal and temporal lobes of the brain.
Mixed dementia	A condition in which a person has more than one type of dementia.

Documentation Tips & Examples:

Document the *type/etiology* of dementia: Vascular (Specify the vascular etiology)	**Document the *severity* of dementia if known:** *Mild, Moderate or Severe*	**Document the *manifestations* of dementia if present:** *agitation, mood disturbance or anxiety*

Documentation Tip	Documentation Tip	Documentation Tip	Documentation Tip
Providers need to document the etiology and severity of dementia to capture the appropriate code	It is important to document if any part of the patent's history is provided by someone other than the patient, as well as when the patient is accompanied to the encounter by another person	It is important to document the presence of behavioral disorders and then link to the dementia.	There are many conditions that predate the development of dementia such as agitation, mood disturbance, anxiety. Though not HCC codes, they depict frailty and may remove the patient from HEDIS measures.

Documentation Examples	
Vascular Dementia	Dementia is stable. Continue with neurology for active management as well as continued medication management. Family support in place for patient.
Alzheimer's Dementia	Alzheimer's Disease controlled. Continue donepezil. Actively managed by neurology.

Pearls: Document treatments and care related to the condition to the highest level of specificity.

Risk Factors and Symptoms:

MoCA (Montreal Cognitive Assessment): Examines seven domains of cognitive function with a total of 11 different exercises and tasks

Interpretation	Score range
Normal cognition	26-30 points
Mild cognitive impairment	18-25 points
Moderate cognitive impairment	10-17 points
Severe cognitive impairment	Under 10 points