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

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**James Ellison, MD, MPH**

**October 27, 2025**

# Agenda

1. Objectives
2. Introduction
3. Aging, Mild Cognitive Impairment (MCI), and Dementia
4. Clinical Features and Diagnostic Criteria
5. Assessment Strategies in the Home
6. Communicating the Diagnosis
7. Billing and Coding for Cognitive Assessment and Dementia Care
8. Q/A

# 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 in a library. The woman on the left, with blonde hair, is smiling and looking towards the right. She is wearing a dark jacket over a light-colored top and has a lanyard with an ID badge around her neck. She is holding a pen and writing in a small notebook. The woman on the right, with dark hair, is looking towards the left. She is wearing a light-colored top and a patterned scarf. The background shows bookshelves and other library patrons.

# Introduction

# Presenters



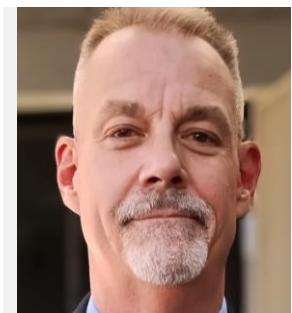
**Paul Chiang, MD**

HCCI Consultant



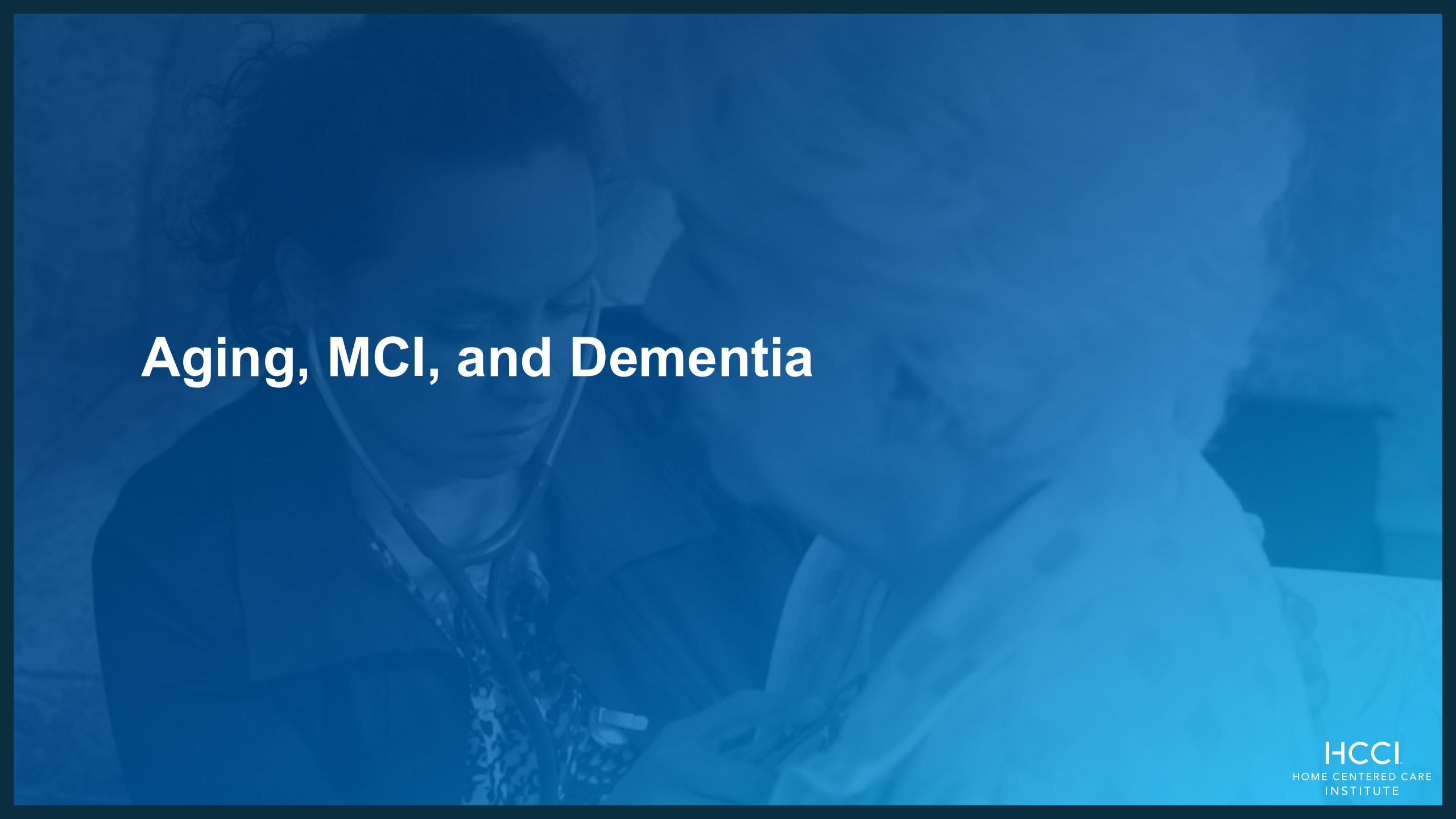
**James Ellison, MD, MPH**

HCCI Consultant



**Brad Sirota, CPC, CPMA**

HCCI Consultant

A dark, moody photograph of a person, likely a healthcare professional, wearing a stethoscope around their neck. They are looking down at a small object in their hands, possibly a medical device or a small plant. The lighting is dramatic, with strong highlights and shadows.

# 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

## Dementia

- Significant impairment in  $\geq 1$  cognitive domains
- Interference with daily functioning
- Progressive and often irreversible

## MCI

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

# 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 ε4 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 $\geq 1$ 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 person in a blue uniform with a stethoscope around their neck, looking down at a clipboard or document.

