

The Association of Olfactory Dysfunction with Mild Cognitive Impairment in Alzheimer's Disease

Hello, this is Dr. Sonya Hardin, program director for the Geriatric Workforce Enhancement Grant at East Carolina University. Podcasts are being developed for primary care with topics in neurology. This short podcast is focused on the association of olfactory dysfunction with mild cognitive impairment in Alzheimer's disease.

The loss of odor identification has been associated with plaques and tangles in the olfactory bulb and regions of the hypothalamus in autopsy studies. Consistent with this, several clinic-based case-controlled cross-sectional or select participant studies have demonstrated association of olfactory loss with cognitive decline, mild cognitive impairment or Alzheimer's disease dementia. This suggests that impairment in odor identification may be a marker for risk of mild cognitive impairment due to Alzheimer's disease, or may actually predict progression from a mild cognitive impairment to Alzheimer's disease dementia.

I would like to talk a little bit about how you can assess olfaction with using the brief smell identification test. This is B-SIT, Brief Smell Identification Test. This particular test will consist of food related and non-food related smells such as cherry, cloves, strawberry, menthol, pineapple, lemon, leather, lilac, smoke, soap, natural gas and rose. These identification tests actually can be purchased for a very small fee. There are the three odor pocket smell tests, the 12 odor brief smell test, and the 40 odorant smell identification test. All three of these are on the market and available for purchase.

The three odor pocket smell test, which is a very brief screen of gross smell dysfunction, is sold by Sensorics for \$2.50. It takes a very short period of time to do this smell test. Once the smell test is done you can actually bill for this by using CPT code 92700. Billing for CPT 92700 will typically result in a reimbursement of around \$33 for your clinic. In order to bill for the 92700 CPT code, it's important that you include some documentation for the third party payer in your notes. You need to provide an explanation of what the presenting sign or symptom was that would cause you to perform this procedure. You need to describe what you did and what was found. You need to describe the equipment that you used and your interpretation of the test and outcomes, as well as the length of time required to complete the evaluation. By including this information in your documentation it should be sufficient to justify why these procedures were done and to be able to use the diagnostic procedure code CPT 92700.

When coding diagnosis codes of ICD10 for your patient, you can use G52.0, which is disorders of the olfactory nerve. You can use R43.0, anosmia, or you can use R43.8 which is other disturbances of smell and taste.

Today the takeaway from this session is that olfactory disorders can be significant for mild cognitive impairment and ultimately Alzheimer's disease. As a primary care provider you have the opportunity to assess olfactory dysfunction in your patients through the use of an inexpensive test and then ultimately billing for this diagnostic test with a CPT code.

I want to thank you today for listening to this podcast. It was funded by the Geriatric Workforce Enhancement Grant through HRSA. Thank you.