Glucocorticoid Management

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 4194F:*** Patient receiving ≥ 10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity
- ***CPT II 4192F:*** Patient not receiving glucocorticoid therapy
- ***CPT II 4193F:*** Patient receiving < 10 mg daily prednisone, or RA disease activity is worsening, or glucocorticoid use is for less than 6 months
- ***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