Quality ID #293: Parkinson’s Disease: Rehabilitative Therapy Options  
– National Quality Strategy Domain: Communication and Care Coordination  
– Meaningful Measure Area: Management of Chronic Conditions  

2019 COLLECTION TYPE:  
MIPS CLINICAL QUALITY MEASURES (CQMS)  

MEASURE TYPE:  
Process – High Priority  

DESCRIPTION:  
Percentage of all patients with a diagnosis of Parkinson’s Disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (i.e., physical, occupational, and speech therapy) discussed 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 Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.  

Measure Submission Type:  
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.  

DENOMINATOR:  
All patients with a diagnosis of Parkinson’s disease  

Denominator Criteria (Eligible Cases):  
All patients regardless of age  
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, 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 (or caregiver(s), as appropriate) who had rehabilitative therapy options (i.e., physical, occupational, and speech therapy) discussed in the past 12 months  

NUMERATOR NOTE: The 12 month look back period is defined as 12 months from the date of the denominator eligible encounter. Denominator Exception(s) are determined on the date of the denominator eligible encounter.  

Numerator Options:
**Performance Met:**
Rehabilitative therapy options discussed with patient (or caregiver) (4400F)

OR

**Denominator Exception:**
Documentation of medical reason(s) for not discussing rehabilitative therapy options with patient (or caregiver) (4400F with 1P)

OR

**Performance Not Met:**
Rehabilitative therapy options not discussed with patient (or caregiver), reason not otherwise specified (4400F with 8P)

**RATIONALE:**
For those patients with Parkinson’s disease who have impaired activities of daily living, therapy options such as physical, occupational, and speech therapy should be offered. Rehabilitative therapies play an important role in improving function and quality of life for these patients. Symptomatic therapy can provide benefit for many years. Patients with Parkinson’s disease commonly develop dysarthria.


Factor, S. Weiner, W. Parkinson’s disease: Diagnosis and Clinical Management. 2002

**CLINICAL RECOMMENDATION STATEMENTS:**

- **Physiotherapy** should be available for people with PD. Particular consideration should be given to:
  - gait re-education, improvement of balance and flexibility; enhancement of aerobic capacity; improvement of movement initiation; improvement of functional independence, including mobility and activities of daily living;
  - provision of advice regarding safety in the home environment. (Level B)(1)

- **Occupational therapy** should be available for people with PD. Particular consideration should be given to:
  - maintenance of work and family roles, home care and leisure activities; improvement and maintenance of transfers and mobility; improvement of personal self-care activities, such as eating, drinking, washing, and dressing; cognitive assessment and appropriate intervention. (Level D)(1)

- **Speech and language therapy** should be available for people with PD. Particular consideration should be given to: -Improvement of vocal loudness and pitch range, including speech therapy programs such as Lee Silverman Voice Treatment (LSVT) (Level B)(1)

- **For patients with Parkinson’s disease complicated by dysarthria, speech therapy may be considered to improve speech volume** (Level C). Different exercise modalities, including multidisciplinary rehabilitation, active music therapy, treadmill training, balance training, and "cued" exercise training are probably effective in improving functional outcomes for patients with Parkinson’s disease. For patients with Parkinson’s disease, exercise therapy may be considered to improve function (Level C). (2)

- **The results of this systematic review have suggested that progressive resistance exercise can be effective and worthwhile in people with mild to moderate Parkinson’s disease, but carryover of these benefits may not occur in all measures of physical performance. We recommend that progressive resistance exercise should be implemented into clinical practice as a therapy for Parkinson’s disease, particularly when the aim is improving walking capacity in such people.** (3)

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2019 Clinical Quality Measure Flow Narrative for Quality ID #293:
Parkinson’s Disease: Rehabilitative Therapy Options

Please refer to the specific section of the Specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. All Patients Regardless of Age
3. Check Patient Diagnosis:
   a. If Diagnosis of Parkinson’s Disease as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
   b. If Diagnosis of Parkinson’s Disease as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible 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 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 Rehabilitative Therapy Options Discussed with Patient (or Caregiver):
   a. If Rehabilitative Therapy Options Discussed with Patient (or Caregiver) equals Yes, include in Data Completeness Met and Performance Met.
   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 patients in the Sample Calculation.
   c. If Rehabilitative Therapy Options Discussed with Patient (or Caregiver) equals No, proceed to check Documentation of Medical Reason(s) for Not Discussing Rehabilitative Therapy Options with Patient (or Caregiver).
9. Check Documentation of Medical Reason(s) for Not Discussing Rehabilitative Therapy Options with Patient (or Caregiver):
a. If Documentation of Medical Reason(s) for Not Discussing Rehabilitative Therapy Options with Patient (or Caregiver) equals Yes, include in Data Completeness Met and Denominator Exception.

b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.

c. If Documentation of Medical Reason(s) for Not Discussing Rehabilitative Therapy Options with Patient (or Caregiver) equals No, proceed to check Rehabilitative Therapy Options Not Discussed with Patient (or Caregiver), Reason Not Otherwise Specified.

10. Check Rehabilitative Therapy Options Not Discussed with Patient (or Caregiver), Reason Not Otherwise Specified:

a. If Rehabilitative Therapy Options Not Discussed with Patient (or Caregiver), Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.

b. Data Completeness Met and Performance Not Met letter 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 Rehabilitative Therapy Options Not Discussed with Patient (or Caregiver), Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.

11. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

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**SAMPLE CALCULATIONS:**

<table>
<thead>
<tr>
<th>Data Completeness</th>
<th>Performance Met (a=50 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients)</th>
<th>= 70 patients</th>
<th>= 87.50%</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Eligible Population / Denominator (d=80 patients)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Rate</th>
<th>Performance Met (a=50 patients)</th>
<th>= 50 patients</th>
<th>= 83.33%</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) – 60 patients</td>
<td></td>
<td></td>
</tr>
</tbody>
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