Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

`INCLUDES`　　disorders of psychological development

`EXCLUDES 1`　symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (R00-R99)

Mental disorders due to known physiological conditions (F01-F09)

Note:　　This block comprises a range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction. The dysfunction may be primary, as in diseases, injuries, and insults that affect the brain directly and selectively; or secondary, as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved.

OCG:

Section I.C.5.d. Dementia

The ICD-10-CM classifies dementia (categories F01, F02, and F03) on the basis of the etiology and severity (unspecified, mild, moderate or severe). Selection of the appropriate severity level requires the provider's clinical judgment and codes should be assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting), unless otherwise instructed by the classification. If the documentation does not provide information about the severity of the dementia, assign the appropriate code for unspecified severity.

▲ ◢ F01　Vascular dementia

Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease.

▲ Revised　★ New　⑤ PDGM Px　ᴹ Manifestation　ᴰ Hospice non-cancer DX

Code first: the underlying physiological condition or sequelae of cerebrovascular disease.

<div style="border:1px solid black; display:inline-block; padding:2px">INCLUDES</div> arteriosclerotic dementia

major neurocognitive disorder due to vascular disease

multi-infarct dementia

▲ **5** F01.5 Vascular dementia, unspecified severity

▲ F01.50 Vascular dementia unspecified severity, without behavioral disturbance, psychoticdisturbance, mood disturbance, and anxiety

Major neurocognitive disorder due to vascular disease NOS

Vascular dementia NOS

▲ **6** F01.51 Vascular dementia, unspecified severity, with behavioral disturbance

▲ **4** F02 **Dementia in other diseases classified elsewhere**

<div style="border:1px solid black; display:inline-block; padding:2px">INCLUDES</div> Major neurocognitive disorder in other diseases classified elsewhere

Code first: the underlying physiological condition, such as:

Alzheimer's (G30.-)

cerebral lipidosis (E75.4)

Creutzfeldt-Jakob disease (A81.0-)

dementia with Lewy bodies (G31.83)

dementia with Parkinsonism (G31.83)

epilepsy and recurrent seizures (G40.-)

frontotemporal dementia (G31.09)

hepatolenticular degeneration (E83.0)

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)

neurosyphilis (A52.17)

✚ Additional code required **4** 4th digit required **5** 5th digit required **6** 6th digit required **7** 7th digit required, use 'x' as placeholder

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Functional Case Mix: M1033, M1800, M1810, M1820, M1830, M1840, M1850, M1860

$ 5 ⚠ 📊 Q PM The OASIS questions **M1033, M1800, M1810, M1820, M1830, M1840, M1850 and M1860** are used to calculate the functional impairment level under PDGM. An episode can be qualified as low, medium, or high functional impairment.

Item responses receive different point values. The points threshold for low, medium or high functional impairment varies by clinical group.

Item **M1033** impacts PDGM functional impairment calculation, excluding responses 8, 9, and 10.

Item **M1800** impacts PDGM functional impairment calculation, value based purchasing, is a potentially avoidable event and is a process measure.

Items **M1810** and **M1820** impact PDGM functional impairment calculation and value based purchasing.

Items **M1830** and **M1850** are quality measures publicly reported, impact PDGM functional impairment calculation, value based purchasing and five-star ratings, and are potentially avoidable events.

Item **M1840** impacts PDGM functional impairment calculation and is a potentially avoidable event.

Item **M1860** impacts PDGM functional impairment calculation, value based purchasing and five-star ratings, is a potentially avoidable event and a quality measure publicly reported, and is a process measure.

📊 Value based purchasing   5 Five star   PM Process measure   ⚠ Potentially avoidable event

Consider the following CMS guidance for M1033 Hospitalization Risk:

> **(M1033) Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? **(Mark all that apply.)**
>
> 1 – History of fall (2 or more falls – or any fall with an injury – in the past 12 months)
>
> 2 – Unintentional weight loss of a total of 10 pounds or more in the past 12 months
>
> 3 – Multiple hospitalizations (2 or more) in the past 6 months
>
> 4 – Multiple emergency department visits (2 or more) in the past 6 months
>
> 5 – Decline in mental, emotional, or behavioral status in the past 3 months
>
> 6 – Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
>
> 7 – Currently taking 5 or more medications
>
> 8 – Currently reports exhaustion
>
> 9 – Other risk(s) not listed in 1 – 8
>
> 10 – None of the above

- **This item is collected at Start of Care,** Resumption of Care and Follow-up.

- **The time period under consideration or "look back"** for responses 1-8 includes the day of assessment. Day of assessment is defined as the 24 hours immediately preceding the assessment and the time spent by the clinician conducting the assessment.

- **Consider only acute care hospitalizations.** Inpatient psychiatric hospitalizations and long-term care hospitals (LTCHs) are not included in this item.

- **Acute care hospitalization is defined as the patient being admitted for 24 hours or longer** for more than just diagnostic testing. Observation stays are not included in this item.

- **A patient discharged from an acute care hospital** in the morning and readmitted that same day and both hospitalizations meet the definition for an acute care hospitalization, that is counted as two hospitalizations.

S Case-mix in PDGM   Q Quality measure