



Innovative Models of Geriatric Mental Health Services

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Disclosures

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Learning Objectives

- Present innovative approaches to geriatric mental health services in long term care
- Review the current trends in geriatric psychiatric services in long term care
- Discuss ICD-10 coding appropriate to the mental health needs of long term care residents
- Relate how proper ICD-10 coding leads to individualized treatment plans



Psychiatric versus Neurologic Illness

- Long Term Care versus Assisted Living
- Long Term Care/Skilled Nursing Facility residents, 80% with major neurocognitive disorder
- 90% of those individuals have mid to late stage admissions



Psychiatric versus Neurologic Illness

- MDS data indicates 98% of these residents will meet criteria for at least one Axis I diagnosis
- Only 5% of these residents have a history of premorbid serious mental illness



Primary versus secondary diagnosis

- LTC/AL dementia residents = 60-65% Alzheimer's
- 20% of these, only have Alzheimer's Dementia
- 25% have Alzheimer's plus one other dementia
- 55% have Alzheimer's plus at least 2 other types of dementia



LTC/AL Dementia Diagnoses

- Alzheimer's
- Macrovascular
- Microvascular
- Parkinson's Disease Dementia
- Lewy Body
- Fronto-Temporal Dementias
- LATE
- Huntington's Disease Dementia
- Traumatic Brain Injury



Comorbid Secondary Diagnoses

- Pseudobulbar Affect
- Partial Complex Seizures
- Obstructive Sleep Apnea
- Primary REM Disorder
- Cerebral Adrenergic Overload



Neurologic BPSD Mitigation

- Acetylcholinesterase Inhibitors
- NMDA Blocker-Memantine
- SSRI
- Dextromethorphan/Quinidine
- Antiepileptics
- Alpha and Beta adrenergic blockers



Effective Psychiatric Treatments for Major Neurologic Cognitive Disorders

- Dependent on effective primary care and neurologic treatments
- Thoughtful neurologic diagnosis and treatment is critical
- Primary care and psychiatric treatment must consider the primary neurological diagnosis
- Polypharmacy often contains medications that can exacerbate BPSD or counteract neurologic medications



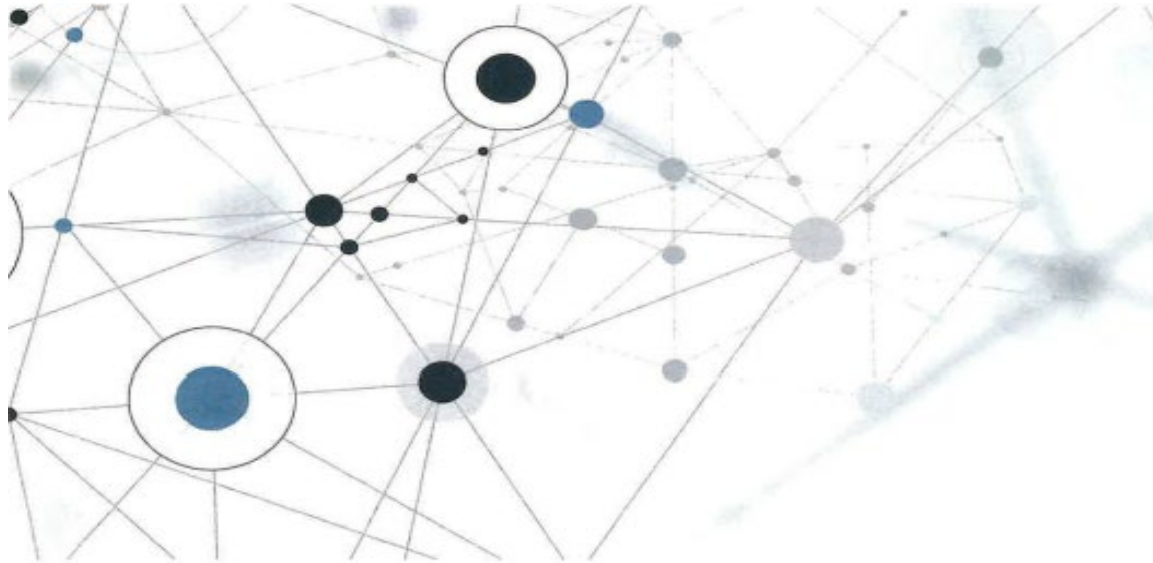
Effective Psychiatric Treatments for Major Neurologic Cognitive Disorders

