

Rheumatoid Arthritis

Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy in Rheumatoid Arthritis

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of rheumatoid arthritis.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Disease Modifying Anti-Rheumatic Drug	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Prescribed, dispensed, or administered	<input type="checkbox"/>	<input type="checkbox"/>	4187F
Not prescribed, dispensed, or administered for the following reason:			
<ul style="list-style-type: none"> Medical (eg, not indicated, contraindicated, other medical reason) 	<input type="checkbox"/>	<input type="checkbox"/>	4187F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4187F-8P (Disease modifying anti-rheumatic drug therapy was not prescribed or dispensed, reason not otherwise specified.)