Glucocorticoid Management

Coding Specifications

Codes required to document patient has rheumatoid arthritis and a visit occurred:

An ICD-9-CM diagnosis code for rheumatoid arthritis and a CPT code are required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

Rheumatoid arthritis ICD-9-CM diagnosis codes

- 714.0 (rheumatoid arthritis)
- 714.1 (felty's syndrome)
- 714.2 (other rheumatoid arthritis with visceral or systematic involvement)
- 714.81 (rheumatoid lung)

AND

CPT codes

- **99201, 99202, 99203, 99204, 99205**
- 99212, 99213, 99214, 99215
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- *CPT II 4192F*: Patient not receiving glucocorticoid therapy
- *CPT II 4193F*: Patient receiving < 10 mg daily prednisone (or equivalent), OR RA disease activity is worsening, OR glucocorticoid use is for less than 6 months
- *CPT II 4194F*: Patient receiving ≥ 10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity
- *CPT II 4194F-8P:* Glucocorticoid dose was not documented, reason not otherwise specified
- CPT II 0540F: Glucocorticoid management plan documented
- *CPT II 0540F-1P:* Documentation of medical reason(s) for not documenting glucocorticoid dose and documenting management plan (ie, glucocorticoid prescription is for a medical condition other than RA)
- *CPT II 0540F-8P*: Glucocorticoid management plan not documented, reason not otherwise specified

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