



Quick guide to coding neurocognitive disorders

ICD-10 code	Diagnosis	Keep in mind:
G31.84I	Mild neurocognitive disorder of uncertain or unknown etiology	Allowable as a primary diagnosis
F06.7-	Mild neurocognitive disorder due to other medical conditions with or without behavioral disturbance	Code first, the underlying physiological condition, such as: *Alzheimer's disease (G30.-) human immunodeficiency virus [HIV] disease (B20) Huntington's disease (G10) *Neurocognitive disorder with Lewy bodies (G31.83) *other frontotemporal neurocognitive disorder (G31.09) Parkinson's disease (G20.-) systemic lupus erythematosus (M32.-) traumatic brain injury (S06.-) vitamin B deficiency (E53.-)
F01.---	Vascular dementia (major neurocognitive disorder) with or without behavioral disturbance with known or unknown severity	Code first, If known/applicable, any causal condition: Common causes include multi-infarct dementia and cerebral atherosclerosis PDGM: Code F01.50 was added to Clinical Group F (Behavioral Health) in HHGS v06.0.25, effective Jan. 1, 2025
F02.---	Dementia (major neurocognitive disorder) due to other diseases with or without behavioral disturbance with known or unknown severity	Code first, the underlying physiological condition, such as: *Alzheimer's (G30.-) cerebral lipidosis (E75.4) Creutzfeldt-Jakob disease (A81.0-) epilepsy and recurrent seizures (G40.-) *frontotemporal dementia (G31.09) hepatolenticular degeneration (E83.01) human immunodeficiency virus [HIV] disease (B20) Huntington's disease (G10) hypercalcemia (E83.52) hypothyroidism, acquired (E00-E03.-) intoxications (T36-T65) Jakob-Creutzfeldt disease (A81.0-) multiple sclerosis (G35) *neurocognitive disorder with Lewy bodies (G31.83) neurosyphilis (A52.17) niacin deficiency [pellagra] (E52) other frontotemporal neurocognitive disorder (G31.90) Parkinson's disease (G20.-) *Pick's disease (G31.01) polyarteritis nodosa (M30.0) prion disease (A81.9) systemic lupus erythematosus (M32.-) traumatic brain injury (S06.-) trypanosomiasis (B56.-, B57.-) vitamin B deficiency (E53.8)

ICD-10 code	Diagnosis	Keep in mind:
F03.---	Unspecified dementia (major neurocognitive disorder) with or without behavioral disturbance with known or unknown severity	Allowable as a primary diagnosis
G30.9 f)6.70	Alzheimer's disease with major cognitive impairment (MCI)	If the physician or NPP documents MCI with Alzheimer's, assign G30 and F06.7. Otherwise assign G30 with F02. Do not use F06.7 if the cause of mild cognitive impairment is unknown. Use G31.84 if the cause of the impairment is unknown.
I69.318 F01.50	CVA with vascular dementia or multi-infarct dementia	Use this code to indicate vascular dementia related to a cerebral vascular accident, e.g. I69.--8, F01.-.
F03.911	Dementia with aggression and agitation	Do not use additional R codes below as following behaviors are included in agitation: restlessness, rocking, pacing, exit-seeking, profanity, shouting, threatening, anger, aggression, combativeness or violence
F03.92	Dementia with hallucination	Do not use additional R codes below as following behaviors are included in psychosis: hallucinations, suspiciousness
S06.5XAS F02.80	Dementia as sequelae of traumatic SDH	A convention always overrules a conflicting guideline. When coding sequelae of a traumatic brain injury, the guideline indicates to first list the residual condition(s), followed by the specific traumatic brain injury diagnosed, using the appropriate code from category S06 with the seventh character "S" to indicate sequelae. In some cases with traumatic brain injury, there is a tabular convention that indicates to code the intracranial injury first and then the residual, e.g. R40.2-.
G40.909 F03.90	Epilepsy and dementia	When epilepsy and dementia are documented, the cause and effect relationship should be documented as epilepsy can cause dementia, or dementia can cause epilepsy. Do not assume a relationship. If there is no documentation and another etiology and manifestation can not be assumed, assign a F03 code for the dementia.
G30.9 F02.80 G20.A1	Alzheimer's dementia and Parkinson's disease	If a patient has Alzheimer's disease and Parkinson's disease, dementia is presumed to be related to Alzheimer's. Dementia is only related to Parkinson's disease when stated by the provider.

Source: This tool was created by Pauly David, CCS, HCS-D, HCS-H, COS-C, coding supervisor with Lorian Health.

* Dementia is inherent unless provider documents these conditions with mild cognitive impairment and no mention of dementia. In this case, use F06.7- instead of F02.-

This tool was originally created for DecisionHealth's [Home Health Coding Center](#) and is just one sample from a wealth of quality coding & OASIS resources that DecisionHealth offers through reputable products such as [AHCC's HCS-D, HCS-O and HCS-H](#) certifications, [Home Health Pro](#), [Home Health Line](#), and more. For a complete look at our product offerings, check out store.decisionhealth.com/