Movement & Neurological Disorders

Several types of movement disorders exist, each with unique symptoms, causes, risk factors, and treatments; the following are some of the most prevalent. Parkinson's disease is a progressive movement disorder affecting the nervous system, characterized by tremors, rigidity, slow movement, and balance issues. Multiple sclerosis (MS) is a common neurological disease in young adults where the immune system attacks myelin, causing vision problems, muscle weakness, and other neurological symptoms, with various disease courses. Cerebral palsy encompasses movement disorders affecting posture, gait, and coordination, with subtypes (ataxic, athetoid/dyskinetic, hypotonic, spastic, and mixed) depending on the brain area affected. Muscular dystrophy involves progressive muscle weakness and wasting, with Duchenne being the most common childhood form; several other types exist with varied onset. Huntington's disease is a rare, inherited disorder causing progressive neurological decline impacting movement, cognition, and mental health.

Best Documentation Practices

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

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

Record all clinical findings to support the highest level of specificity for the diagnosis, including **lab results and imaging studies**.

Link the **medication treating the condition** and note any **referrals for additional care resources** in the assessment and plan.

M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition.

M
Monitor

How is the patient doing?

Document signs, symptoms, disease progression/regression or ongoing surveillance

E
Evaluate

What is the current state of the condition?

Document current state, test results, medication effectiveness or response to treatment

A
Address/Assess

How will the condition be evaluated?

Document discussion, review of records, counseling, or ordering further tests

T
Treatment

What is being done to help the condition?

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

Movement & Neurological Disorders ICD-10 Category Reference Guide

This partial list of Risk Adjustment condition categories and ICD-10 codes (showing partial codes for some) is not exhaustive. **For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.**

Movement & Neurological Disorders	
G10	Huntington's disease
G20.XX	Parkinson's disease
G21.XX	Secondary parkinsonism
G35	Multiple sclerosis
G71.XXXX	Muscular dystrophy
G80.X	Cerebral palsy

Coding Examples

Example 1	
Documentation	**Reason for Visit:** Parkinson's Disease F/U. **Subjective:** Patient reports no significant worsening of tremor, rigidity or bradykinesia. **PE:** Mild resting tremor R hand, mild rigidity upper extremities B/L. Slowed gait. **Assessment & Plan:** Parkinson's Disease – Stable. Continue Sinemet CR. Maintain current physical therapy and speech therapy regimen. F/U in 3 months to monitor symptoms/adjust treatment as needed.
ICD-10 Code(s)	G20.A1 Parkinson's disease without dyskinesia, without mention of fluctuations
Rationale	The provider documented the condition in the assessment and plan, assessed for all signs and symptoms in the physical exam, and recommended therapies and linked medications for continued management.

Example 2	
Documentation	**Reason for Visit:** MS Follow up and review MRI results. **Subjective:** Patient reports no new neurological symptoms since last visit, tolerating Tecfidera well. **MRI Results:** No evidence of new lesions to suggest acute demyelinating activity compared to prior exam. Stable previously noted nonspecific white matter changes. **PE:** No significant changes compared to last assessment, ambulating well with cane. **Assessment & Plan:** Multiple sclerosis - Clinically stable. Cont Tecfidera 120 mg BID.
ICD-10 Code(s)	G35 Multiple Sclerosis
Rationale	The provider documented the condition within the assessment/plan, assessed for any neurological changes within the physical exam and reviewed diagnostic testing and medication management.

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