# Assessment Strategies in the Home

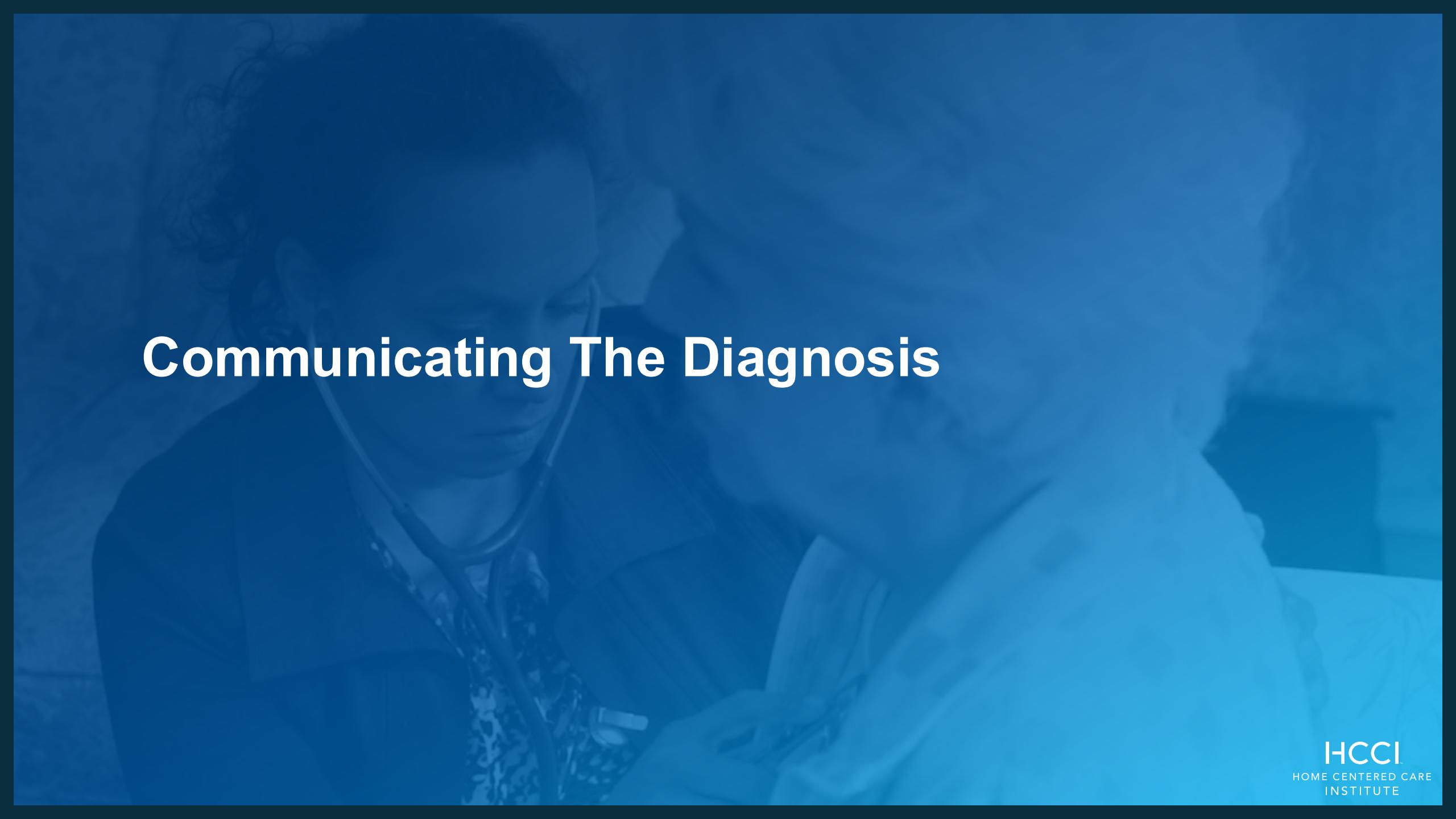
# Screening Tools

Screening Tool	Use
<b>MoCA</b> – <i>Montreal Cognitive Assessment</i>	A brief screening tool for mild cognitive impairment, assessing multiple cognitive domains.
<b>MMSE</b> – <i>Mini-Mental State Examination</i>	A widely used 30-point questionnaire to measure cognitive impairment.
<b>Functional Activities Questionnaire (FAQ)</b>	Assesses a patient's ability to perform complex daily activities, useful in evaluating functional decline.
<b>Mini-Cog</b> – <i>Mini Cognitive Assessment</i>	A quick screening tool combining a three-item recall test and a clock-drawing task.
<b>SLUMS</b> – <i>Saint Louis University Mental Status Examination</i>	A screening tool for detecting mild cognitive impairment and dementia, especially sensitive to early changes.
<b>ADL/IADL Checklists</b> – <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).
<b>Neuropsychiatric Inventory (NPI)</b>	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.



