

## Tuberculosis Screening

### Coding Specifications

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

A line item ICD-9-CM diagnosis code for rheumatoid arthritis and a CPT E/M service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

### Rheumatoid Arthritis line item 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 E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit),
- 99455, 99456 (work related/medical disability evaluation services)

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 4195F:** Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis
- **CPT II 4196F:** Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis
- **CPT II 3455F:** TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA
- **CPT II 3455F-1P:** Documentation of medical reason for not screening for TB or interpreting results (ie, patient positive for TB and documentation of past treatment; patient has recently completed a course of anti-TB therapy)
- **CPT II 3455F-8P:** TB screening not performed or results not interpreted, reason not otherwise specified

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PQRI 2009 Measure 176, Effective Date 01/01/2009  
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