STAMP:

I have received numerous questions about cognitive coverage from MSHA members. I am addressing this issue using the training from Liza Milliken, fellow StAMP member.

An important cognitive coding exception to be aware of is:

(R40-R46) Symptoms and signs involving cognition, perception, emotional state and behavior

Excludes2: *symptoms and signs constituting part of a pattern of mental disorder (F01-F99)*

Coding rules for cognition and language deficits:

Step 1: Answer the following questions:

- What is the primary medical diagnosis Dx? (i.e., What Dx has triggered this decline in function?)
- What is the expected functional progress and the supporting rationale?
- What deficits were noted and then, what were the resulting goals?

Points to be aware of about G31.84

Refer to the ICD-10 coding rules:

G31.84- Mild Cognitive Impairment

Excludes 1:

age related cognitive decline (R41.81)

altered mental status (R41.82)

cerebral degeneration (G31.9)

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 memory disturbance (F06.8)

neurologic neglect syndrome (R41.4)

personality change, nonpsychotic (F68.8)

- The next rule is to follow the Local Coverage Determination (LCD) of the respective Medicare Administrative Contractor (MAC). For NGS, this code is not listed as a covered Diagnosis. In other regions, (e.g., Novitas Solution) it is listed as a covered diagnosis, but only when Used with an additional code to clarify the reason/diagnosis for SLP services.

Final consideration for cognitive codes:

- Make sure there is an objective cognitive assessment, to include deficits noted from prior level of functioning (PLOF) in the areas of: Problem solving, memory, executive function, etc. An assessment WITH the scores would be most recommended as well (Ex: SLUMS, RIPA-G subtests, MOCA, etc)
- Make sure cognitive goals are listed on the plan of care (POC). Remember that following 1-stage commands and communication-expression goals are *language goals*. If these are present, there should also be assessments related to each goal as well as additional treatment Dx, such as aphasia.