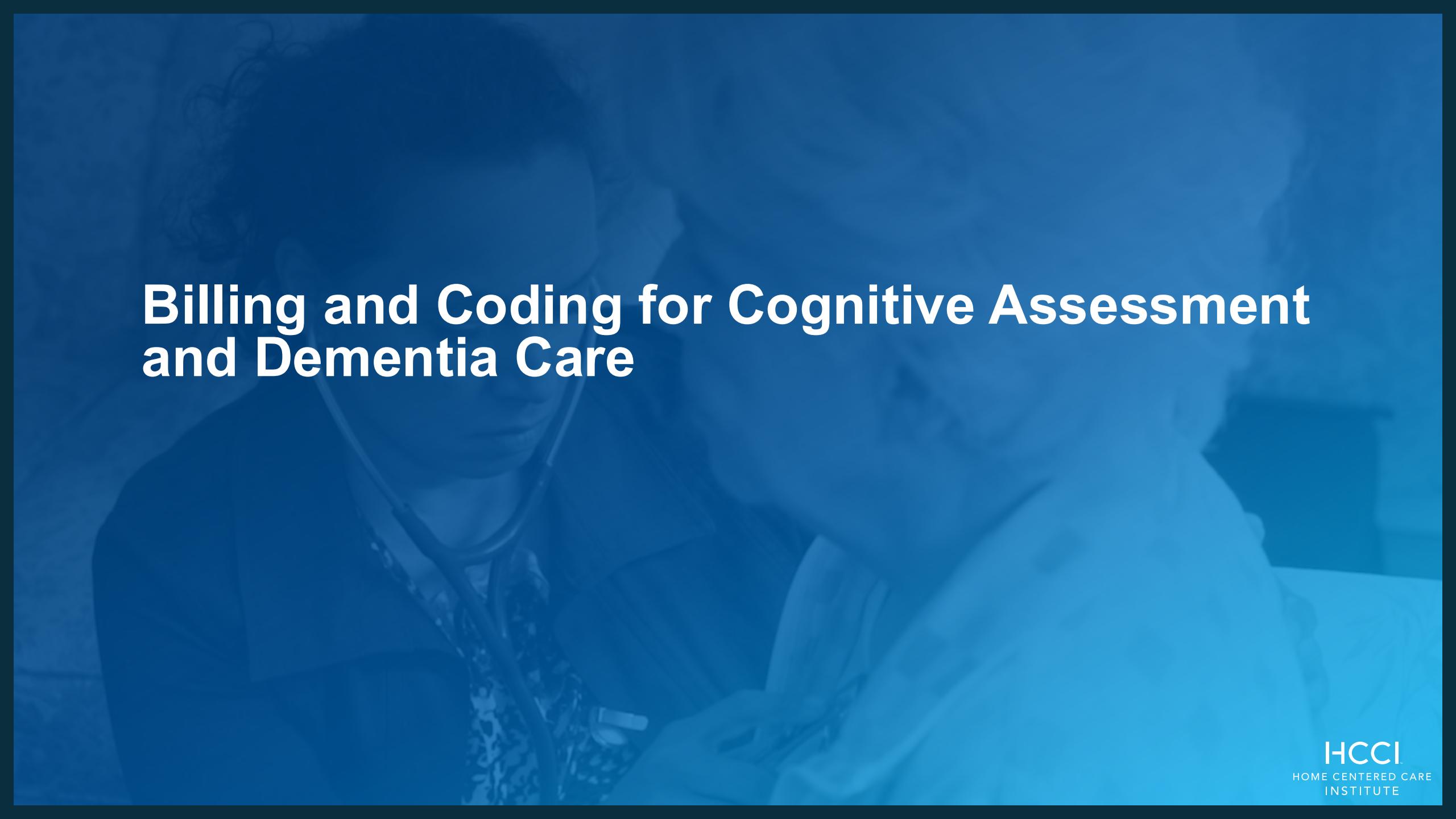
# Communicating The Diagnosis

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**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"> <li>Moderate/high complexity</li> <li>Standardized staging tools</li> <li>Caregiver involved</li> <li>Written care plan</li> </ul>	\$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)

A blue-tinted photograph of a medical professional, likely a doctor, wearing a white coat, a surgical mask, and a stethoscope. They are holding a small, dark object in their gloved hand, possibly a medical device or a sample. The background is blurred.

# Q & A

A group of healthcare professionals, including doctors and nurses, are gathered around a table in a meeting room. One person in the foreground is holding a tablet, while another is holding a smartphone. They are all dressed in professional medical attire, including white coats and stethoscopes. The background is slightly blurred, showing more people in the room.

# Contact HCCI

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## Website

[hccinstitute.org](http://hccinstitute.org)

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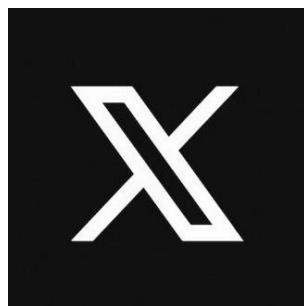
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