

Quality ID #293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of all patients with a diagnosis of Parkinson's Disease (PD) who were referred to physical, occupational, speech, or recreational therapy once during the measurement period.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients with a diagnosis of Parkinson's Disease (PD). 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 Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:

TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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.A1, G20.A2, G20.B1, G20.B2, G20.C

AND

Patient encounter during the performance period (CPT): 90791, 90792, 90839, 92521, 92522, 92523, 92524, 92597, 92605, 92607, 92610, 92611, 92612, 92616, 96105, 96110*, 96112, 96116, 96125, 96130, 96132, 96156, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99421, 99422, 99423, 99483

NUMERATOR:

Patients who were referred to physical, occupational, speech, or recreational therapy once during the measurement period.

Numerator Options:

Performance Met:

Referral to physical, occupational, speech, or recreational therapy (G0042)

OR

Denominator Exception:

Patient and/or care partner decline referral (G0041)

OR

Denominator Exception:

Clinician determines patient does not require referral (G0038)

OR

Denominator Exception:

Patient already receiving physical/occupational/speech/recreational therapy during the measurement period (G0040)

OR

Performance Not Met:

Patient not referred, reason not otherwise specified (G0039)

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.

WJ, Quality Standards Subcommittee of the American Academy of Neurology. Practice parameter: neuroprotective strategies and alternative therapies for Parkinson disease (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2006 Apr 11; 66(7):976-82.

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)

REFERENCES:

Suchowersky O, Gronseth G, Perlmutter J, Reich S, Zesiewicz T, Weiner WJ. (2006).

"Practice Parameter: Neuroprotective Strategies and Alternative Therapies for Parkinson Disease (An Evidence-Based Review)." Published in Neurology, Volume 66, Pages 976–982.

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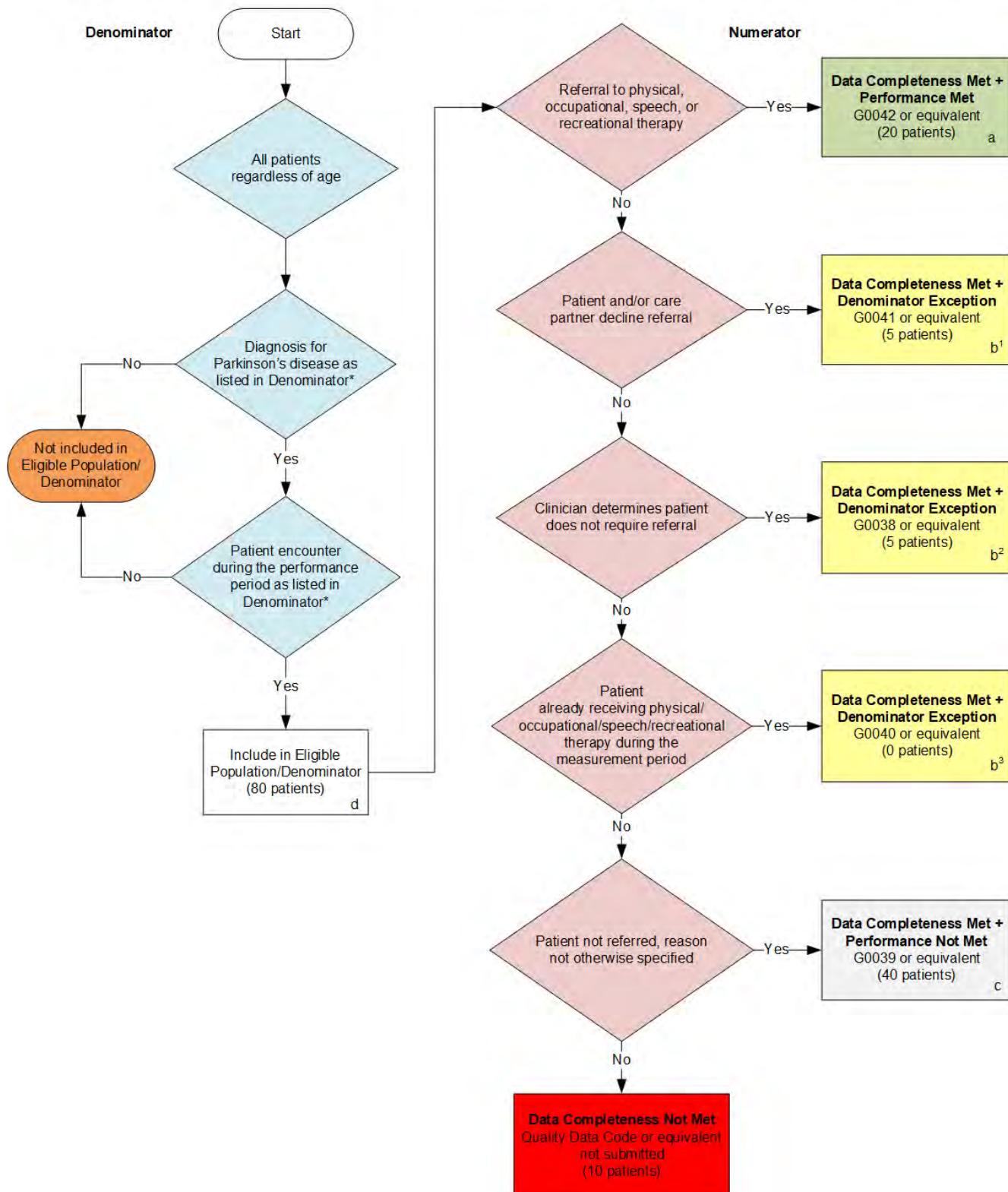
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2026 Clinical Quality Measure Flow for Quality ID #293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease

