

Measure #290: Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric symptoms (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) in the last 12 months

INSTRUCTIONS:
This measure is to be reported 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 reported by eligible clinician who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of Parkinson's disease

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for Parkinson's disease (ICD-10-CM): G20

AND

Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ,GT

NUMERATOR:
Patients with a diagnosis of Parkinson's disease who were assessed for psychiatric symptoms in the last 12 months (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder)

Numerator Options:

<u>OR</u>	<i>Performance Met:</i>	Psychiatric symptoms assessed (G9742)
	<i>Performance Not Met:</i>	Psychiatric symptoms not assessed, reason not otherwise specified (G9743)

RATIONALE:
Parkinson's disease is associated with a wide range of psychiatric disorders. Some of these problems are related to the disease itself and some are related to the medications used to treat the disease. These disorders range from

anxiety and depression to psychosis and impulse control disorder. It has been demonstrated that depression, in particular, has been often overlooked as a diagnostic possibility in patients with Parkinson's disease. In fact, it has been demonstrated that depression and other psychiatric disorders are often overlooked in the general medical population. This measure will ensure that the clinician remembers to evaluate the patient for the basis of these psychiatric disorders on a yearly basis.

Marsh L. Neuropsychiatric aspects of Parkinson's disease. *Psychosomatics*. 2000 Jan-Feb; 41(1):15-23

Ravina B, Marder K, Fernandez HH, Friedman JH, McDonald W, Murphy D, Aarsland D, Babcock D, Cummings J, Endicott J, Factor S, Galpern W, Lees A, Marsh L, Stacy M, Gwinn-Hardy K, Voon V, Goetz C. Diagnostic criteria for psychosis in Parkinson's disease: report of an NINDS, NIMH work group. *Mov Disord*. 2007 Jun 15;22(8):1061-8

Galpern WR, Stacy M. Management of impulse control disorders in Parkinson's disease. *Curr Treat Options Neurol*. 2007 May;9(3):189-97

Shulman LM, Taback RL, Rabinstein AA, Weiner WJ. Non-recognition of depression and other non-motor symptoms in Parkinson's disease. *Parkinsonism Relat Disord*. 2002 Jan;8(3):193-7.

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) NICE GL35 (Jun 2006).

If a veteran with PD presents with new onset of one of the following symptoms: sad mood, feeling down; insomnia or difficulties with sleep; apathy or loss of interest in pleasurable activities; complains of memory loss; unexplained weight loss of greater than 5% in the past month or 10% over one year; or unexplained fatigue or low energy, then the patient should be asked about or treated for depression, or referred to a mental health professional within two weeks of presentation. (Outcomes Impact 5; Room for Improvement 4; Overall utility rating 4) Cheng 2004

Clinicians should have a low threshold for diagnosing depression in PD. (Level D) NICE GL35 (Jun 2006) All veterans with PD should be reassessed for complications of PD (including, but not limited to functional status, excessive daytime somnolence, speech and swallowing difficulties, dementia, depression, and psychosis) at least on an annual basis. Cheng #10 (Reassessment for complications for PD) 2004

All people with PD and psychosis should receive a general medical evaluation and treatment for any precipitating condition. (Level D) NICE GL35 (Jun 2006)

NICE National Collaborating Centre for Primary Care. National Collaborating Centre for Chronic Conditions. Parkinson's Disease: National Clinical Guideline for Management in Primary and Secondary Care (2006) London: Royal College of Physicians

Cheng Eric, Siderowf Andrew, Swaztrauber Kari, Eisa Mahmood, Lee Martin and Vickrey Barbara. Development of Quality of Care Indicators for Parkinson's disease Movement Disorders Vol. 19, No.2, 2004 (P136-150)

