

CLINICAL GUIDELINES

Physician Champion	Dr. Erika Altneu, M.D.	Date of QCEC Approval:	July 2015
Topic <i>(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)</i>	Dementia		
Guideline Source <i>(Examples: ADA, USPSTF, HTW, NHLBI, etc.)</i>	Source: Alzheimer's Association Title: "Recommendations for operationalizing the detection of cognitive impairment during the Medicare Annual Wellness Visit in a primary care setting"		
Guideline Link	http://www.alz.org/documents_custom/jalz_1528.pdf		
Guideline Original Date	2013		
Guideline Most Recent Revision Date	No revision since 2013		
Quality Measures <i>(for the year of QCEC review)</i>	N/A		
HCC Documenting and Coding Tips <i>(for the year of QCEC review)</i> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Legend:</p> <p>ICD-9 Codes ICD-10 Codes Bolded = Risk Adjusting Code</p> </div>	<p>Alcohol-Induced Persisting Dementia 291.2 Alcohol dependence with alcohol-induced persisting dementia F10.27 Alcohol use, unspecified with alcohol-induced persisting dementia F10.97</p> <p>Drug-Induced Persisting Dementia 292.82 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia F13.27 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia F13.97 Other psychoactive substance abuse with psychoactive substance-induced persisting dementia F19.17 Other psychoactive substance dependence with psychoactive substance-induced persisting dementia F19.27 Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia F19.97</p>		
Guideline Summary <i>(Summarize guideline and updated information)</i>	<p>This is a practice guideline that is a good start for primary care physicians. This article addresses appropriate screening for cognitive impairment during the Annual Wellness Visit (AWV).</p> <p>Here are the key components:</p> <ol style="list-style-type: none"> 1. Part of the Medicare AWV is an assessment to detect cognitive impairment. However, no specific tool was recommended to accomplish this task. 2. Detection of cognitive impairment requires more than simple observation. 3. Tools should be easily administered, require little time to administer, able to be administered by non-physician clinical staff, and free of charge to use. 4. If further evaluation is required based on results of the AWV screening, a more detailed evaluation should be scheduled in a follow-up visit with PCP or specialist. 5. Recommended tools: GPCOG (General Practitioner Assessment of Cognition), MIS (Memory Impairment Screen), and Mini-cog 6. The MMSE (Mini-Mental State Exam) is the most widely used tool, but is subject to usage fees. 7. If an informant is available, use of informant tools are recommended: IQCODE (Informant Questionnaire on Cognitive Decline in the Elderly), AD8, and GPCOG (which has an informant component) 8. Early detection of dementia helps families in planning and relieves emotional stress in caregivers regarding changes they are seeing. <p>Recommended Tools: Link for GPCOG: http://www.alz.org/documents_custom/gpcog(english).pdf Link for mini-COG http://www.alz.org/documents_custom/minicog.pdf Link for IQCODE http://www.alz.org/documents_custom/shortiqcode_english.pdf Recommended Toolkit: http://www.alz.org/documents_custom/The%20Cognitive%20Assessment%20Toolkit%20Copy_v1.pdf</p>		