

Periodic Assessment of Disease Activity

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.)

- **CPT II 3470F:** Rheumatoid Arthritis disease activity, low
- **CPT II 3471F:** Rheumatoid Arthritis disease activity, moderate
- **CPT II 3472F:** Rheumatoid Arthritis disease activity, high
- **CPT II 3470–8P:** Disease activity not assessed and classified, reason not otherwise specified

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