

# Rheumatoid Arthritis (RA)

## Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy

### Physician Quality Reporting System 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
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Patient is aged 18 years and older on date of encounter.	<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. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Disease Modifying Anti-Rheumatic Drug (DMARD)<sup>1</sup></b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Prescribed <sup>2</sup> , dispensed, or administered	<input type="checkbox"/>	<input type="checkbox"/>	4187F
Not prescribed <sup>2</sup> , dispensed, or administered for the following reason:			
<ul style="list-style-type: none"> <li>Medical (eg, not indicated, contraindicated, other medical reason)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4187F-1P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4187F-8P (Disease modifying anti-rheumatic drug therapy was not prescribed or dispensed, reason not otherwise specified.)

<sup>1</sup>Biologic DMARD Therapy — Includes Adalimumab, Etanercept, Infliximab, Abatacept, Anakinra and Rituximab.

<sup>2</sup>“Prescribed” may include prescription given to the patient for DMARD therapy at one or more visits in the 12-month period OR patient already taking DMARD therapy as documented in current medication list.