

## Quality ID #291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease

### **2024 COLLECTION TYPE:** **MIPS CLINICAL QUALITY MEASURES (CQMS)**

### **MEASURE TYPE:** Process

**DESCRIPTION:**  
Percentage of all patients with a diagnosis of Parkinson's disease (PD) who were assessed for cognitive impairment or dysfunction once during the measurement period.

**INSTRUCTIONS:**  
This measure is to be submitted 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 submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

***NOTE:*** Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, 95, POS 02, POS 10) are allowable.

**Measure Submission Type:**  
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**  
All patients with a diagnosis of Parkinson's disease

***DENOMINATOR NOTE:*** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

**Denominator Criteria (Eligible Cases):**

All patients regardless of age

**AND**

**Diagnosis for Parkinson's disease (ICD-10-CM):** G20.A1, G20.A2, G20.B1, G20.B2, G20.C

**AND**

**Patient encounter during the performance period (CPT):** 96125, 97129, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242\*, 99243\*, 99244\*, 99245\*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99421, 99422, 99423, 99441, 99442, 99443, 99483

**NUMERATOR:**  
Patients (or care partner as appropriate) who were assessed for cognitive impairment or dysfunction once during the measurement period

**Definition:**

**Assessed** – Is defined as a discussion with the patient or care partner or use of a screening tool OR referral to neuropsychologist for testing.

**Numerator Instructions:**

Screening tools approved for use in this measure include:

- Dementia Rating Scale (DRS-2)
- Mini-Mental Status Examination (MMSE)
- Montreal Cognitive Assessment (MoCA)
- Neuro-QoL
- Parkinson’s Disease Dementia – Short Screen (PDD-SS)
- Parkinson Neuropsychiatric Dementia Assessment (PANDA)
- Parkinson’s Disease- Cognitive Rating Scale (PD-CRS)
- Patient-Reported Outcomes Measurement Information System (PROMIS)
- Scales for Outcomes of Parkinson’s Disease – Cognition (SCOPA- Cog)

**Numerator Options:**

**OR**

***Performance Met:*** Cognitive impairment or dysfunction assessed (**3720F**)

***Denominator Exception:*** Patient or care partner decline assessment (**G0036**)

**OR**

***Denominator Exception:*** On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available. (**G0037**)

**OR**

***Performance Not Met:*** Cognitive impairment or dysfunction was not assessed, reason not otherwise specified (**3720F with 8P**)

**RATIONALE:**

Cognitive functioning impacts life satisfaction and health-related quality of life. It is anticipated that if assessed on an ongoing basis, cognitive deficits may be identified and addressed in a timely manner. Once identified, such deficits could be treated (or patients referred to appropriate resources) and thereby improve individuals quality of life.

**CLINICAL RECOMMENDATION STATEMENTS:**

- The Mini-Mental State Examination (MMSE) and the Cambridge Cognitive Examination (CAM Cog) should be considered as screening tools for dementia in patients with PD (Level B).(4)
- An assessment of neuropsychological functioning in a person presenting with parkinsonism suspected of being PD is recommended (Level A) and should include: (I) A collateral history from a reliable carer (II) A brief assessment of cognition (III) Screening for a rapid eye movement (REM) sleep behavior disorder (RBD), psychotic manifestations and severe depression.(5)
- Clinical history should be supplemented by an informant (GPP). A neurological and general physical examination should be performed in all patients with dementia (GPP).(6)
- Cognitive assessment is central to diagnosis and management of dementias and should be performed in all patients (Level A). Screening tests are available of good accuracy in the general diagnosis of dementia or have been proposed specifically for the differential diagnosis between the different forms of dementia (GPP). Neuropsychological assessment should be performed in all patients in the early stages of the disease (Level B) when the cognitive impairment reflects the disruption of specific brain structures. The neuropsychological assessment should include a global cognitive measure and, in addition, more detailed testing of the main cognitive domains including memory, executive functions and instrumental functions (Level C).(6)

- The general practitioner knows the cognitive-behavioral profile of his/her patients and can identify the clinical signs of cognitive decay at their onset, taking also into account the observation of relatives (I/A).(7)
- General practitioners should assess all pathological conditions that could cause cognitive disorders (VI/A).(7)
- In raising the diagnostic hypothesis of dementia, general practitioners should assess the presence of comorbidities and identify risk factors due to social isolation (VI/A).(7)

