Rheumatoid Arthritis (RA)

Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	/ / Birth Date (mm/dd/yyyy)	☐ Male ☐ Female Gender

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.	☐	☐	Verify date of birth on claim form.
Patient has a line item diagnosis of rheumatoid arthritis.	☐	☐	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 E/M Service Code for this visit.	☐	☐	
If **No** is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient meet or have an acceptable reason for not meeting the measure?

Disease Modifying Anti-Rheumatic Drug (DMARD)[1]	Yes	No	**Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)**
Prescribed[2], dispensed, or administered	☐	☐	4187F
Not prescribed, dispensed, or administered for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	☐	☐	4187F–1P
Document reason here and in medical chart. _____ _____			If **No** is checked for **all** of the above, report 4187F–8P (Disease modifying anti-rheumatic drug therapy was not prescribed or dispensed, reason not otherwise specified.)

[1]Biologic DMARD Therapy — Includes Adalimunab, Etanercept, Infliximab, Abatacept, Anakinra and Rituximab.

[2]"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.