The word dementia derives from the Latin prefix "de-," meaning "out of," plus "mentis," meaning "mind," hence "out of one's mind"—an apt description for the condition.

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) identifies dementia as a major neurocognitive disorder (see Table 1 for diagnostic criteria) characterized by a significant cognitive decline from a previous level of performance in one or more of six cognitive domains, with substantially impaired cognitive performance preferably documented by standard neuropsychological testing or by another dementia assessment tool. The six domains are listed in Table 2. The cognitive deficits interfere with independent daily activities, do not occur exclusively in the context of delirium, and cannot be better explained by another mental disorder (e.g., major depressive disorder, schizophrenia).

Whereas many major neurocognitive disorders may occur in younger people, the term dementia is customarily applied only to older adults. Dementia is a general, nonspecific term that encompasses several underlying major neurocognitive disorders. Behavioral disturbances, including psychotic symptoms, mood disturbance, agitation, apathy, aggression, combativeness, and "wandering off" (2018 International Classification of Diseases, 10th Revision, Clinical Modification [ICD-10-CM] code Z91.83) may also be present.

In the vast majority of cases, dementia is due to one of five conditions: Alzheimer disease (60% to 80% of cases), Lewy body dementia, frontotemporal dementia, vascular (multi-infarct) dementia, and Parkinson disease. Memory and language dysfunction are almost always present. Alternative causes of major neurocognitive disorders that primarily affect younger people include traumatic brain injury, HIV infection, prion disease, substance use, and Huntington disease.

Dementia

By Richard D. Pinson, MD, FACP

The correct coding of dementia can be complex and confusing, but clear and precise medical record documentation is essential for accurate classification of severity of illness, quality of care measurement, and reimbursement. The underlying cause of dementia should always be identified whenever possible. In all cases, the presence or absence of behavioral disturbance should be documented. In almost all circumstances, dementia with a behavioral disturbance contributes to the severity of illness in contrast to no behavioral disturbance. Unspecified dementia (which includes senile or presenile dementia) without behavioral disturbance is assigned code F03.90; with behavioral disturbance, it is coded as F03.91. Similarly, vascular dementia has two separate codes: F01.50 (without) and F01.51 (with).

The other forms of dementia common in older adults require two codes: one code (sequenced first) for the underlying condition and a separate code (sequenced second) specifying if it is with or without a behavioral disorder. No separate code is assigned for "dementia" in these conditions since it is intrinsic to the diagnosis.

### Table 1. Diagnostic criteria for major neurocognitive disorders*

1. Significant cognitive decline from a previous level of performance
2. One or more cognitive domains affected
3. Impaired cognitive performance preferably measured by neuropsychological testing or by another assessment tool
4. Interference with independent daily activities
5. Not exclusively related to delirium
6. Not better explained by another mental disorder

*All criteria required. Source: Derived from DSM-5.

### Table 2. Cognitive domains

1. Complex attention
2. Executive function
3. Learning and memory
4. Language
5. Perceptual-motor
6. Social

*Source: DSM-5.*