

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Parkinson's Disease



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Agenda

1. Overview of the condition
 2. Coding & documentation considerations
 3. Documentation example
 4. Additional resources
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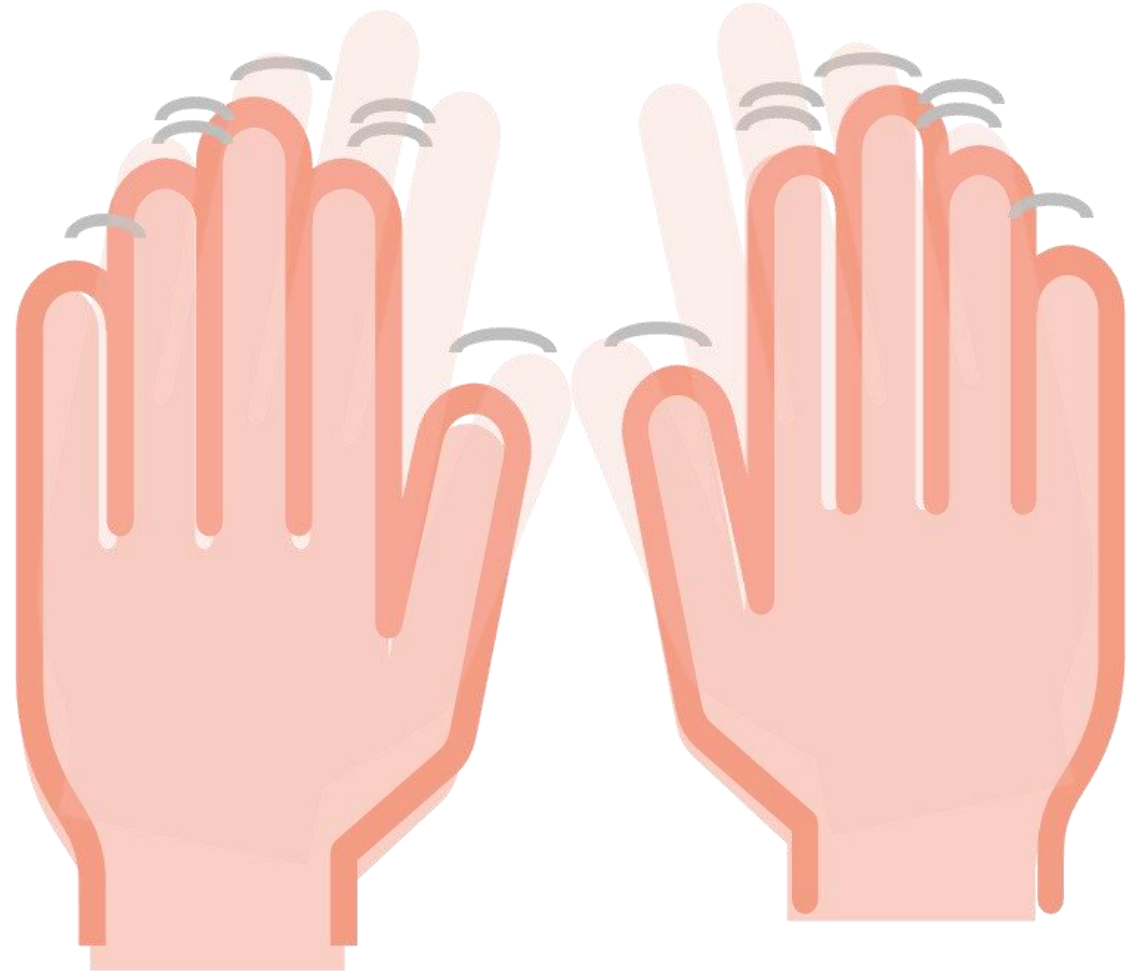
Parkinson's Disease

Parkinson's disease is a progressive neurological disorder that affects a person's control over their movements.

The condition causes degeneration in parts of the brain that are responsible for movement.

Symptoms usually emerge gradually and intensify over time. (e.g., *shaking or tremor at rest, stiffness or rigidity of limbs, gait and balance problems*).

As the disease progresses, symptoms can worsen and impact other aspects of health and well-being. Some people with later-stage Parkinson's disease may experience dementia-like symptoms and depression.



Coding Considerations

Differentiate between idiopathic (G20) and secondary Parkinsonism (G21), using G21 codes when Parkinsonism is caused by medication, toxins, or trauma.

Note the dyskinesia (involuntary, erratic, dance-like, or writhing movements) and fluctuation (on-off periods) presence.

If the patient has Parkinson's with dementia, assign a code for the Parkinson's disease first, followed by a code for dementia with or without behavioral disturbance (F02.- Dementia in other diseases classified elsewhere).