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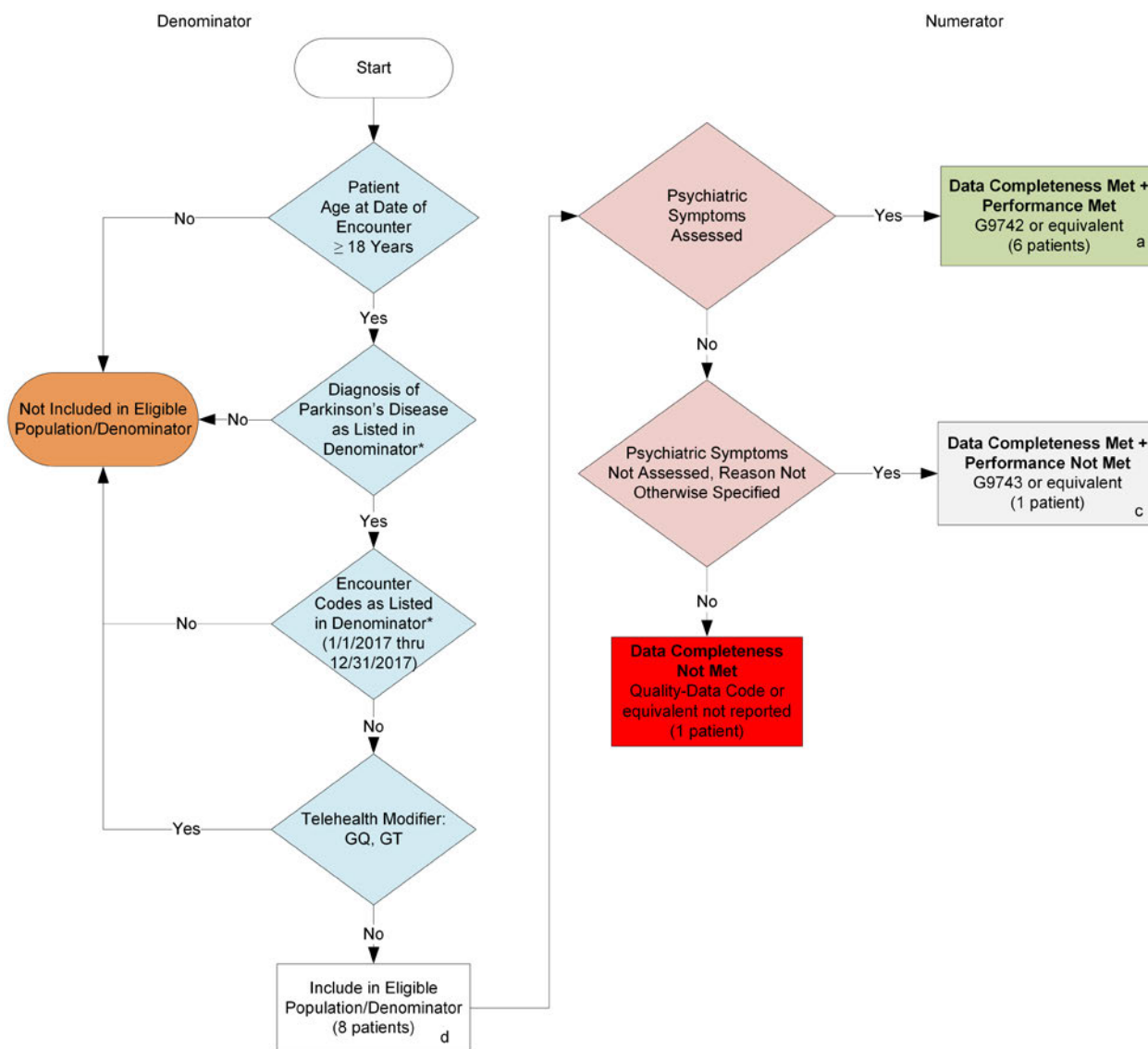
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2017 Registry Individual Measure Flow

#290: Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=6 patients) + Performance Not Met (c=1 patient) = 7 patients = 87.50%
 Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=6 patients) = 6 patients = 85.71%
 Data Completeness Numerator (7 patients) = 7 patients

* See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting 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.

v1

2017 Registry Individual Measure Flow
#290: Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment

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

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Parkinson's Disease as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Parkinson's Disease as Listed in the Denominator equals Yes, proceed to check Current Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient 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 Patient 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 8 patients in the sample calculation.
7. Start Numerator
8. Check Psychiatric Disorders or Disturbances Assessed:
 - a. If Psychiatric Disorders or Disturbances Assessed equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 6 patients in Sample Calculation.

- c. If Psychiatric Disorders or Disturbances Assessed equals No, proceed to Psychiatric Disorders or Disturbances Not Assessed, Reason Not Otherwise Specified.
9. Check Psychiatric Disorders or Disturbances Not Assessed, Reason Not Otherwise Specified:
 - a. If Psychiatric Disorders or Disturbances Not Assessed, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 1 patient in the Sample Calculation.
 - c. If Psychiatric Disorders or Disturbances Not Assessed, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=6 patients)} + \text{Performance Not Met (c=1 patient)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=6 patients)}}{\text{Data Completeness Numerator (7 patients)}} = \frac{6 \text{ patients}}{7 \text{ patients}} = 85.71\%$$