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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Pre-fill  QI pre-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  RACE ETHNICITY  AGE | Patient SSN  First Name  Last Name  Birth Date  Sex  Race  Ethnicity  Age | Pre-fill: no change  Pre-fill no change  Pre-fill no change  Pre-fill: no change  Pre-fill: can change  Pre-fill: no change  Pre-fill: no change  If pdvalenc =1 calculate age at pdencdt, else if pdvalenc = 2, calculate age at pdencdt2 |  |
| **#** | **Name** | **Question** | **Field Format** | **DEFINITIONS/DECISION RULES** |
| 1 | pdencdt | **Computer will pre-fill** the date of the earliest outpatient encounter with a Physician/APN/PA for Parkinson’s Disease. | mm/dd/yyyy  **Computer will pre-fill**  **Cannot modify**   |  | | --- | | >= 10/01/2020 and <= 9/30/2021 | | **Computer will pre-fill** date of the earliest outpatient encounter with a Physician/APN/PA during the specified time frame.  This date will come from the patient list provided by the VA Parkinson’s Disease Research, Education, and Clinical Centers (PADRECCs). |

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| 2 | pdvalenc | On (computer to display pdencdt) is there documentation of an outpatient encounter with a Physician/APN/PA for Parkinson’s Disease?  1. Yes  2. No | 1,2  If 1, go to pddx | Select value “1” if the patient had a Physician/APN/PA outpatient encounter for Parkinson’s Disease on the pre-filled date.  **Include only outpatient encounters.**  **An outpatient encounter may include:**   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities |

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| 3 | pdencdt2 | During the timeframe from 10/01/2020 to 9/30/2021, enter the date of the earliest outpatient encounter with a Physician/APN/PA for Parkinson’s Disease at this VAMC. | mm/dd/yyyy   |  | | --- | | >= 10/01/2020 and <= 9/30/2021 |   Abstractor may enter 99/99/9999  **If 99/99/9999, the case is excluded** | **Enter the exact date of the earliest outpatient encounter during the specified timeframe with a physician/APN/PA for Parkinson’s Disease.**  **Include:**   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities   **If there is no VA outpatient encounter in the specified timeframe, enter 99/99/9999.**  **Suggested data sources:** Progress notes, clinic notes, telephone notes, tele-video notes  **Exclusion Statement**: Although the sample information indicated the patient had an outpatient encounter, medical record documentation did not find an encounter within the specified timeframe. |

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| 4 | pddx | Enter the Parkinson’s Disease ICD-10-CM diagnosis code documented in the record on (If pdvalenc =1, display pdencdt; else display pdencdt2). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_  **Pre-filled: can be modified**  ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)  **Abstractor can enter xxx.xxxx**   |  | | --- | | **Cannot enter 000.0000, 123.4567, or 999.9999** |   **Warning if xxx.xxxx**  If xxx.xxxx go to othpddx1; else go to pdmdpsy1 | Review the pre-filled Parkinson’s Disease diagnosis code to verify the code is documented in the record.  Parkinson’s Disease is represented by ICD-10-CM code G20.   * **Do Not Change the pre-filled ICD-10-CM code** **if the pre-filled Parkinson’s disease diagnosis code matches documentation in the medical record on the date displayed in the question** * **If the pre-filled diagnosis does not match the diagnosis found in the medical record on the date displayed in the question, enter xxx.xxxx**. |

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| 5 | othpddx1  othpddx2  othpddx3  othpddx4  othpddx5 | Enter the Parkinson’s Disease ICD-10-CM other diagnosis codes documented on (If pdvalenc =1, computer to display pdencdt; else display pdencdt2). | \_\_ \_\_ \_\_. \_\_ \_\_ \_\_ \_\_  (3 alpha-numeric characters/decimal point/four alpha-numeric characters)  If enabled, can enter up to 5 codes  Abstractor can enter xxx.xxxx in 1 code field, if no other diagnosiscodes found.  **If pddx= xxx.xxxx and othpddx = xxx.xxxx, the case is excluded** | **Enter any other Secondary Parkinsonism G21 ICD-10-CM codes documented in the medical record for the specified encounter, if available.**  **G21 codes include the following:**   |  |  | | --- | --- | | G21 | Secondary parkinsonism | | G21.1 | Other drug-induced secondary parkinsonism | | 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 | | G31.83 | Dementia with Lewy bodies |   **If no other G21 Parkinson’s Disease diagnosis codes are found in the record, enter xxx.xxxx.**  **Exclusion statement: Although the sample information indicated the patient had a Parkinson’s Disease diagnosis, medical record documentation did not find G20 or G21 ICD-10-CM code in the record.** |