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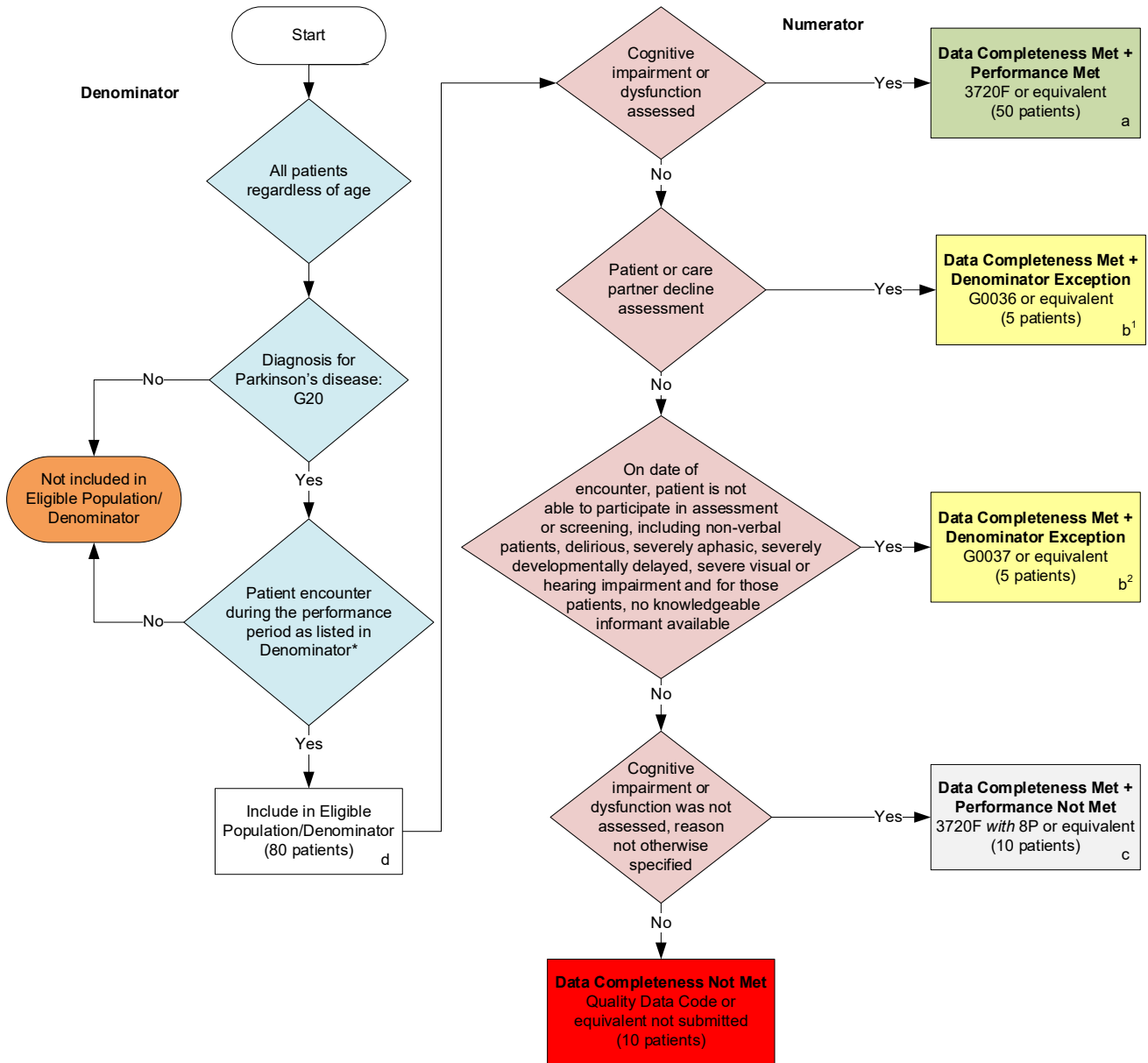
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## 2024 Clinical Quality Measure Flow for Quality ID #291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*



**SAMPLE CALCULATIONS**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=50 patients)} + \text{Denominator Exceptions (b}^1\text{+b}^2\text{=10 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exceptions (b}^1\text{+b}^2\text{=10 patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$$

\* See the posted measure specification for specific coding and instructions to submit this measure.  
 NOTE: Submission 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.

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**2024 Clinical Quality Measure Flow Narrative for Quality ID #291:  
Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson’s Disease**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *All patients regardless of age*
3. Check *Diagnosis for Parkinson’s disease*:
  - a. If *Diagnosis for Parkinson’s disease* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for Parkinson’s disease* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator\**.
4. Check *Patient encounter during the performance period as listed in Denominator\**:
  - a. If *Patient encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
  - 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 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Cognitive impairment or dysfunction assessed*:
  - a. If *Cognitive impairment or dysfunction assessed* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 patients in Sample Calculation.
  - b. If *Cognitive impairment or dysfunction assessed* equals No, proceed to check *Patient or care partner decline assessment*.
8. Check *Patient or care partner decline assessment*:
  - a. If *Patient or care partner decline assessment* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>1</sup> equals 5 patients in Sample Calculation.

- b. If *Patient or care partner decline assessment* equals No, proceed to check *On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, several aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available*.
9. Check *On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available*:
  - a. If *On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, several aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>2</sup> equals 5 patients in Sample Calculation.
  - b. If *On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, several aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available* equals No, proceed to check *Cognitive impairment or dysfunction was not assessed, reason not otherwise specified*.
10. Check *Cognitive impairment or dysfunction was not assessed, reason not otherwise specified*:
  - a. If *Cognitive impairment or dysfunction was not assessed, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.
  - b. If *Cognitive impairment or dysfunction was not assessed, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
  - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations**

Data Completeness equals Performance Met (a equals 50 patients) plus Denominator Exceptions (b<sup>1</sup> plus b<sup>2</sup> equals 10 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exceptions (b<sup>1</sup> plus b<sup>2</sup> equals 10 patients). All equals 50 patients divided by 60 patients. All equals 83.33 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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.