

**Quality ID #291: Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment – National Quality Strategy Domain: Effective Clinical Care**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**

Process

**DESCRIPTION:**

Percentage of all patients with a diagnosis of Parkinson's Disease [PD] who were assessed\* for cognitive impairment or dysfunction in the past 12 months

**INSTRUCTIONS:**

This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of Parkinson's disease seen during the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission:**

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**

All patients regardless of age with a diagnosis of Parkinson's Disease

**Denominator Criteria (Eligible Cases):**

All Patients regardless of age on date of encounter

**AND**

Diagnosis for Parkinson's disease (ICD-10-CM): G20

**AND**

Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99304, 99305, 99306, 99307, 99308, 99309, 99310

**WITHOUT**

Telehealth Modifier: GQ, GT, 95, POS 02

**NUMERATOR:**

All patients with a diagnosis of Parkinson's Disease who were assessed\* for cognitive impairment or dysfunction in the past 12 months.

**Numerator Instructions:**

\* Assessed is defined as use of a screening tool or referral to neuropsychologist for testing.

Screening tools approved for use in this measure include: (1)

- Mini-Mental Status Examination (MMSE)(2,3)
- Montreal Cognitive Assessment (MoCA)(2,3)
- Dementia Rating Scale (DRS-2)
- Parkinson's Disease Dementia – Short Screen (PDD-SS)
- Parkinson Neuropsychiatric Dementia Assessment (PANDA)
- Parkinson's Disease- Cognitive Rating Scale (PD-CRS)

- Scales for Outcomes of Parkinson's Disease – Cognition (SCOPA- Cog)

**NUMERATOR NOTE:** *To meet performance, the cognitive impairment or dysfunction assessment should occur within the previous 12 months from denominator eligible encounter.*

**Numerator Options:**

**Performance Met:**

Cognitive impairment or dysfunction assessed  
**(3720F)**

**OR**

**Performance Not Met:**

Cognitive impairment or dysfunction was not assessed, reason not otherwise specified **(3720F with 8P)**

**RATIONALE:**

Cognitive functioning impacts life satisfaction and health-related quality of life. It is anticipated that if assessed on an ongoing basis, cognitive deficits may be identified and addressed in a timely manner. Once identified, such deficits could be treated (or patients referred to appropriate resources) and thereby improve individuals quality of life.

**CLINICAL RECOMMENDATION STATEMENTS:**

- ☐ The Mini-Mental State Examination (MMSE) and the Cambridge Cognitive Examination (CAM Cog) should be considered as screening tools for dementia in patients with PD (Level B).(4)
- ☐ An assessment of neuropsychological functioning in a person presenting with parkinsonism suspected of being PD is recommended (Level A) and should include: (I) A collateral history from a reliable carer (II) A brief assessment of cognition (III) Screening for a rapid eye movement (REM) sleep behavior disorder (RBD), psychotic manifestations and severe depression.(5)
- ☐ Clinical history should be supplemented by an informant (GPP). A neurological and general physical examination should be performed in all patients with dementia (GPP).(6)
- ☐ Cognitive assessment is central to diagnosis and management of dementias and should be performed in all patients (Level A). Screening tests are available of good accuracy in the general diagnosis of dementia or have been proposed specifically for the differential diagnosis between the different forms of dementia (GPP). Neuropsychological assessment should be performed in all patients in the early stages of the disease (Level B) when the cognitive impairment reflects the disruption of specific brain structures. The neuropsychological assessment should include a global cognitive measure and, in addition, more detailed testing of the main cognitive domains including memory, executive functions and instrumental functions (Level C).(6)
- ☐ The general practitioner knows the cognitive-behavioral profile of his/her patients and can identify the clinical signs of cognitive decay at their onset, taking also into account the observation of relatives (I/A).(7)
- ☐ General practitioners should assess all pathological conditions that could cause cognitive disorders (VI/A).(7)
- ☐ In raising the diagnostic hypothesis of dementia, general practitioners should assess the presence of co-morbidities and identify risk factors due to social isolation (VI/A).(7)

