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.

Best Documentation Practices

1. Document any **complications, associated conditions, or underlying conditions**.
2. 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).*
3. Incorporate **lab results and imaging studies,** ensuring the condition is clearly articulated by a clinician, as non-clinicians cannot infer it.
4. 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.

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.

Parkinson's Disease ICD-10 Category Reference Guide

This list of ICD-10 codes (containing some incomplete codes) is not exhaustive. Refer to the current version of the ICD-10-CM Official Guidelines for Coding and Reporting, the ICD-10-CM Index to Diseases and Injuries, and the Tabular List of Diseases for a list of all ICD-10-CM codes and coding instructions. Copies of the Risk Adjustment models can be found at www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/risk-adjustment.

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

Use additional code, if applicable to identify	
F02.XXX	Dementia in other diseases classified elsewhere

Coding Example	
Documentation	**Subj:** Routine f/u for PD. Bradykinesia and tremor present but manageable and stable. Denies dyskinesia since medication adjustment. Attends OT/PT once a week. Denies falls, change in gait or cognitive decline **PE:** Mild bradykinesia and resting tremor **Assessment & Plan:** Parkinson's disease without dyskinesia without mention of fluctuations - stable, maintaining on Carbidopa/Levodopa ER 36.25mg/145mg PO TID and Rasagiline 1mg PO daily. Continue OT/PT for functional maintenance and monitor for new or worsening symptoms.
ICD-10 Code(s)	G20.A1 Parkinson's, disease without dyskinesia without mention of fluctuations
Rationale	The clinician performed a PE for signs and symptoms, assessed for dyskinesia and documented a detailed treatment plan for the patients Parkinson's disease.

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NOTE: This tool is intended to assist with documentation only and not intended to take the place of clinical analysis. Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations. Reference Official ICD-10-CM coding guidelines and manuals or electronic medical coding software for accurate ICD-10-CM codes and specificity.

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