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| **MEASURE: Assessment of Mood Disorders and Psychosis** | | | | |
| 6 | pdmdpsy1  pdmdpsy2  pdmdpsy3  pdmdpsy4  pdmdpsy99 | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), did the Physician/APN/PA assess the patient for the following mood disorders? **Select all that apply:**   1. Depression 2. Anxiety disorder 3. Apathy 4. Psychosis (i.e., hallucinations, illusions, delusions, paranoia)   99. None documented as assessed | 1,2,3,4,99  Cannot enter 99 with any other number | Look for any Physician/APN/PA documentation that an assessment of mood disorders, including depression, anxiety, apathy, and psychosis are documented during the specified timeframe.   * **Select value “1” if the Physician/APN/PA documents assessment of mood disorder symptoms or concerns.** * **If a screening tool is completed by a Registered Nurse (RN) during the timeframe, the screening must be noted as reviewed or signed** by the **Physician/APN/PA during the specified timeframe in order to select value “1”.** Some screening tools that may be documented indicating assessment of mood disorders include, but are not limited to the following tools: * **For depression:**   + Geriatric Depression Scale (GDS)   + Beck Depression Inventory (BDI)   + Hamilton Depression Rating Scale (HADS)   + Patient Health Questionnaire 2 (PHQ2)   + Patient Health Questionnaire 9 (PHQ9)   + Montgomery–Asberg Depression Rating Scale (MADRS) * **For anxiety:**   + Beck Anxiety Inventory   + Hospital Anxiety and Depression Scale   + Self-rating Anxiety Scale   + Anxiety Status Inventory   + Strait Trait Anxiety Inventory   + Hamilton Anxiety Rating Scale   + Parkinson Anxiety Scale (PAS) |
| **MEASURE: Assessment of Cognitive Impairment or Dysfunction** | | | | |
| 7 | pdcidys | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), did a Physician/APN/PA asses the patient (or care partner as appropriate) for cognitive impairment or dysfunction?  1. Yes 2. No   98. Patient or patient caregiver refused assessment  99. On date of encounter, documented the patient is not able to participate in assessment or screening, assessment not done | 1,2, 98, 99  If 1, go to pdcitool; else go to pdneuref | **Assessment of Cognitive Impairment is defined as a discussion with the patient or care partner OR use of a screening tool.**  Discussion with the patient or care partner may include the following key words:   * Memory loss * Cognitive impairment * Dementia * Forgetfulness * Word finding difficulty * Confusion/confused * Mental status changes * Poor attention or concentration * Judgment * Visuospatial function/dysfunction * Executive function/dysfunction   **Some screening tools that may be documented to assess cognitive impairment or dysfunction may include, but are not limited to any of the following:**   * Dementia Rating Scale (DRS-2) * Mini-Mental State 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)   Select value “98” if documentation indicates the patient and/or the patient caregiver refused cognitive impartment assessment.  **Cont’d next page**  **Cognitive impairment cont’d**  Select value “99” if there is no assessment documented because the patient is non-verbal, delirious, severely aphasic, severely developmentallydelayed, has severe visual or hearing impairment and no knowledgeableinformant or care giver is available to complete the assessment during the specified timeframe. |
| 8 | pdcitool1  pdcitool2  pdcitool3  pdcitool4  pdcitool5  pdcitool6  pdcitool7  pdcitool8  pdcitool9 | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), select all screening tools for cognitive impairment or dysfunction documented in the medical record by the Physician/APN/PA. **Select all that apply**:   1. Dementia Rating Scale (DRS-2) 2. Mini-Mental State Examination (MMSE) 3. Montreal Cognitive Assessment (MoCA) 4. Neuro-QoL 5. Parkinson’s Disease Dementia -Short Screen (PDD-SS) 6. Parkinson Neuropsychiatric Dementia Assessment (PANDA) 7. Parkinson’s Disease- Cognitive Rating Scale (PD-CRS) 8. Patient-Reported Outcomes Measurement Information System (PROMIS) 9. Other assessment documented | 1,2,3,4,5,6,7,8,9  If 9 go to othciscn, else go to pdsleep | **Select all** **screening tool(s) documented to screen for cognitive impairment or dysfunction.** |
| 9 | othciscn | Enter the other cognitive impairment screening tool documented by the Physician/APN/PA. | Free text | Enter the screening tool name documented to screen the patient for cognitive impairment or dysfunction. |

