

Rheumatoid Arthritis (RA)

Glucocorticoid Management

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
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
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 No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is patient receiving \geq 10 mg daily prednisone (or equivalent ¹) for longer than 6 months with improvement or no change in disease activity?	<input type="checkbox"/>	<input type="checkbox"/>	<p>If No (ie, patient not receiving glucocorticoid therapy), report only 4192F and STOP.</p> <p>If No (ie, patient receiving < 10 mg daily prednisone (or equivalent), OR RA disease activity is worsening, OR glucocorticoid use is for less than 6 months, report only 4193F and STOP.</p> <p>If Yes, report 4194F and proceed to Step 3.</p> <p>If glucocorticoid use/dose not assessed, report 4194F–8P and STOP.</p>

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¹Prednisone equivalents can be determined using the following: 1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone

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Clinical Information			Billing Information
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Glucocorticoid Management Plan²	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented	<input type="checkbox"/>	<input type="checkbox"/>	0540F
Not documented for the following reason: <ul style="list-style-type: none"> • Medical (ie, glucocorticoid prescription is for a medical condition other than RA) 	<input type="checkbox"/>	<input type="checkbox"/>	0540F-1P
Document reason here and in medical chart. <hr/> <hr/>			If No is checked for all of the above, report 0540F-8P (Glucocorticoid management plan was not documented, reason not otherwise specified.)

²Glucocorticoid management plan: documentation of attempt to taper steroids OR documentation of a new prescription for a non-glucocorticoid DMARD OR increase in dose of non-glucocorticoid DMARD dose for persistent RA disease activity at current or reduced dose