



June 2019

### **CODING FOR DEMENTIA NEEDS TO BE SPECIFIC**

Correct coding for dementia requires an assessment of the root cause. Here are some examples:

- G30.0 Alzheimer's disease with early onset
- G30.1 Alzheimer's disease with late onset
- G30.8 Other Alzheimer's disease
- G30.9 Alzheimer's disease, unspecified
- F01.50 Vascular dementia without behavioral disturbance
- F10.27 Alcohol dependence with alcohol-induced persisting dementia
- F10.97 Alcohol use, unspecified with alcohol induced persisting dementia
- G31.83 Dementia with Lewy bodies (Parkinsonism)

Please be as specific as possible with coding for dementia and reference the cause. Please note that this is not a complete listing. If you have questions regarding a code, please feel free to give us a call.

### **USE CONTRACTED LABORATORIES FOR YOUR BCBSM AND BCN PATIENTS**

BCBSM has noted that there are some providers that are sending lab work to non-contracted laboratories. This will result in larger than necessary costs to patients. If you wish to use a non-contracted laboratory we suggest that you notify your patient that they could receive larger than expected out of pocket costs. Also, your participation agreement states that you must use network providers for non-emergency services.

### **SURPRISE MEDICAL BILLS**

You've no doubt heard that congress is looking at the problem of "surprise" medical bills. Most often this occurs when a patient sees an out of network provider and receives a bill for the full charge rate of the provider. Both low contracted rates as well as the narrowing of networks contribute to the problem. Smaller practices are not in a strong position to negotiate appropriate rates, and the narrowing of networks frustrate qualified providers who want to provide care. The AMA is working to finding solutions that protect both providers and patients.

And remember, we're here to help you. Don't hesitate to call at any time for any reason.