

Quality ID #290: Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease

– National Quality Strategy Domain: Effective Clinical Care

– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of all patients with a diagnosis of Parkinson's Disease [PD] who were assessed for psychiatric symptoms once 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.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

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 NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

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): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99241*, 99242*, 99243*, 99244*, 99245*, 99251*, 99252*, 99253*, 99254*, 99255*, 99304, 99305, 99306, 99307, 99308, 99309, 99310

NUMERATOR:

Patients with a diagnosis of PD who were assessed for psychiatric symptoms once in the past 12 months

Definitions:

Assessed – Is a verbal discussion. Please see “Opportunity for Improvement” section below for suggestions on possible screening tools.

Psychiatric Symptoms – Defined as: psychosis (i.e., hallucinations and delusions), depression, anxiety disorder, apathy, AND Impulse Control Disorder (i.e., gambling, hypersexual activity, binge eating, increased spending).

**Numerator Instructions:
Opportunity for Improvement**

The following screening tools may be helpful for use in practice:

For depression (8):

Geriatric Depression scale

Beck Depression

Hamilton Depression scale

For Anxiety (5):

Beck Anxiety Inventory

Hospital Anxiety and Depression Scale

Self-rating Anxiety Scale

Anxiety Status Inventory

Strait Trait Anxiety Inventory

Hamilton Anxiety Rating Scale

For Psychosis (4):

Parkinson psychosis rating scale

Rush hallucination inventory

Baylor hallucination questionnaire

Neuropsychiatric inventory (NPI or NPI-Q)

Brief psychiatric rating scale

Positive and negative syndrome scale

Schedule for assessment of positive symptoms

Unified Parkinson disease rating scale Part I

For Impulse Control Disorder (9):

Questionnaire for Impulsive-Compulsive Disorders in Parkinson’s Disease-Rating Scale (QUIP-RS)

Minnesota Impulsive Disorders Interview

NUMERATOR NOTE: *The 12 month look back period is defined as 12 months from the date of the denominator eligible encounter.*

Numerator Options:

Performance Met:

Psychosis, depression, anxiety, apathy, AND impulse control disorder assessed (**G2121**)

OR

Performance Not Met:

Psychosis, depression, anxiety, apathy, AND impulse control disorder not assessed (**G2122**)

RATIONALE:

Psychiatric symptoms are often under diagnosed and under treated. Using appropriate measures will assure that psychiatric symptoms are properly diagnosed and treated so as to not interfere with functioning levels.

CLINICAL RECOMMENDATION STATEMENTS:

- Clinicians should be aware of dopamine dysregulation syndrome, an uncommon disorder in which dopaminergic medication misuse is associated with abnormal behaviors, including hypersexuality, pathological gambling and stereotypic motor acts. This syndrome may be difficult to manage. (Level D) (1)
- Clinicians should have a low threshold for diagnosing depression in PD. (Level D) (1)
- All people with PD and psychosis should receive a general medical evaluation and treatment for any precipitating condition. (Level D) (1)
- Patients should be warned about the potential for dopamine agonists to cause impulse control disorders and excessive daytime somnolence and be informed of the implications for driving/operating machinery. (Level A) (2)
- Self-rating or clinician-rated scales may be used to screen for depression in patients with Parkinson's Disease. (Level C) (2)

