

Insider

Informative and educational coding information for providers

Focus on: Parkinson's disease



As many as 1 million persons have Parkinson's disease (PD) in the U.S. Although 60,000 Americans are diagnosed each year, this number does not reflect the number of undiagnosed cases.¹

PD is associated with a significant economic burden to patients and society. Based on the 1992–2000 Medicare Current Beneficiary Survey, PD patients used more health care services among all categories and paid more out of pocket for their medical services than others (\$5,532 vs. \$2,187).² After adjusting for other factors, PD patients also had higher annual health care expenses than beneficiaries without PD (\$18,528 vs. \$10,818) because of home health and long-term care needs.² The CMS-HCC model more accurately calculates Medicare capitation payments for Parkinson's patients than for the general population.² Therefore, accurate documentation and coding for PD and its complications are essential in order to maintain appropriate access of care for these patients.

The progression of Parkinson's disease

The stages of PD correspond both to the severity of movement symptoms and the impact on daily activities.³ The rate of progression varies greatly, and not all patients progress to the more advanced stages. PD can be staged as being mild, moderate or severe.⁴

- Mild Parkinson's: (1) movement symptoms may be inconvenient, but do not affect daily activities; (2) medications suppress movement symptoms effectively; and (3) regular exercise improves and maintains mobility.
- Moderate Parkinson's: (1) movement symptoms occur on both sides of the body, and the body moves more slowly; (2) Parkinson's medications may "wear off" between doses and cause side effects (for example, dyskinesias); and (3) occupational therapy provides strategies for maintaining independence.
- Severe Parkinson's: (1) the patient is not able to live alone with assistance needed for all daily activities; (2) cognitive problems may become prominent as well as hallucinations, delusions and psychotic episodes; and (3) balancing the benefits of medications with their side effects becomes more challenging.

Always remember ...

- ICD-10-CM coding conventions require that the underlying condition (etiology) code be sequenced first, followed by the manifestation code or codes.
- Whenever a condition requires etiology and manifestation codes, there is a "use additional code" note following the etiology code and a "code first" note following the manifestation code.
- Example: Dementia without behavioral disturbances in Parkinson's disease:

Etiology – G20 Parkinson's disease

Manifestation – F02.80 Dementia in diseases classified elsewhere without behavioral disturbance

Documentation and coding tips

ICD-9-CM: Coding for Parkinson's disease⁵

- 332.0 Paralysis agitans (Parkinsonism or Parkinson's disease)
- 332.1 Secondary Parkinsonism
- 333.0 Other degenerative disorders of the basal ganglia (Parkinsonian syndrome assoc. with orthostatic hypotension)
- 333.4 Huntington's chorea

ICD-10-CM: Coding for Parkinson's disease⁶

- G20 Parkinson's disease
See category G21 for Secondary Parkinsonism (multiple code choices)
- G10 Huntington's disease

Complications of Parkinson's disease

ICD-9-CM Coding⁵

- 331.82, 294.10 Dementia with Parkinsonism

Note: Code 331.82 requires a second code, either 294.10 Dementia without behavioral disturbance or 294.11, Dementia with behavioral disturbance (use additional code, where applicable, to identify wandering in conditions classified elsewhere, V40.31). If the behavioral disturbance is not documented, the default is 294.10.

ICD-10-CM Coding⁶

- G31.83, F02.80 Dementia with Parkinsonism

Note: Code G31.83 requires a second code, either F02.80, Dementia in other diseases classified elsewhere without behavioral disturbance or F02.81, Dementia in other diseases classified elsewhere with behavioral disturbance (use additional code, if applicable, to identify wandering in conditions classified elsewhere, Z91.83). If the behavioral disturbance is not documented, the default is F02.80.

Coding example: Dementia without behavioral disturbances in Parkinson's disease

- G20 Parkinson's disease
- F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance

This guidance is to be used for easy reference; however, the ICD-9-CM and ICD-10-CM code books and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2016.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>.

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Per the ICD-10-CM Official Guidelines for Coding and Reporting 2015 from the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required."

1. "Statistics on Parkinson's." Parkinson's Disease Foundation, Inc. World Parkinson Congress, n.d. Web. 15 Sept. 2014. pdf.org/en/parkinson_statistics
 2. Noyes, K.; Liu, H.; Temkin-Greener, H. Cost of caring for Medicare beneficiaries with Parkinson's disease: impact of the CMS-HSS riskadjustment model. *Disease Management* 2006 Dec 9(6) 339-48.
 3. International Parkinson and Movement Disorder Society. Movement Disorder Society-Sponsored Revision of the Unified Parkinson's Disease Rating Scale (MDS-UPDRS): Scale Presentation and Clinimetric Testing Results. 2008. Available at: movementdisorders.org/MDS-Files/Resources/PDFS/MDS-UPDRS.pdf. Accessed April 7, 2015.
 4. Parkinson's Disease Foundation (PDF). Progression of Parkinson's Disease. 2015. Available at: pdf.org/en/progression_parkinsons. Accessed April 7, 2015.
 5. *Optum ICD-9-CM for Physicians Professional 2015. Vols. 1&2*. Salt Lake City: 2014.
 6. *Optum ICD-10-CM: The Complete Official Draft Set 2015*. Salt Lake City: 2014.