

FOCUS ON: Parkinson's disease

As many as 1 million persons have Parkinson's disease (PD) in the U.S. Although 60,000 Americans are diagnosed each year, this number does not reflect the number of undiagnosed cases.¹ PD is associated with a significant economic burden to patients and society. Based on the 1992-2000 Medicare Current Beneficiary Survey, PD patients used over twice as much health care services among all categories and paid more out of pocket for their medical services, when compared with others.² After adjusting for other factors, PD patients also had higher annual health care expenses than beneficiaries without PD (\$18,528 vs. \$10,818) because of home health and long-term care needs.² The CMS-HCC model more accurately calculates Medicare capitation payments for Parkinson's patients than for the general population.² Therefore, accurate documentation and coding for PD and its complications are essential in order to maintain appropriate access of care for these patients.

The progression of Parkinson's disease

The stages of PD correspond both to the severity of movement symptoms and the impact on daily activities.³ The rate of progression varies greatly, and not all patients progress to the more advanced stages. PD can be staged as being mild, moderate, or severe.

- **Mild Parkinson's:** (1) movement symptoms may be inconvenient, but do not affect daily activities; (2) medications suppress movement symptoms effectively; and (3) regular exercise improves and maintains mobility.
- **Moderate Parkinson's:** (1) movement symptoms occur on both sides of the body, and the body moves more slowly; (2) Parkinson's medications may "wear off" between doses and cause side effects (for example, dyskinesias); and (3) occupational therapy provides strategies for maintaining independence.
- **Severe Parkinson's:** (1) the patient is not able to live alone with assistance needed for all daily activities; (2) cognitive problems may become prominent as well as hallucinations, delusions, and psychotic episodes; and (3) balancing the benefits of medications with their side effects becomes more challenging.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2018: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019. Codes marked with a + directly after them represent new additions to the FY 2018 ICD-10-CM code classification.

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 2, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that 2018 dates of service for the 2019 payment year model is based on 100% of the 2019 CMS-HCC model mappings released April 2, 2018. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>

For additional information as well as publications and products available for HEDIS[®], please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org. For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstarratings>.

Optum360 ICD-10-CM: Professional for Physicians 2018. Salt Lake City, UT: 2017.

1. Statistics on Parkinson's. Statistics on Parkinson's - Parkinson's Disease Foundation (PDF). http://www.pdf.org/en/parkinson_statistics. Accessed February 13, 2017.

2. Noyes K, Liu H, Temkin-Greener H. Cost of Caring for Medicare Beneficiaries with Parkinson's Disease: Impact of the CMS-HCC Risk-Adjustment Model. *Disease Management*. 2006;9(6):339-348. doi:10.1089/dis.2006.9.339

3. Progression. Progression of Parkinson's Disease - Parkinson's Disease Foundation (PDF). http://www.pdf.org/en/progression_parkinsons. Accessed February 13, 2017.

Documentation and coding tips

- Many nervous system conditions are manifestations of other diseases and as a result, dual coding is often required to report both the underlying conditions and the manifestation(s).
- Therefore, documentation of the association between two conditions such as "due to" a specific disease process may require multiple codes.

Dementia with Parkinson's example

A 70-year-old female is seen for dementia due to Parkinson's disease. No behavioral disturbance documented.

- G20** Parkinson's disease
F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance.

Dementia with Parkinsonism example

A 65-year-old male is seen for dementia with Parkinsonism. No behavioral disturbance documented.

- G31.83** Dementia with Lewy bodies
F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance

Note: An additional code is required for the dementia. **F02.80**, Dementia in other diseases classified elsewhere without behavioral disturbance or **F02.81**, Dementia in other diseases classified elsewhere with behavioral disturbance (use additional code, if applicable, for wandering in conditions classified elsewhere, **Z91.83**).

Assign category **G21** Secondary Parkinsonism due to medications, other health problems or illness with 4th and 5th digits to identify specified type. Use additional codes to identify adverse effect of drugs or external agents if applicable, for example:

- G21.19** Other drug induced secondary Parkinsonism
Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
- G21.2** Secondary Parkinsonism due to other external agents
Code first (T51-T65) to identify external agent
- G21.4** Vascular Parkinsonism
- G21.9** Secondary Parkinsonism, unspecified