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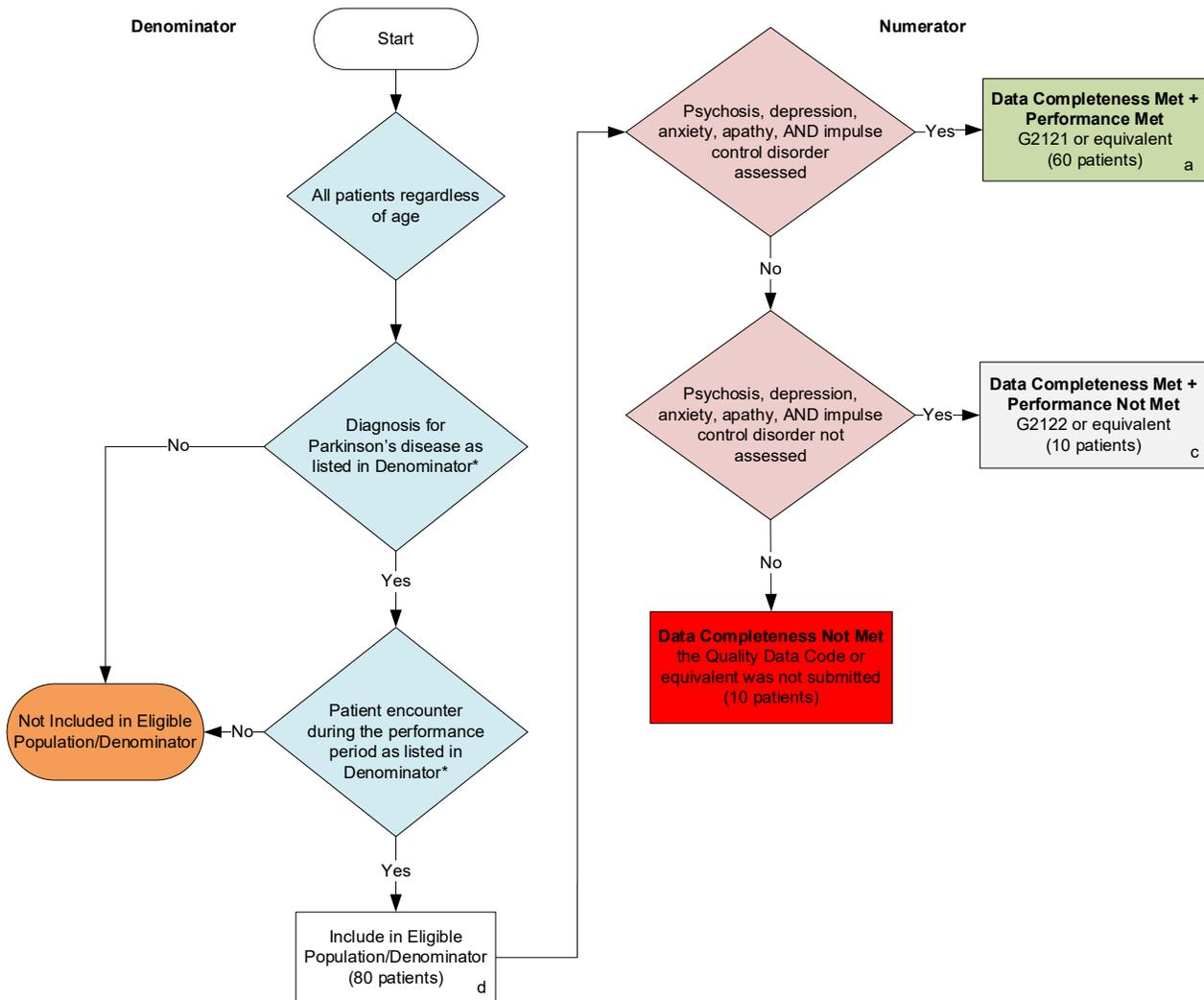
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**2021 Clinical Quality Measure Flow for Quality ID #290:
Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



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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**2021 Clinical Quality Measure Flow Narrative for Quality ID #290:
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***Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. *All patients regardless of age.*
3. Check *Diagnosis for Parkinson's disease as listed in the Denominator**:
 - a. If *Diagnosis for Parkinson's disease as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for Parkinson's disease as listed in the Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, include in *Eligible Population*.
5. Denominator Population:
 - 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.
6. Start Numerator
7. Check *Psychosis, depression, anxiety, apathy, AND impulse control disorder assessed*:
 - a. If *Psychosis, depression, anxiety, apathy, AND impulse control disorder assessed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *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 60 patients in the Sample Calculation.
 - b. If *Psychosis, depression, anxiety, apathy, AND impulse control disorder assessed* equals No, proceed to check *Psychosis, depression, anxiety, apathy, AND impulse control disorder not assessed*.
8. Check *Psychosis, depression, anxiety, apathy, AND impulse control disorder not assessed*:
 - a. If *Psychosis, depression, anxiety, apathy, AND impulse control disorder not assessed* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *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.
- b. If *Psychosis, depression, anxiety, apathy, AND impulse control disorder not assessed* equals No, proceed to check *Data Completeness Not Met*.
9. 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.

Sample Calculations

Data Completeness equals Performance Met (a equals 60 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 60 patients) divided by Data Completeness Numerator (70 patients). All equals 60 patients divided by 70 patients. All equals 85.71 percent.

* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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.