



APA PROPOSAL FOR NEW CODE FOR MILD COGNITIVE DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION

Michael B. First, MD
Professor of Psychiatry, Columbia University
Editor and Co-Chair, DSM-5 Text Revision (DSM-5-TR)

ICD-10-CM submission March 2021

- Cognitive impairment related to aging occurs on a continuum, ranging from
 - normal age-associated changes, to
 - cognitive deficits that exceed those expected given a person's age but not severe enough to interfere with capacity for independence in everyday activities, to
 - deficits that are severe enough to warrant a dementia diagnosis
- Similarly, degenerative diseases of the nervous system such as Alzheimer's disease typically evolve over time, so that there is a
 - period of asymptomatic histopathological changes progressing to
 - a period of mild cognitive impairment (often protracted) on the way to
 - the development of overt dementia.
- In recent years there has been great interest in identifying and potentially treating individuals during this pre-dementia period with the hope that clinical intervention might prevent the progression of the underlying illness.

331.83 MILD COGNITIVE IMPAIRMENT ADDED (EFFECTIVE OCTOBER 2006)



- At September 2005 ICD-9-CM C+M meeting, in recognition of this continuum, AAN requested a new code for **Mild Cognitive Impairment**
- **Mild cognitive impairment (MCI)** is defined by impairment in memory or any other cognitive domain that is **beyond what is normal for age**, with relatively intact function in the other domains.
- **MCI** Identifies patients at high risk for developing dementia, mostly presumed to be due to Alzheimer's disease.



- Over past fifteen years, presentations of mild cognitive impairment due to neurodegenerative diseases other than Alzheimer's and other etiologies have been identified
- Not surprising given the dimensional nature of cognitive impairment
 - MCI due to vascular disease (Neuropsychiatric Disease and Treatment 2014;10 1677–1691)
 - MCI due to frontotemporal lobar degeneration (J Alzheimers Dis. 2004 Feb;6(1):1-9)
 - MCI due to HIV disease (J Neurovirol. 2015 Oct; 21(5): 576–584)
 - MCI due to Lewy body disease (Mov Disord. 2014 Apr 15; 29(5): 608–621)
 - MCI due to traumatic brain injury (J Alzheimers Dis. 2016;51(3):727-36)
 - MCI due to Parkinson's disease (Movement Disorders. 2012;27(3):349-56)
 - MCI due to Huntington's disease (Neurology. 2010 Aug 10; 75(6): 500–507)



- APA is proposing a new ICD-10-CM code: **F06.7x Mild Cognitive Disorder due to known physiological condition**
- Compatible with, and corresponds to, WHO ICD-10 F06.7 Mild cognitive disorder due to brain damage and dysfunction and to physical disease
- Proposal modeled after F02.8 Dementia in diseases classified elsewhere, with a coding note instruction to “Code first the underlying physiological condition”
- A subset of the conditions listed under F02.8 are included as well, since most of the conditions that can cause dementia can also cause mild cognitive disorder.
- Proposed 5th digit to indicate presence (or absence) of a behavioral disturbance, also modeled after F02.8x; provides for clinical documentation of progression of behavioral symptoms which are a highly significant indicator of progression of underlying disease

PROPOSED MODIFICATION OF G31.84 MILD COGNITIVE IMPAIRMENT

- G31.84 should be retained but apply only to cases of mild cognitive impairment which are presumed to be due to a medical etiology, but for which the etiology is uncertain or unknown.
- Proposed revision of current code title for G31.84 from “Mild cognitive impairment, so stated” to “**Mild cognitive impairment of uncertain or unknown etiology**”