G20.A1	Parkinson's disease without dyskinesia, without mention of fluctuations	G21.19	Other drug induced secondary parkinsonism
G20.A2	Parkinson's disease without dyskinesia, with fluctuations	G21.2	Secondary parkinsonism due to other external agents
G20.B1	Parkinson's disease with dyskinesia, without mention of fluctuations	G21.3	Postencephalitic parkinsonism
G20.B2	Parkinson's disease with dyskinesia, with fluctuations	G21.4	Vascular parkinsonism
G20.C	Parkinsonism, unspecified	G21.8	Other secondary parkinsonism
G21.11	Neuroleptic induced parkinsonism	G21.9	Secondary parkinsonism, unspecified

Documentation Considerations



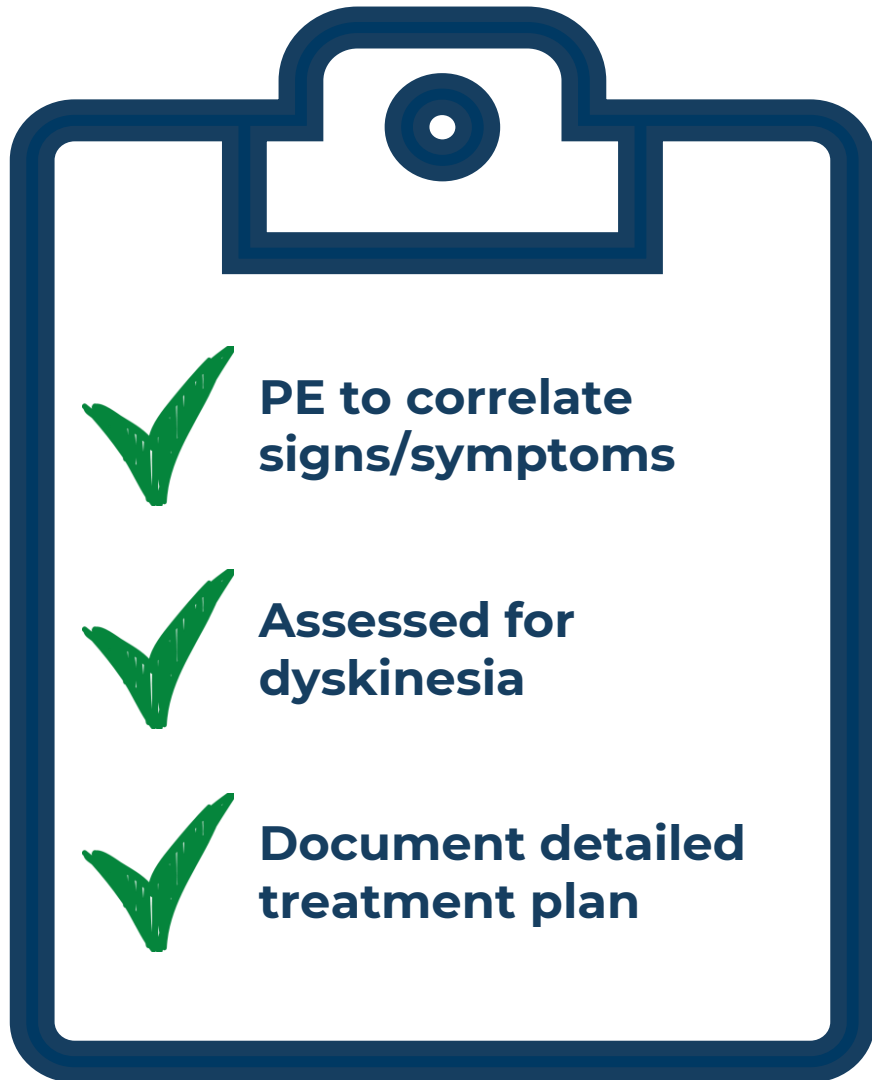
Document any **complications, associated conditions, or underlying conditions**.

Correlate any **abnormal findings, signs, or symptoms** in the review of systems (ROS) or physical exam (*e.g., falls, memory or behavior disturbances, mental health issues, gait issues, paresthesia*).

Incorporate **lab results and imaging studies**, ensuring the condition is clearly articulated by a clinician, as non-clinicians cannot infer it.

Document a **detailed treatment plan** including discussions and advice given to the patient, orders for labs/radiological studies, referrals, procedures, therapy, prescribed medications (with dosages), and patient education. If treated by a specialist, document the patient's status and treatment type.

Parkinson's Disease Example



Subjective:

Patient with known PD presents for routine f/u. Symptoms generally well controlled. **Denies dyskinesia** since medication adjustment 3 months ago. **Bradykinesia and tremor present** but manageable. Continues **OT and PT once weekly** finding sessions beneficial. **Denies falls, change in gait or cognitive decline.**

Physical Exam:

Mild bradykinesia and resting tremor

Assessment & Plan:

Parkinson's disease without dyskinesia without mention of fluctuations – Symptoms stable, maintaining on **Carbidopa/Levodopa ER 36.25mg/145mg PO TID** and **Rasagiline 1mg PO daily**. Continue **OT/PT** for functional maintenance. Monitor for new or worsening symptoms.

The clinician performed a PE for signs and symptoms, assessed for dyskinesia and documented a detailed treatment plan for the patient's Parkinson's disease. Based on this documentation, Parkinson's disease without dyskinesia without mention of fluctuations G20.A1 would be appropriate to code.

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

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