

A photograph of a woman with a floral headband being kissed on the cheek by a young girl with long hair. The image is overlaid with a blue gradient.

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From Subtle Signs to Clear Diagnosis: Distinguishing MCI from Dementia in the Home

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Agenda

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Objectives

- Describe the clinical features and diagnostic criteria that distinguish Mild Cognitive Impairment (MCI) from various types of dementia, including Alzheimer's disease.
- Identify key functional, cognitive, and behavioral markers through patient history, observation, and screening tools to support early and accurate differentiation between MCI and dementia.
- Apply appropriate assessment strategies in the home setting to monitor progression, engage caregivers, and guide care planning based on cognitive status.



A photograph of two women sitting and talking. The woman on the left has blonde hair and is wearing a dark shirt with a lanyard. The woman on the right has short dark hair and is wearing a light-colored shirt with a scarf. They are both smiling. The image has a blue overlay.

Introduction

Presenters



Paul Chiang, MD

HCCI Consultant



James Ellison, MD, MPH

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Brad Sirota, CPC, CPMA

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A photograph of a doctor with curly hair, wearing a white lab coat and a stethoscope, examining an elderly patient. The doctor is looking down at the patient's chest. The patient is lying down, and their face is partially visible. The entire image is overlaid with a semi-transparent blue filter.

Aging, MCI, and Dementia

Aging, Mild Cognitive Impairment (MCI), and Dementia

Normal Aging

- Mild forgetfulness (e.g., misplacing items)
- Slower processing speed
- Preserved daily functioning

MCI

- Noticeable memory or cognitive decline
- Preserved independence in daily activities
- Increased risk of progression to dementia

Dementia

- Significant impairment in ≥ 1 cognitive domains
- Interference with daily functioning
- Progressive and often irreversible

Prevalence and Key Risk Factors

Prevalence

- MCI: Affects ~ 15–20% of adults aged 65+
- Dementia: ~10% of adults 65+, rising to ~30–50% by age 85+

Key Risk Factors

- **Age:** Strongest predictor
- **Genetics:** APOE ϵ 4 allele increases Alzheimer's risk
- **Cardiovascular health:** Hypertension, diabetes, stroke, hyperlipidemia
- **Lifestyle:** Physical inactivity, poor diet, low cognitive engagement, sleep impairment
- **Sensory Impairment:** Visual and auditory acuity loss
- **Depression & social isolation**



Clinical Features and Diagnostic Criteria

Key Differences: MCI vs. Dementia

Feature	Mild Cognitive Impairment (MCI)	Dementia
Memory & Cognition	Clinically significant decline in one or more cognitive domains	Significant impairment in ≥ 1 cognitive domains
Daily Functioning	Largely preserved; may need minimal support	Impaired; requires assistance with daily tasks
Progression	May remain stable or progress to dementia	Progressive decline over time
Awareness of Deficits	May be aware of changes	May lack insight into deficits
Impact on Independence	Minimal	Moderate to severe

A healthcare professional, likely a nurse or doctor, is shown in a home setting, wearing a stethoscope and examining a patient. The image is overlaid with a blue tint. The title "Assessment Strategies in the Home" is centered in white text.

Assessment Strategies in the Home

Screening Tools

Screening Tool	Use
MoCA – <i>Montreal Cognitive Assessment</i>	A brief screening tool for mild cognitive impairment, assessing multiple cognitive domains.
MMSE – <i>Mini-Mental State Examination</i>	A widely used 30-point questionnaire to measure cognitive impairment.
Functional Activities Questionnaire (FAQ)	Assesses a patient's ability to perform complex daily activities, useful in evaluating functional decline.
Mini-Cog – <i>Mini Cognitive Assessment</i>	A quick screening tool combining a three-item recall test and a clock-drawing task.
SLUMS – <i>Saint Louis University Mental Status Examination</i>	A screening tool for detecting mild cognitive impairment and dementia, especially sensitive to early changes.
ADL/IADL Checklists – <i>Activities of Daily Living / Instrumental Activities of Daily Living</i>	ADLs include basic self-care tasks (e.g., bathing, dressing); IADLs involve more complex tasks (e.g., managing finances, cooking).
Neuropsychiatric Inventory (NPI)	Assesses behavioral and psychological symptoms in dementia, including delusions, agitation, depression, and sleep disturbances.

Red Flags that Distinguish MCI from Dementia

More likely Suffering from Dementia:

- Loss of independence in ADL (Activities of Daily Living).
- Rapid progression of cognitive deficits.



