### Measure Description
Percentage of patients with PD counseled on importance of and provided recommendations on regular exercise regimen* in the past 12 months.

### Measure Components

<table>
<thead>
<tr>
<th>Numerator Statement</th>
<th>Percentage of patients with PD counseled on importance of and provided recommendations on regular exercise regimen* in the past 12 months.</th>
</tr>
</thead>
</table>

*Regular exercise regimen is defined as at least 150 minutes of moderate-intensity activity each week per the Department of Health and Human Services (HHS).(1)

<table>
<thead>
<tr>
<th>Denominator Statement</th>
<th>All patients with a diagnosis of PD.</th>
</tr>
</thead>
</table>

| Denominator Exceptions | None |

### Supporting Guideline & Other References

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

- The results of this systematic review have suggested that progressive resistance exercise can be effective and worthwhile in people with mild to moderate Parkinson’s disease, but carryover of these benefits may not occur in all measures of physical performance. We recommend that progressive resistance exercise should be implemented into clinical practice as a therapy for Parkinson’s disease, particularly when the aim is improving walking capacity in such people.(2)

- For overall cardiovascular health: at least 30 minutes of moderate-intensity aerobic activity at least 5 days per week for a total of 150. For lowering blood pressure and cholesterol: an average 40 minutes of moderate to vigorous intensity aerobic activity 3 or 4 times per week.(3)

### Measure Importance

**Relationship to Desired Outcome**

It is anticipated that by educating individuals on the benefits of exercise regularly that the number of patients exercising will increase. Exercise improves the physical and mental functioning levels and quality of life for patients with PD.(4-7)

**Opportunity for Improvement**

An exercise program targeting balance, leg strength, and freezing of gait demonstrated a reduction of falls in early PD, but did not reduce falls in advance PD. It improved overall physical and psychological health for all patients with PD.(4-7) In a review of issues facing patients with PD at 10 years of disease 39.8% of respondents indicated they were not exercising.(8)

Additional guidelines are needed to confirm what type of exercise should be recommended. However, given the positive outcomes associated with exercise it was agreed counseling on the benefits should be provided to all...
patients with PD.(2,9) Patients should be engaged to perform any activity that they are willing to perform. HHS has stated, “adults with chronic conditions obtain important health benefits from regular physical activity and when adults with chronic conditions do activity according to their abilities, physical activity is safe.”(1)

| National Quality Strategy Domains | ☐ Patient and Family Engagement  
☐ Patient Safety  
☐ Care Coordination  
☐ Population/Public Health  
☐ Efficient Use of Healthcare Resources  
☒ Clinical Process/Effectiveness |
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Exception Justification</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
| Harmonization with Existing Measures | NQF has endorsed a Physical Activity in Older Adults measure developed by National Committee for Quality Assurance (NCQA) #0029 that measures:  
• Discussing Physical Activity: Percentage patients 65 years of age and older who reported discussing their level of exercise or physical activity with a doctor or other health provider in the last 12 months  
• Advising Physical Activity: Percentage patients 65 years of age and older who reported receiving advice to start, increase, or maintain their level of exercise or physical activity from a doctor or other health provider in the last 12 months  
The work group determined a separate measure was required as all patients with PD should have counseling on the benefits of exercise. Further harmonization with this measure and the existing NCQA measure was not possible given the varied exercise recommendations for patients with PD. |
| Measure Designation               | ☒ Quality improvement  
☒ Accountability |
| Type of Measure                   | ☒ Process  
☐ Outcome  
☐ Structure |
| Level of Measurement              | ☒ Individual Provider  
☒ Practice  
☒ System |
| Care Setting                      | ☒ Outpatient  
☐ Inpatient  
☒ Skilled Nursing Home  
☐ Emergency Departments and Urgent Care |
Data Source
(Check all that apply)
☒ Electronic health record (EHR) data
☒ Administrative Data/Claims
☐ Chart Review
☒ Registry

References

Technical Specifications: Electronic Health Record (EHR) Data
The AAN is in the process of creating code value sets and the logic required for electronic capture of the quality measures with EHRs. A listing of the quality data model elements, code value sets, and measure logic (through the CMS Measure Authoring Tool) for each of the PD measures will be made available at a later date.

Technical Specifications: Administrative Data (Claims)
Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

<table>
<thead>
<tr>
<th>Denominator (Eligible Population)</th>
<th>ICD-9 Code</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>332.0 (Paralysis agitans)</td>
<td>G20 Parkinson’s Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemiparkinsonism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Idiopathic Parkinsonism or Parkinson’s Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paralysis agitans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parkinsonisms or Parkinson’s disease NOS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Parkinsonism or Parkinson’s disease</td>
<td></td>
</tr>
</tbody>
</table>

AND

CPT E/M Service Code:
99201, 99202, 99203, 99204, 99205 (Office or other outpatient visit-New Patient);
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>99212, 99213, 99214, 99215 (Office or other outpatient visit-Established Patient);</td>
</tr>
<tr>
<td>99241</td>
<td>99242, 99243, 99244, 99245 (Office or Other Outpatient Consultation-New or Established Patient);</td>
</tr>
<tr>
<td>99304</td>
<td>99305, 99306, 99307, 99308, 99309, 99310 (Nursing Home Consultation).</td>
</tr>
</tbody>
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