Cognitive-Function Screening

Dementia is a disease of advancing age, and one in eight older Americans has dementia due to Alzheimer’s disease.1 The lifetime risk of developing Alzheimer’s is 17.2% in women and 9.1% in men.1,2 Alzheimer’s dementia, which comprises 60-80% of all cases of dementia, is now the 6th leading cause of death.3

Risk factors for developing dementia include:
- Advanced age
- Female gender
- A family history of 1st-degree relatives with dementia
- Lower socioeconomic status
- Cardiovascular risk factors also are risk factors for dementia and are modifiable such as hypertension, hypercholesterolemia, type 2 diabetes, obesity, tobacco use and physical inactivity
- History of Mild Cognitive Impairment

Cognitive Testing

Detection of any Cognitive Impairment now is a requirement for reimbursement of the Initial Annual Wellness Visit (AWV) with Personalized Prevention Plan of Service (PPPS) (HCPCS code G0438) as well as the Subsequent AWV with PPPS (G0439).

Mild Cognitive Impairment

The diagnosis of Mild Cognitive Impairment (ICD-9-CM code 331.83) requires evidence of (1) a decline in memory and (2) a decline of at least one of the following cognitive abilities:
- Ability to generate coherent speech or understand spoken or written language
- Ability to recognize or identify objects, assuming intact sensory function
- Ability to execute motor activities, assuming intact motor abilities, sensory function and comprehension of required tasks
- Ability to think abstractly, make sound judgments and plan and carry out complex tasks4

Dementia

For dementia to be diagnosed, in addition to meeting the criteria for mild cognitive impairment, the cognitive deficits must be severe enough to interfere with daily life.2,3 Therefore, the primary care physician must screen the patient for abilities to perform activities of daily living, interview family members or caregivers and document these findings.

Documentation and Coding

Three factors to consider when documenting dementia include:
1. Type of dementia - there are many types listed under dementia in ICD-9-CM (Alzheimer’s, dementia with Lewy bodies, frontal, senile, vascular, etc.)
2. Document any associated conditions (history of stroke, neurological conditions, associated epilepsy, etc.)
3. Document any associated behavioral disturbance (aggressive, combative or violent behavior or wandering [V40.31]).

SIX ITEM COGNITIVE IMPAIRMENT TEST (6CIT)

<table>
<thead>
<tr>
<th>1. What year is it?</th>
<th>CORRECT</th>
<th>INCORRECT</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>2. What month is it?</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>3. Ask patient to remember the following address:</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>John Brown</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>42 West Street</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>Bedford</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>7. Repeat previous memory phrase (address in # 3)</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>5. Count backwards from 20 to 1</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>6. Months of the year backwards</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>4. What time is it?</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>Add all scores.</td>
<td>✔️</td>
<td>❌</td>
<td></td>
</tr>
</tbody>
</table>

SCORING: 0 - 7 Normal 8 - 9 Mild Cognitive Impairment (consider referral) 10 - 28 Significant Cognitive Impairment (refer)


Optum

13625 Technology Drive, Eden Prairie, MN 55344

www.optum.com

These codes are to be used for easy reference; however, the code book for the ICD-9-CM coding version used is the authoritative reference for correct coding guidelines. The information presented herein is for informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Good documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Optum and its respective marks, such as OptumInsight, are trademarks of Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owner. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer. © 2013 Optum. All Rights Reserved • Codes Valid 10/01/12 to 09/30/14 • Revised 01/07/2013 • OI2101