

## Eli's Rehab Report

### Reader Question: Can You Spot The Difference Between Parkinson's Disease And Parkinsonism?

Question: One of our home health patients has documented dementia with Parkinsonism. She will be receiving physical therapy only for abnormal gait. How should we code for this patient using the OASIS instrument codes?

Answer: Code for this patient as follows, says **Jan McLain, RN, BS, LNC, HCS-D, COS-C**, with Adventist Health System Home Care in Port Charlotte, Fla.:

- M1020a: V57.1 (Other physical therapy);
- M1022b: 781.2 (Abnormality of gait);
- M1022c: 331.82 (Dementia with Lewy bodies)
- M1022d: and 294.10 (Dementia in conditions classified elsewhere without behavioral disturbance).

This is a physical therapy-only case, so your primary diagnosis is V57.1. Physical therapy is addressing the patient's abnormal gait, so list 781.2 next.

Next, list 331.82 to indicate that the patient has dementia with Lewy bodies also known as Parkinsonism. Therapy is addressing a symptom of the Parkinsonism, but this disease affects the plan of care. The neurological impact of Parkinsonism makes the therapy approach much different from that of a knee replacement patient with abnormality of gait.

Finally, list 294.10. Listing a second dementia code when dementia is included in the Parkinsonism code allows you to indicate whether behavior disturbances are present, McLain says.

Note: Parkinson's with dementia is coded with 332.0/294.10 and Parkinsonism with dementia is coded with 331.82/294.10. Look carefully at the physician's documentation. Sometimes physicians use these terms interchangeably but you should try to nail down which condition they think the patient really has, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of Selman-Holman & Associates and CoDR -- Coding Done Right in Denton, Texas.