Parkinson's and Multiple Sclerosis Documentation Best Practices



Parkinson's Disease

Parkinson's disease is a movement disorder of the nervous system that gets worse over time. As nerve cells in parts of the brain weaken, are damaged or die, people may begin to notice problems with movement, tremor, stiffness in the limbs or the trunk of the body or impaired balance.

The four primary symptoms are:

- Tremors
- Rigidity
- Bradykinesia
- Postural instability

Related conditions can include:

- Depression
- Difficulty swallowing or chewing
- Urinary problems or constipation
- Dementia or other cognitive problems
- Orthostatic hypotension
- Muscle cramps and dystonia

Multiple Sclerosis

Multiple sclerosis (MS) is the most common disabling neurological disease of young adults with symptom onset generally occurring between the 20 to 40 years of age. In MS, the immune system cells that normally protect from viruses, bacteria and unhealthy cells mistakenly attack myelin in the central nervous system.ⁱⁱ

There are four main types:

- Relapsing remitting MS
- Secondary progressive MS
- Primary progressive MS
- Progressive relapsing MS

Early MS symptoms often include:

- Vision problems
- Muscle weakness
- Tingling, numbness or pain
- Clumsiness
- Bladder control problems
- Intermittent or constant dizziness

Documentation requirements

- Document any clinical findings that led to the diagnosis such as labs, imaging, lumbar puncture, signs or symptoms.
- Identify any complications, comorbidities, underlying causes or dementia.
- Clearly link the neurological disease to any related concerns or conditions that may be exacerbated by the patient's diagnosis.
- Include an assessment and plan for the neurological condition, underlying causes and any other related concerns in the visit note.

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

Documentation examples

Parkinson's Disease

HPI: Patient is a 74-year-old male who comes in today for a refill of his dementia and Parkinson's medications. His daughter is his main caregiver, but they have home health come in 2 times/week for help. His daughter says that he's starting to have trouble recognizing the grandchildren and home health aides but isn't aggressive with anyone.

PE: Vitals: Normal; PE: WNL, Alert and Oriented x2, unable to tell me the date, time or why he's at the office; ROS: Negative

A: G20.A1 Parkinson's disease
F02.B0 Dementia in other diseases classified elsewhere, moderate, without
behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

P: Refilled donepezil and Carbidopa/levodopa. Prescriptions with 3 refills each sent to pharmacy. Daughter states patient has been tolerating the medication well and she notices he's more engaged in activities with the medication. Urged daughter to call if symptoms worsen or if they need more supportive care. Will see patient in 3 months.

Multiple Sclerosis

HPI: Patient is a 68-year-old female who comes in today for a follow up of her Multiple Sclerosis (MS) and dementia. Her sister states that she's concerned with her mental decline and walking difficulties. She's having a difficult time retaining and learning new information, with profound memory loss and confusion. She's started using a walker more often. Her cognitive impairment has declined since the last visit.

PE: Vitals: Normal; PE: WNL, Alert and Oriented, unable to remember words I gave her in the beginning of the visit and why she's at the doctor's office; ROS: Negative

A: E11.51 G35 Multiple Sclerosis
F02.B0 Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

P: Sent refills of her MS and dementia medications to pharmacy. Encouraged patient's sister to have patient use the walker all the time and stay on a healthy diet. Urged sister to call if symptoms worsen. Will see patient back in 3 months.

ⁱ Parkinson's Disease | National Institute of Neurological Disorders and Stroke (nih.gov)

ii Multiple Sclerosis | National Institute of Neurological Disorders and Stroke (nih.gov)