- Some psychiatric treatments can worsen overall condition both by class of medications and/or individual medications
- Some psychiatric treatments can negatively impact the patient overall neurologic status-such medications include benzodiazepines, antipsychotics and anticholinergics
- Effective treatments require the focus to be on evidence-based safer medications

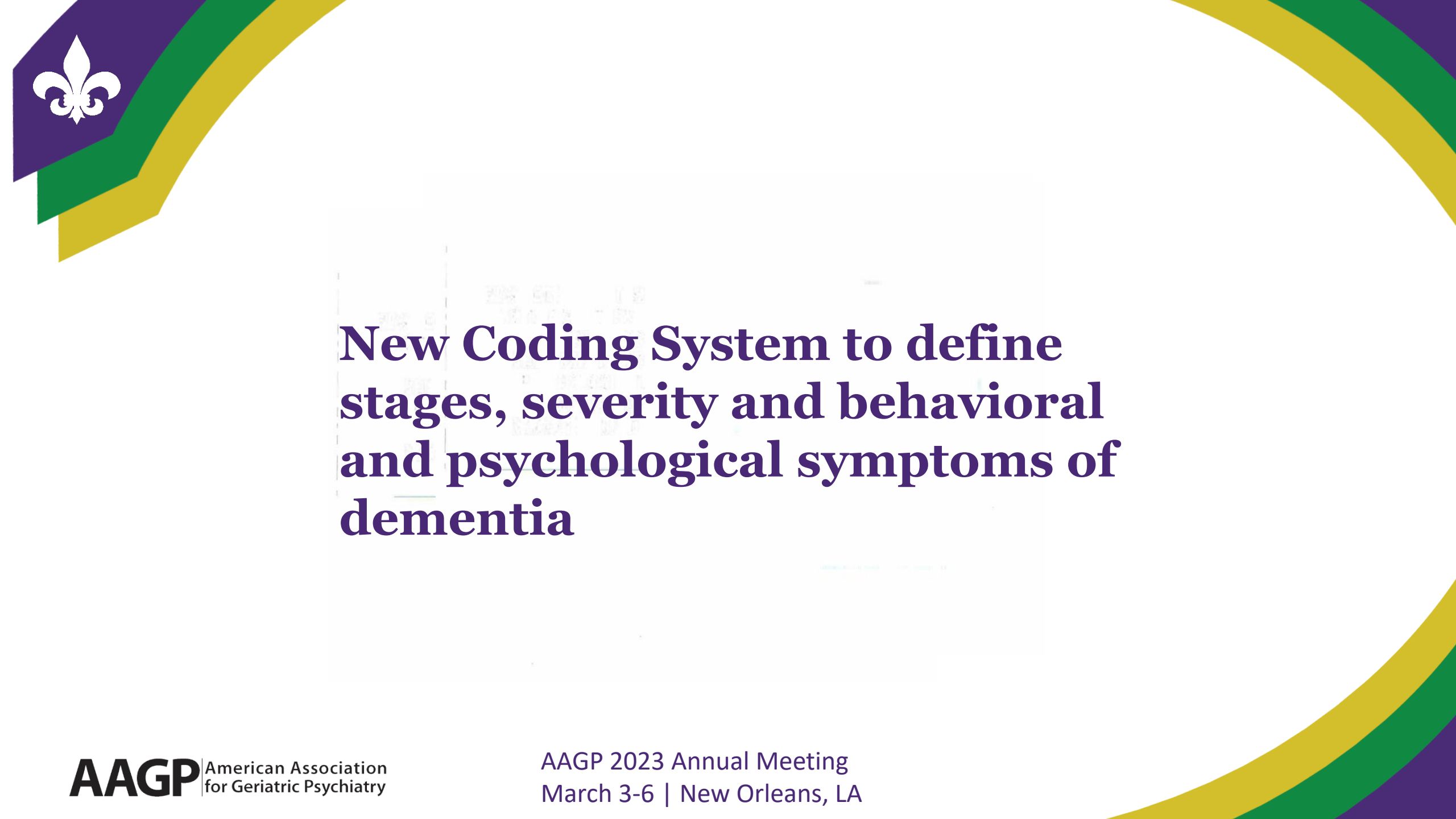


Effective Psychiatric Treatments for Major Neurologic Cognitive Disorders

- Depression, anxiety and mood stabilization-
sertraline, escitalopram
- Insomnia-trazadone, mirtazapine
- Anxiety- lorazepam, clonazepam
- Psychosis- risperidone, olanzapine,
pimavanserin
- Bipolar-valproic acid, carbamazepine,
oxcarbazepine



MORE PRECISE ICD10 CODING



New Coding System to define stages, severity and behavioral and psychological symptoms of dementia



KEY ASSOCIATED SYMPTOMS IMPACTING OUTCOMES:

- Quality of Life
- Cost of Care
- Institutionalization
- Accelerated mortality
- Acceleration of cognitive decline



Stage of Severity:

- Mild cognitive impairment (MCI)
- Mild Dementia
- Moderate Dementia
- Severe Dementia




F01 – Vascular Dementia

- Vascular dementia is a result of infarction of brain due to vascular disease
- Including hypertensive cardiovascular disease
- Arteriosclerotic dementia
- Major neurocognitive disorder due to vascular disease, multi-infarct dementia
- Code first the underlying physiological condition or sequelae of cerebrovascular disease




F02-Miscellaneous Revisions (New Code)

- Dementia in other diseases classified elsewhere
- Major neurocognitive disorder in other diseases classified elsewhere
- F02.8 – dementia in other diseases classified elsewhere, unspecified, severity (Revised)



F02.80 – Dementia in other diseases classified, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (Revised)

- Major neurocognitive disorder in other diseases classified elsewhere NOS
- Dementia in other diseases classified elsewhere NOS



F02.81 – Dementia in other diseases classified, unspecified severity, with behavioral disturbance (Revised)

New Code

- Major neurocognitive disorder in other diseases classified elsewhere unspecified severity
- F02.811 – with agitation/aberrant motor behaviors/verbal or physical behaviors
- F02.818 – with other behavioral disturbance
- F02.82 – with psychotic disturbance
- F02.83 – with mood disturbance
- F02.84 – with anxiety
- Use additional code, if applicable, to identify wandering in dementia (Z91.83)



F03.A – Unspecified dementia, mild (New subcategory)