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



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=20 patients)} + \text{Denominator Exceptions (b}^1+\text{b}^2+\text{b}^3=10 \text{ patients)} + \text{Performance Not Met (c=40 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=20 patients)}}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exceptions (b}^1+\text{b}^2+\text{b}^3=10 \text{ patients)}} = \frac{20 \text{ patients}}{60 \text{ patients}} = 33.33\%$$

*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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2026 Clinical Quality Measure Flow Narrative for Quality ID #293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease

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*:
 - a. If *Diagnosis for Parkinson's disease* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for Parkinson's disease* 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/Denominator*.
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 *Referral to physical, occupational, speech, or recreational therapy*:
 - a. If *Referral to physical, occupational, speech, or recreational therapy* 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 20 patients in the Sample Calculation.
 - b. If *Referral to physical, occupational, speech, or recreational therapy* equals No, proceed to check *Patient and/or care partner decline referral*.
8. Check *Patient and/or care partner decline referral*:
 - a. If *Patient and/or care partner decline referral* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *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 b¹ equals 5 patients in the Sample Calculation.
 - b. If *Patient and/or care partner decline referral* equals No, proceed to check *Clinician determines patient does not require referral*.

9. Check *Clinician determines patient does not require referral*:
 - a. If *Clinician determines patient does not require referral* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *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 b² equals 5 patients in the Sample Calculation.
 - b. If *Clinician determines patient does not require referral* equals No, proceed to check *Patient already receiving physical/occupational/speech/recreational therapy during the measurement period*.
10. Check *Patient already receiving physical/occupational/speech/recreational therapy during the measurement period*:
 - a. If *Patient already receiving physical/occupational/speech/recreational therapy during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *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 b³ equals 0 patients in the Sample Calculation.
 - b. If *Patient already receiving physical/occupational/speech/recreational therapy during the measurement period* equals No, proceed to check *Patient not referred, reason not otherwise specified*.
11. Check *Patient not referred, reason not otherwise specified*:
 - a. If *Patient not referred, reason not otherwise specified* 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 40 patients in the Sample Calculation.
 - b. If *Patient not referred, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
12. Check *Data Completeness Not Met*:
 - 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 20 patients) plus Denominator Exceptions (b¹ plus b² plus b³ equals 10 patients) plus Performance Not Met (c equals 40 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 20 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exceptions (b¹ plus b² plus b³ equals 10 patients). All equals 20 patients divided by 60 patients. All equals 33.33 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.