

Guidance on Dementia Coding

What is the big issue for London GPs in coding dementia?

There is a dementia diagnosis gap of 52% in London, which means that only 48% of those who we would expect to have dementia, based on population prevalence rates, are recorded on GP practice dementia registers¹. We believe one of the reasons behind this apparently low diagnosis rate is a lack of accurate coding due to there being confusion with the available codes. This note for GPs contains guidance to help with this.

Why is it so important diagnose and accurately code dementia?

1. It means the patient's care can be planned, managed and monitored, so that they can be signposted to supportive services and prescribed appropriate medication.
2. Diagnosis gives power to the patient and their families, as it brings clarity in terms of what is happening to them, and provides them with the ability to make choices themselves (National Dementia Strategy, 2009).
3. The coding of dementia and putting the patient on the dementia register means we can develop an accurate picture of London dementia rates to inform commissioning of high quality, cost effective services in response.
4. It means that GPs can see their own practice performance rise, and give patients confidence as they can see the identification rates on www.myhealthlondon.nhs.uk

Making dementia coding simple

The coding of dementia can be less than straightforward, so a team of GPs working to improve dementia care in London, with support from specialist experts, has put together this GP dementia coding guideline.

Guideline

1. We propose the use of **four codes** in primary care, which are listed below.
2. If the specific type of dementia is unknown, for whatever reason, please use the code **Eu02z** “**Unspecified dementia**”. This can always be changed later when more information is available. Please do not use 1461.00 “h/o dementia”, 28E.00 “cognitive decline” or similar codes for this purpose – these do not allow aggregation.
3. Where some diagnostic data are available the codes **Eu00.** can be used for Alzheimer's disease, **Eu002** for mixed dementia, and **Eu01.** for vascular dementia. All others can be given **Eu02z**.
4. A full list dementia codes can be found below. This matches ICD10 codes to recognised general practice dementia READ codes. Where detailed information on subtype of dementia is available, then these can be used.

The main codes which General Practitioners should use to code for dementia in primary care are:

<u>ICD</u>		<u>Read</u>
F00	Dementia in Alzheimer's disease	Eu00.
F00.2	Dementia in Alzheimer's disease, atypical or mixed type (“Mixed Dementia”)	Eu002
F01	Vascular dementia	Eu01.
F03	Unspecified dementia	Eu02z

¹ QOF data, 2010/11

APPENDIX

ICD10		READ
F00	Dementia in Alzheimer's disease	Eu00.
F00.0	Dementia in Alzheimer's disease with early onset	Eu000
F00.1	Dementia in Alzheimer's disease with late onset	Eu001
F00.2	Dementia in Alzheimer's disease, atypical or mixed type	Eu002
F00.9	Dementia in Alzheimer's disease, unspecified	Eu00z
F01	Vascular dementia Arteriosclerotic dementia	Eu01. E004
F01.1	Multi-infarct dementia	Eu011
F01.2	Subcortical vascular dementia	Eu012
F01.3	Mixed cortical and subcortical vascular dementia	Eu013
F01.8	Other vascular dementia	Eu01y
F01.9	Vascular dementia, unspecified Uncomplicated arteriosclerotic dementia Arteriosclerotic dementia with delirium Arteriosclerotic dementia with paranoia Arteriosclerotic dementia with depression Arteriosclerotic dementia NOS	Eu01z E0040 E0041 E0042 E0043 E004z
F02	Dementia in other diseases classified elsewhere	Eu02.
F02.0	Dementia in Pick's disease	Eu020
F02.1	Dementia in Creutzfeldt-Jakob disease	Eu021
F02.2	Dementia in Huntington's disease	Eu022
F02.3	Dementia in Parkinson's disease	Eu023
F02.4	Dementia in HIV disease	Eu024
F02.8	Dementia in other disease classified elsewhere Dementia in conditions	Eu02y E041
F03	Unspecified dementia Presenile dementia Uncomplicated presenile dementia Presenile dementia with delirium Presenile dementia with paranoia Presenile dementia with depression Presenile dementia NOS Uncomplicated senile dementia Senile dementia with depressive or paranoid features Senile dementia with paranoia Senile dementia with depression Senile dementia with depressive or paranoid features NOS	Eu02z E001. E0010 E0011 E0012 E0013 E001z E000 E002. E0020 E0021 E002z

ICD10		READ
F05.1	Delirium superimposed on dementia Senile dementia with delirium	Eu041 E003
F05.9	Delirium, unspecified	Eu04z
F06.0	Organic hallucinosis Other senile and presenile organic psychoses Senile or presenile psychoses	Eu050 E00y E00z
F06.7	Mild cognitive disorder	Eu057
F10.7	Residual and late onset psychotic disorder due to alcohol. Including; - Alcoholic dementia - Other alcoholic dementia - Chronic alcoholic brain syndrome	Eu107 Eu10711 E012 E0120
G30 G30.8 G30.9	Alzheimer's disease Other Alzheimer's disease Alzheimer's disease, unspecified	F110.
G30.0	Alzheimer's disease with early onset	F1100
G30.1	Alzheimer's disease with late onset	F1101
G31.0	Circumscribed brain atrophy Including; - Frontotemporal dementia - Pick's disease - Progressive isolated aphasia	No Code F111.
G31.1	Senile degeneration of the brain, not elsewhere classified	F112.
G31.8	Other specified degenerative disease of the nervous system Including - Grey matter degeneration - Lewybody disease - Lewybody dementia - Subacute necrotizing encephalopathy	F116 Eu025

"Knowledge is power with respect to diagnosis, giving those affected and their families an understanding of what is happening and the ability to make choices themselves"

National Dementia Strategy, 2009

For a copy of the London Dementia Needs Assessment or any queries about dementia diagnosis and care, please get in touch with Jen.Watt@london.nhs.uk ; 020 7932 2646