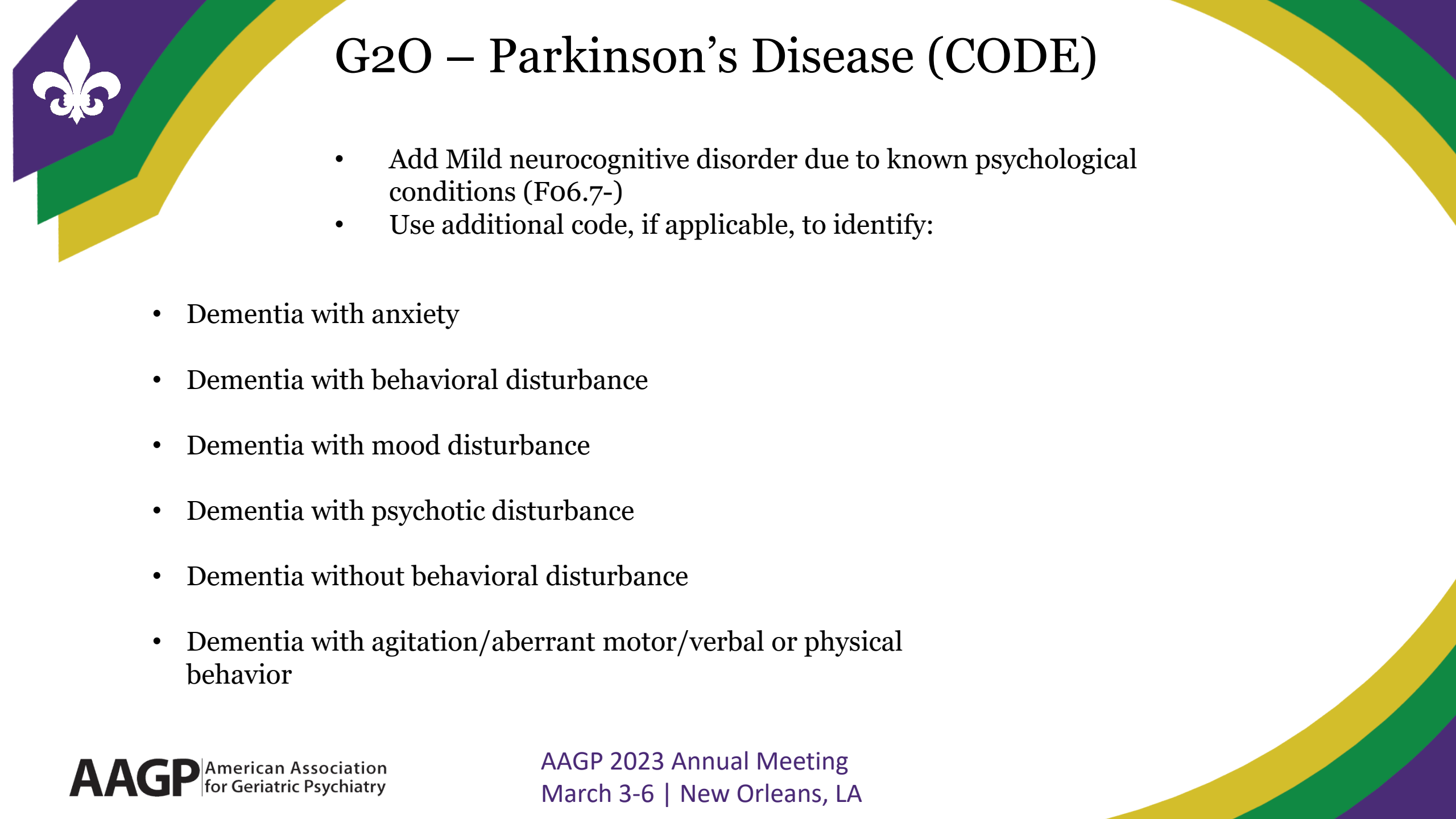
- Excludes 1; mild neurocognitive disorder due to known physiological condition with or without behavioral disturbances (F06.-)



GLO - HUNTINGTON'S DISEASE, HUNTINGTON'S CHOREA, HUNTINGTON'S DEMENTIA (CODE)

- Add Mild neurocognitive disorder due to known psychological conditions (F06.7-)
- Use additional code, if applicable, to identify:

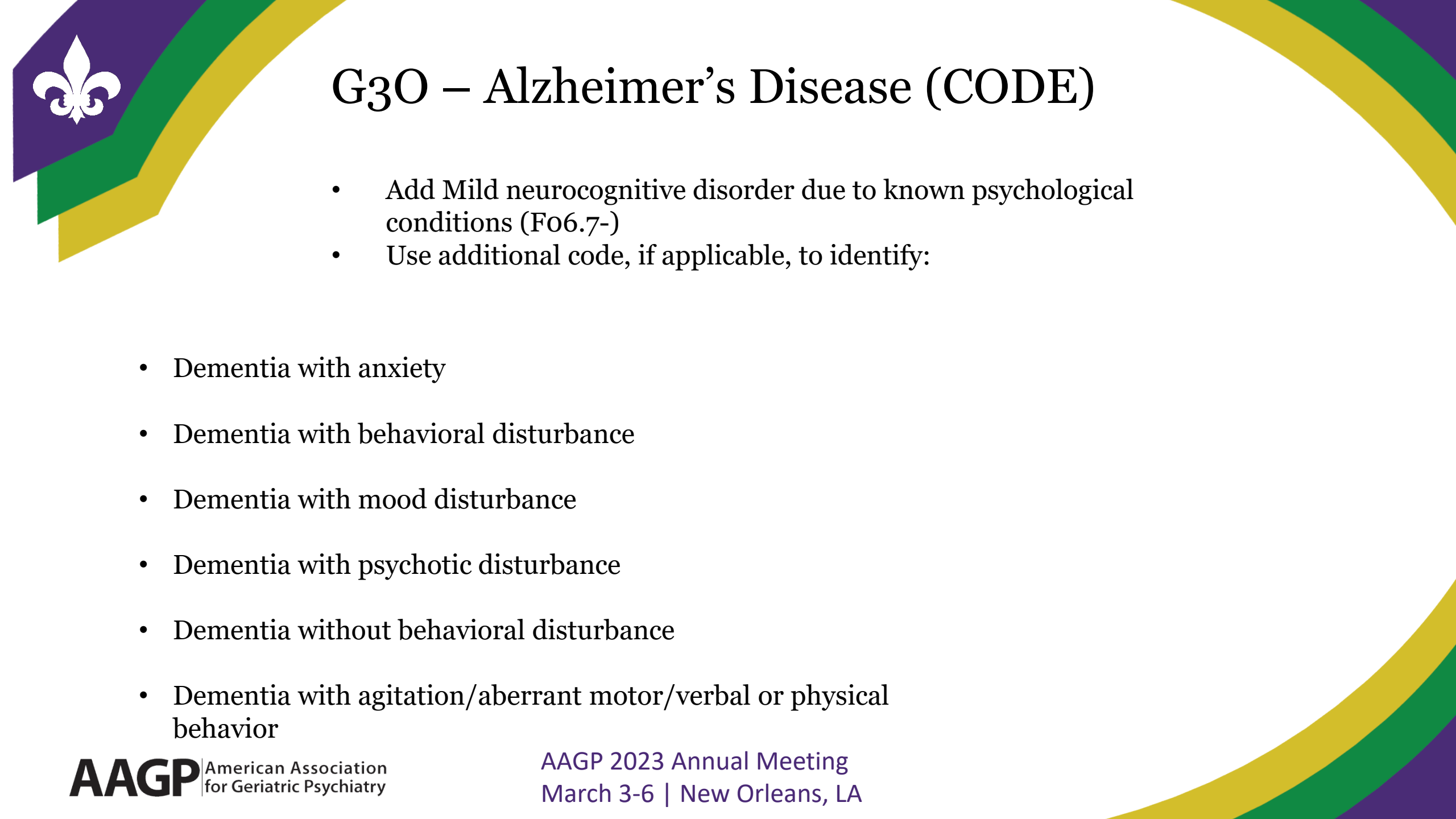
- Dementia with anxiety
- Dementia with behavioral disturbance
- Dementia with mood disturbance
- Dementia with psychotic disturbance
- Dementia without behavioral disturbance
- Dementia with agitation/aberrant motor/verbal or physical behavior



G2O – Parkinson’s Disease (CODE)

- Add Mild neurocognitive disorder due to known psychological conditions (F06.7-)
- Use additional code, if applicable, to identify:

- Dementia with anxiety
- Dementia with behavioral disturbance
- Dementia with mood disturbance
- Dementia with psychotic disturbance
- Dementia without behavioral disturbance
- Dementia with agitation/aberrant motor/verbal or physical behavior



G3O – Alzheimer’s Disease (CODE)

- Add Mild neurocognitive disorder due to known psychological conditions (F06.7-)
- Use additional code, if applicable, to identify:

- Dementia with anxiety
- Dementia with behavioral disturbance
- Dementia with mood disturbance
- Dementia with psychotic disturbance
- Dementia without behavioral disturbance
- Dementia with agitation/aberrant motor/verbal or physical behavior