# Parkinson’s Disease Rehabilitative Therapy Options

<table>
<thead>
<tr>
<th>Measure Description</th>
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<tbody>
<tr>
<td>Percentage of all patients with a diagnosis of PD (or caregiver(s), as appropriate) who had rehabilitative therapy options (i.e., physical, occupational, and speech therapy) discussed in the past 12 months.</td>
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</tbody>
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<tr>
<th>Measure Components</th>
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<tbody>
<tr>
<td><strong>Numerator Statement</strong></td>
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<td>All patients with a diagnosis of PD (or caregiver(s), as appropriate) who had rehabilitative therapy options (i.e., physical, occupational, and speech therapy) discussed in the past 12 months.</td>
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| **Denominator Statement** |
| All patients with a diagnosis of Parkinson’s disease. |

| **Denominator Exceptions** |
| None |

| Supporting Guideline & Other References |
| The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure: |
| - 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)

<table>
<thead>
<tr>
<th>Measure Importance</th>
<th>Relationship to Desired Outcome</th>
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<tbody>
<tr>
<td>PD causes progressive motor impairment and non-motor impairment affecting quality of life. Rehabilitative Therapy may positively influence the quality of life of patients with Parkinson Disease addressing symptoms.</td>
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<thead>
<tr>
<th>Opportunity for Improvement</th>
<th>There is growing evidence that rehabilitative therapy are effective in improving motor impairment, activities of daily living, and quality of life in PD throughout all stages. (4-7)</th>
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<tbody>
<tr>
<td>As many as 89% of patients with PD suffer from speech disorders, but studies suggest only 3-4% of people receive treatment. (8) A Cochrane Review indicated that there was insufficient evidence to support the use of one speech and language therapy over another treatment for speech problems. (9) In a 2013 study by Baek reviewing compliance with quality measure recommendations, it was noted provider compliance rate for annual review of rehabilitative therapy options was 7.5% indicating missed opportunities to offer potentially positive interventions to this population. (10) This measure was adopted into the PQRS reporting system as measure #293 in 2012. Eligible provider compliance rates for 2012 are not available. Patients should be referred to therapy programs specific to patients with PD if available in their area.</td>
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<thead>
<tr>
<th>National Quality Strategy Domains</th>
<th>☐ Patient and Family Engagement</th>
</tr>
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<tbody>
<tr>
<td>☐ Patient Safety</td>
<td>☐ Care Coordination</td>
</tr>
<tr>
<td>☐ Population/Public Health</td>
<td>☐ Efficient Use of Healthcare Resources</td>
</tr>
<tr>
<td>☒ Clinical Process/Effectiveness</td>
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<tr>
<th>Exception Justification</th>
<th>Not Applicable</th>
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<tr>
<th>Harmonization with Existing Measures</th>
<th>Not Applicable</th>
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<tr>
<th>Measure Designation</th>
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<tbody>
<tr>
<td>☒ Quality improvement</td>
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<tr>
<td>☒ Accountability</td>
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<tr>
<th>Type of Measure</th>
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<tbody>
<tr>
<td>☒ Process</td>
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<tr>
<td>☐ Outcome</td>
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</table>
(Check all that apply) □ Structure

Level of Measurement
(Check all that apply)
☒ Individual Provider
☒ Practice
☒ System

Care Setting
(Check all that apply)
☒ Outpatient
☐ Inpatient
☒ Skilled Nursing Home
☐ Emergency Departments and Urgent Care

Data Source
(Check all that apply)
☒ Electronic health record (EHR) data
☒ Administrative Data/Claims
☐ Chart Review
☒ Registry

References


Technical Specifications: Electronic Health Record (EHR) Data
The AAN is in the process of creating code value sets and the logic required for electronic capture of the quality measures with EHRs. A listing of the quality data model elements, code value sets, and measure logic (through the CMS Measure Authoring Tool) for each of the PD measures will be made available at a later date.

Technical Specifications: Administrative Data (Claims)
Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or
Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

<table>
<thead>
<tr>
<th>Denominator (Eligible Population)</th>
<th>ICD-9 Code</th>
<th>ICD-10 Code</th>
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<tbody>
<tr>
<td>332.0 (Paralysis agitans)</td>
<td>G20 Parkinson’s Disease</td>
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<tr>
<td></td>
<td>Hemiparkinsonism</td>
<td></td>
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<tr>
<td></td>
<td>Idiopathic Parkinsonism or Parkinson’s Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paralysis agitans</td>
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</tr>
<tr>
<td></td>
<td>Parkinsonisms or Parkinson’s disease NOS</td>
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<tr>
<td></td>
<td>Primary Parkinsonism or Parkinson’s disease</td>
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AND

CPT E/M Service Code:
99201, 99202, 99203, 99204, 99205 (Office or other outpatient visit-New Patient); 99211, 99212, 99213, 99214, 99215 (Office or other outpatient visit-Established Patient);
99241, 99242, 99243, 99244, 99245 (Office or Other Outpatient Consultation-New or Established Patient);
99304, 99305, 99306, 99307, 99308, 99309, 99310 (Nursing Home Consultation).