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| 10 | pdneuref | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), did a Physician/APN/PA consult or document a referral to neuropsychologist for testing?YesNo 3. No, the patient is seeing or was already referred to a neuropsychologist for testing  98. Patient refused or declines referral to neuropsychologist | 1,2,3,98 | Select value “1” if there is documentation that the Physician/APN/PA consulted or requested a referral to neuropsychologist for testing during the specified timeframe. |
| **MEASURE: Assessment of Sleep Disturbances** | | | | |

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| 11 | pdsleep | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), did a Physician/APN/PA document any assessment or discussion with the patient (or care partner) related to sleep disturbances? 1. Yes  2. No | 1,2 | **Look for any Physician/APN/PA documentation of discussion of sleep disturbances** **OR use of a screening tool.**  Sleep disturbances include **at least one of the following**:   * Excessive daytime sleepiness * Restless leg syndrome * REM sleep behavior disorder (RBD) * Hypersomnolence * Lethargy * Early awakening * Frequent awakening * Insomnia * Sleep apnea * Snoring * Sleep disordered breathing * Circadian rhythm disorder   Screening tools documented by a Physician/APN/PA related to sleep disturbances may include, but are not limited to the following:   * **Sleep quality and daytime function:**   + Epworth Sleepiness Scale   + Functional Outcomes of Sleep Questionnaire   + Parkinson Disease Sleep Scale (PDSS-2)   + Pittsburgh Sleep Quality Index   + PROMIS Sleep Disturbance   + Scales for Outcomes in Parkinson’s disease Sleep (SCOPA-Sleep) * **Insomnia:**   + Consensus sleep diary   + Insomnia severity index   **Cont’d next page**  **Sleep cont’d**   * **Sleep apnea, RLS, RBD:**   + Berlin questionnaire   + International Restless Legs Syndrome Scale   + OSA50   + REM Behavior Disorder Screening Questionnaire (RBDSQ)   **Select value “1” if any sleep disturbance screening tool or discussion is documented during the specified timeframe.** |