Communicating The Diagnosis

Communicating the Diagnosis

Best practices for delivering difficult news

Address stigma and emotional responses

Engaging caregivers in care planning



Billing and Coding for Cognitive Assessment and Dementia Care

Billing and Coding for Cognitive Assessment and Dementia Care

Code	Description	Key Requirements	National Reimbursement Rate (Non-Facility)
99483	Comprehensive cognitive assessment & care planning for dementia	<ul style="list-style-type: none"> Moderate/high complexity Standardized staging tools Caregiver involved Written care plan 	\$266.21
96127	Brief emotional/behavioral assessment (per instrument)	Use validated tools	\$4.53
96160/96161	Health risk assessment (patient/caregiver)	Standardized questionnaires	\$2.91
G0438/G0439	Medicare Annual Wellness Visit (includes cognitive screening)	Initial or subsequent AWV	\$160.44
99341–99345	Home visit E/M (new patient)	Based on complexity/time	\$47.55
99347–99350	Home visit E/M (established patient)	Based on complexity/time	\$43.67
99490/99439	Chronic Care Management	Non-face-to-face care coordination	\$60.49

ICD-10 Coding in Cognitive and Dementia Care

ICD-10 Dementia Categories:

- F01.xx Vascular Dementia
- F02.xx Dementia in Disease Classified Elsewhere
- F03.xx Unspecified Dementia
- **Alzheimer's Disease, which may include dementia is represented in the G30.xx section of ICD-10.
- G31.84 Mild cognitive impairment of uncertain or unknown etiology

Documentation Requirements for ICD-10 Selection

Dementia ICD-10 code selection is based on these categories:

- **Type** (Vascular, in diseases classified elsewhere and unspecified)
- **Severity** (Unspecified, mild, moderate and severe)
- **Presence/Absence of** (Behavioral disturbances, psychotic disturbances, mood disturbances and anxiety).

Top Three ICD-10 Coding Errors in Dementia

- Utilizing “unspecified” in place of known “specified” conditions (F03.xx)
- Coding Dementia in Diseases Classified Elsewhere (F02.xx) without the accompanying Disease.
- Coding for MCI G31.84 (Mild Cognitive Impairment) with an Exclusion 1 diagnosis.

F02.xx Dementia in other diseases classified elsewhere

Code first the underlying physiological condition, such as:

Alzheimer's (G30.-)
Epilepsy and recurrent seizures (G40.-)
Frontotemporal dementia (G31.09)
Human immunodeficiency virus [HIV] disease (B20)
Huntington's disease (G10)
Multiple sclerosis (G35-)
Neurocognitive disorder with Lewy bodies (G31.83)
Other frontotemporal neurocognitive disorder (G31.90)
Parkinson's disease (G20.-)
Systemic lupus erythematosus (M32.-)
Traumatic brain injury (S06.-)
Vitamin B deficiency (E53.8)

Neurocognitive disorder with Lewy bodies (G31.83)
Other frontotemporal neurocognitive disorder (G31.90)
Parkinson's disease (G20.-)
Systemic lupus erythematosus (M32.-)
Traumatic brain injury (S06.-)
Vitamin B deficiency (E53.8)

Coding for MCI (Mild Cognitive Impairment) with an Exclusion 1 diagnosis

An excluded 1 code should never be used at the same time as the code above the Excludes 1 note. An Excludes 1 note is used when two conditions cannot occur together.

Age related cognitive decline (R41.81)
Altered mental status (R41.82)
Cerebral degeneration (G31.9)
Cerebrovascular diseases (I60-I69)
Change in mental status (R41.82)
Cognitive deficits following (sequelae of) cerebral hemorrhage or infarction (I69.01-, I69.11-, I69.21-, I69.31-, I69.81-, I69.91-)

Cognitive impairment due to intracranial or head injury (S06.-)
Dementia (F01.-, F02.-, F03.-)
Mild neurocognitive disorder due to a known physiological condition (F06.7-)
Neurologic neglect syndrome (R41.4)
Personality change, nonpsychotic (F68.8)



Q & A

A group of five healthcare professionals, including three men and two women, are seated around a conference table in a modern office setting. They are all wearing white lab coats and have stethoscopes around their necks. The group is engaged in a discussion, with one man on the right gesturing with his hands while speaking. A laptop and some papers are on the table. The entire image is overlaid with a semi-transparent blue filter.

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