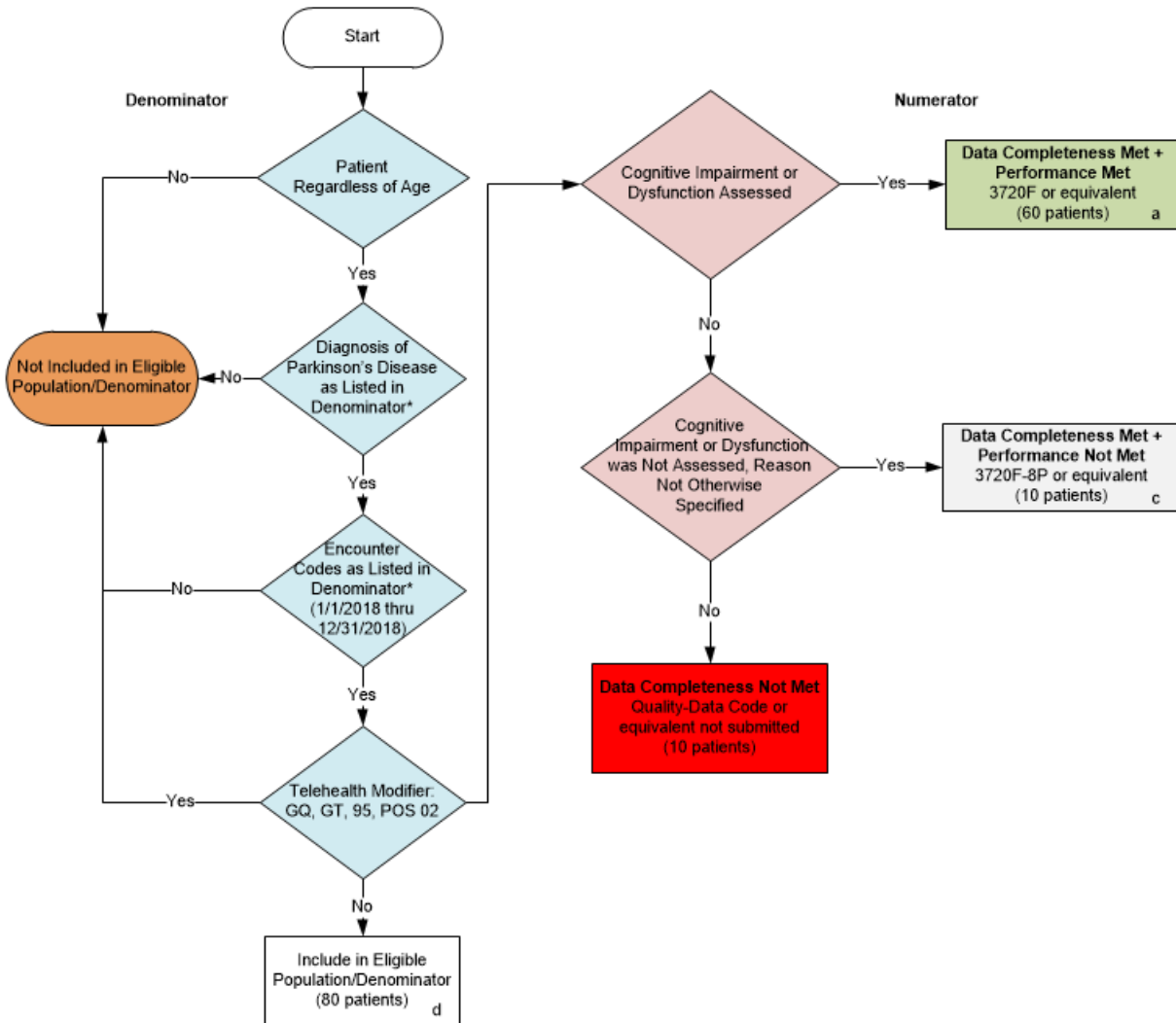
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**2018 Registry Flow for Quality ID #291:  
Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment**



**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=60 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=60 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{60 \text{ patients}}{70 \text{ patients}} = 85.71\%$$

\* See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-process

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The measure diagrams were developed by CMS as a supplemental resource to be used  
in conjunction with the measure specifications. They should not be used alone or as a  
substitution for the measure specification.

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**2018 Registry Flow for Quality ID**  
**#291: Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment**

Please refer to the specific section of the Specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Age:
  - a. All Patients Regardless of Age, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis of Parkinson's Disease as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of Parkinson's Disease as Listed in the Denominator equals Yes, proceed to check Current Encounter Performed.
4. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
5. Check Telehealth Modifier:
  - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Telehealth Modifier equals No, include in Eligible Population.
6. Denominator Population:
  - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check Cognitive Impairment or Dysfunction Assessed:
  - a. If Cognitive Impairment or Dysfunction Assessed equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 60 patients in Sample Calculation.
  - c. If Cognitive Impairment or Dysfunction Assessed equals No, proceed to Cognitive Impairment or Dysfunction Assessed was Not Assessed, Reason Not Otherwise Specified.
9. Check Cognitive Impairment or Dysfunction Assessed was Not Assessed, Reason Not Otherwise Specified:

- a. If Cognitive Impairment or Dysfunction Assessed was Not Assessed, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.
  - c. If Cognitive Impairment or Dysfunction Assessed was Not Assessed, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=60 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=60 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{60 \text{ patients}}{70 \text{ patients}} = 85.71\%$$