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| **MEASURE: Assessment of Autonomic Dysfunction** | | | | |
| 12 | pdautodys | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), did a Physician/APN/PA document any assessment or discussion with the patient (or care partner) related to Autonomic Dysfunction?  1. Yes 2. No | 1,2  If 1, go to pdmedrx | Look for documentation during the specified timeframe that signs or symptoms of autonomic dysfunction are discussed with the patient or care partner OR a screening tool is documented.  **Symptoms of autonomic dysfunction include at least one of the following:**   * orthostatic hypotension or intolerance * constipation * urinary urgency * incontinence or nocturia * fecal incontinence * urinary retention requiring catheterization * delayed gastric emptying * dysphagia * drooling or sialorrhea * hyperhidrosis * sexual dysfunction or erectile dysfunction * syncope, lightheadedness, or dizziness   **If a screening tool such as the Scales for Outcomes in Parkinson’s disease –Autonomic (SCOPA-AUT) is documented in the medical record, select value “1”.** |
| 13 | pdorthovit | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), did a Physician/APN/PA document orthostatic vital signs indicating assessment of Autonomic Dysfunction? 1. Yes  2. No | 1,2 | Look for documentation during the specified timeframe that orthostatic vital signs are documented.  **Documentation must include a series of vital signs taken while the patient is supine, then again while standing.**  If orthostatic vital signs are not documented, select value “2”. |
| 14 | pdmedrx | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2) was a medication for Parkinson’s disease ordered or prescribed to the patient?  1. Yes 2. No | 1,2  If 1, go to motcomp | **Parkinson’s disease medications include any preparation containing levodopa, dopamine agonists, amantadine, MAOB inhibitors.**  A list of commonly prescribed Parkinson’s disease medications are provided in the table below for your reference.   |  |  |  | | --- | --- | --- | | **Drug (Generic) name** | **Trade Name** | **Examples commonly prescribed dose/route** | | Bromocriptine | Cycloset | Bromocriptine 0.8mg oral tablet; Bromocriptine 1mg oral tablet; Bromocriptine 10mg oral capsule | | Carbidopa-levodopa (controlled release) | Sinemet CR | Carbidopa 25mg/ Levodopa 100mg CR oral tablet | | Carbidopa-levodopa (orally disintegrating tablet) | Parcopa | Carbidopa 25mg/ Levodopa 100mg disintegrating oral tablet; Carbidopa 25mg/ Levodopa 250mg disintegrating oral tablet | | Carbidopa-levodopa (extended release capsules) | Rytary | 8 HR carbidopa 23.75mg/ Levodopa 95mg extended release oral capsule; 8 HR carbidopa 36.25mg/ Levodopa 145mg extended release oral capsule; 8 HR carbidopa 48.75mg/ Levodopa 195mg extended release oral capsule;  8 HR carbidopa 61.25mg/ Levodopa 245mg extended release oral capsule | | Carbidopa-levodopa-entacapone (enteral suspension) | Duopa | Carbidopa 4.63mg/mL/ L-DOPA 20mg/mL oral suspension | | Levodopa/ Benserazide | Benserazide | 12.5mg/ Levodopa 50mg oral capsule/tablet; 25mg/ Levodopa 100mg oral capsule/tablet; 50mg/ Levodopa 200mg oral capsule | | Levodopa Inhalation powder | Inbrija | 42mg inhalation powder | | Carbidopa/Levodopa Entacapone | Stalevo | 12.5mg/ entacapone 200mg/ Levodopa 50mg oral tablet;  18.75mg/ entacapone 200mg/ Levodopa 75mg oral tablet;  25mg/ entacapone 200mg/ Levodopa 100mg oral tablet;  31.25mg/ entacapone 200mg/ Levodopa 125mg oral tablet; 37.5mg/ entacapone 200mg/ Levodopa 150mg oral tablet; 50mg/ entacapone 200mg/ Levodopa 200mg oral tablet | | Pramipexole | Mirapex | Pramipexole dihydrochloride 0.125 MG Oral Tablet | | Pramipexole (extended release) | Mirapex ER | 24 HR Pramipexole dihydrochloride 1.5 MG Extended Release oral tablet | | Ropinirole | Requip | ropinirole 0.25 MG oral tablet | | Ropinirole (extended release) | Requip XL | 24 HR ropinirole 12 MG Extended Release (XL) oral tablet | | Apomorphine (injection) | Apokyn | Apomorphine 10mg/mL injectable solution | | Apomorphine sublingual film | Kynmobi | Apomorphine 2mg sublingual tablet | | Rotigotine (transdermal patch) | Neupro | Rotigotine 0.0417 MG/HR Transdermal System  24 HR Neupro Transdermal System [0.125 MG/HR] | |
| 15 | pdnomed1  pdnomed2  pdnomed3  pdnomed98  pdnomed99 | Select all documented reasons that the Parkinson’s disease medication was not prescribed. **Select all that apply:**   1. Medication side effect(s) 2. Not tolerating the medication 3. Documented allergy or adverse reaction 4. Patient refused Parkinson’s medication prescription 5. No reason documented | 1,2,3,98,99  1,2,3,98,99, go to dopblokex  Cannot enter 99 with any other number | **Select all Physician/APN/PA documented reasons that the Parkinson’s disease medication was not prescribed to the patient.** |

