

# Rheumatoid Arthritis (RA)

## Glucocorticoid Management

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

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

*continued on next page*

<sup>1</sup>Prednisone 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
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Glucocorticoid Management Plan<sup>2</sup></b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Documented	<input type="checkbox"/>	<input type="checkbox"/>	0540F
Not documented for the following reason: • 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. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 0540F-8P (Glucocorticoid management plan was not documented, reason not otherwise specified.)

<sup>2</sup>Glucocorticoid 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