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| **MEASURE: Assessment of Parkinson’s Disease Medication-related Motor Complications** | | | | |
| 16 | motcomp | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), did a Physician/APN/PA document any assessment or discussion with the patient or patient’s caregiver(s), related to medication-related motor complications?   1. Yes 2. No   99. Assessment not done on the encounter date because the patient is not able to participate in assessment or screening | 1,2,99 | Look for Physician/APN/PA documentation of screening or documented discussion with the patient or patient caregiver regarding medication-related motor complications.  Motor complications may include the following:   * documentation of medication wearing off * dyskinesia * dystonia * on-off phenomena * amount of mediation off time or lapses in refill of medication prescription causing motor complications   Screening tools may include, but are not limited to the following:   * Wearing-Off Questionnaire (WOQ-32, WOQ-19, WOQ-9) * UPDRS part IV * MDS-UPDRS part IV |

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| **Assessment of Impulse Control Disorders for Patients Prescribed PD Medications** | | | | |
| 17 | pdimpls | During (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), did the Physician/APN/PA document any assessment of Impulse Control Disorder?   1. Yes 2. No | 1,2 | Look for Physician/APN/PA documentation of screening or documented discussion with the patient or patient caregiver regarding impulse control.  Impulse control disorder includes:   * gambling * hypersexual activity * binge eating, * increased spending * dopamine dysregulation * repetitive behaviors * punding   If the physician documents any discussion or assessment of impulse control, select value “1”.  If screening tools such as the Questionnaire for Impulsive-Compulsive Disorders in Parkinson’s disease (QUIP) or Questionnaire for Impulsive-Compulsive Disorders in Parkinson’s disease rating scale  (QUIP-RS) are documented during the timeframe select value “1”. |
| **MEASURE: Contraindicated Dopamine-blocking Medications** | | | | |
| 18 | dopblokex | On (If pdvalenc =1, computer to display pdencdt; else display pdencdt2), was the patient prescribed clozapine, quetiapine or domperidone?   1. Yes 2. No | 1,2 | Clozapine, quetiapine, and domperidone have demonstrated to not worsen PD motor symptoms significantly so that if prescribed on the date of the encounter, select value “1” |

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| 19 | dopblok | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), was the patient prescribed any Dopamine Blocking Medications?  1. Yes 2. No | 1,2  If 2, go to pdexprgm | Review documentation to determine if the patient was prescribed a Dopamine Blocking Medication during the specified timeframe.  **Dopamine blocking agents include:**   |  |  | | --- | --- | | acepromazine | olanzapine | | amisulpride | paliperidon | | amoxapine | penfluridol | | asenapine | perazine | | azaperone | perphenazine | | aripiprazole | pimozide | | benperidol | prochlorperazine | | brexpiprazole | promazine | | bromopride | promethazine | | butaclamol | remoxipride | | cariprazine | reserpine | | chlorpromazine | risperidone | | chloprothixene | spipersone | | clomipramine | spiroxatrine | | clopenthixol | stepholidine | | deutratetrabenazine | sulpride | | droperidol | sultopride | | eticlopride | tetrabenazine | | flupenthixol | tetrahydropalmatine | | fluphenazine | thiethylperazine | | haloperidol | thioridazine | | iodobenzamide | thiothixene | | levomepromazine | tiapride | | loxapine | trifluoperazine | | lurasidone | trifluperidol | | mesoridazine | triflupromazine | | metoclopramide | trimipramine | | nafadotride | valbenazine | | nemonapride | ziprasidone | |
| 20 | rsnmed1  rsnmed2  rsnmed3  rsnmed4  rsnmed5  rsnmed98  rsnmed99 | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2), select all documented reasons that the dopamine blocking medication were prescribed. **Select all that apply:**   1. Other Parkinson’s medication side effect(s) 2. Not tolerating other Parkinson’s medication 3. Documented allergy or adverse reaction to other Parkinson’s medications 4. Management of Mental Health condition 5. Other reason documented that another Parkinson’s disease medication (non-dopamine blocking) was prescribed 6. Patient refused other Parkinson’s Disease medication prescription 7. No reason documented | 1,2,3,4,5,98,99  Cannot enter 99 with any other number | * **Select all Physician/APN/PA documented reasons that the dopamine blocking medication were prescribed to the patient.** * There must be documentation specific to the dopamine blocking medication to select the value. For example, physician notes, “Patient prescribed amoxapine. Tried other non-dopamine medications and did not tolerate due to low blood pressure; select value 2. * Documentation Parkinson’s disease managed by another specialty is not sufficient to select the value. |

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| **MEASURE: Exercise or Physical Activity Counseling** | | | | |
| 21 | pdexprgm | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2) did a Physician/APN/PA document any recommendations on a regular exercise regimen for Parkinson’s disease?   1. Yes 2. No 3. No – Patient is already receiving physical/occupation/speech/recreation therapy   98. Patient refused or declines counselling or exercise recommendations  99. Patient is not able to participate in counseling due to a co-morbid condition or impairment (see D/D rules) | 1,2,3, 98, 99 | Look for documentation during the specified timeframe that the patient was counseled on an exercise or physical activity regimen.  Physical activities may include, but are not limited to the following   * tai chi, dancing, boxing, yoga and other non-traditional aerobic or strength training exercises * Regular exercise regimen is defined as at least 150 minutes of moderateintensity activity each week.   **Select value “1”** for any Physician/APN/PA documentation recommending exercise therapy   * For example, Physician documentation states “discussed with caregiver that patient should get at least 30 minutes of aerobic activity at least 5 days per week” 30 minutes x 5 days per week = a total of 150 minutes.   **Select value “98”** if there is specific documentation that the patient or the patient care-giver refused exercise recommendations or counseling.  **Select value “99”** if Physician/APN/PA documentation indicates the patient is unable to participate in physical activity due to a certain co-morbid condition where the patient cannot tolerate exercise or physical activities on the date of the encounter OR if documentation indicates the patient is unable to participate in counseling due to being non-verbal, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and no knowledgeable informant or care giver is available to complete the assessment. |

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| **MEASURE: Parkinson’s Disease Rehabilitative Therapy Referral** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 22 | pdotptst | During the timeframe from (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2) did a Physician/APN/PA refer the patient to physical therapy (PT), Occupational Therapy (OT), Speech Language Therapy (SLT) and/or recreational therapy?  1. Yes 2. No 3. Patient is already receiving PT, OT, SLT, or recreational therapy services   98. Patient declined referral to PT, OT, SLT, or recreational therapy  99. No referral due to clinician documentation that the patient did not require a referral PT,OT, or SLT | 1,2, 3, 98, 99  If 1, go pdsvc1, else to end | Look for any documentation that the patient received a referral to any of the following therapies:   * Physical therapy (PT), * Occupational therapy (OT), * Speech language therapy (SLT) * Recreational therapy   If no referral was placed during the specified timeframe, but PT, OT, ST, or recreational therapy notes indicate the patient is being seen, select value “3”.  If the patient or patient caregiver declines or refuses a referral to any therapy, select value “98”.  If there is no referral, but the Physician/PA/APN has documented “therapy not needed” or “referral not needed” or indicated in the documentation that the patient does not require PT, OT, SLT, or recreational therapy, select value “99”. | | 23 | pdsvc1  pdsvc2  pdsvc3  pdsvc4 | Select all services the patient received a referral for during the timeframe (If pdvalenc =1, computer to display pdencdt – 1 year to pdencdt; else display pdencdt2 – 1 year to pdencdt2). **Select all that apply:**   1. Physical Therapy (PT) 2. Occupational Therapy (OT) 3. Speech Language Therapy (SLT) 4. Recreational therapy | 1,2,3,4 | Select all services that the patient received a referral for during the specified timeframe. | |