

# 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) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

Step 1 Is patient eligible for this measure?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.  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.
Patient has a line item diagnosis of rheumatoid arthritis.	<input type="checkbox"/>	<input type="checkbox"/>	
There is a CPT 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.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Disease Modifying Anti-Rheumatic Drug (DMARD) <sup>1</sup>	Yes	No	
Prescribed <sup>2</sup> , dispensed, or administered	<input type="checkbox"/>	<input type="checkbox"/>	4187F
Not prescribed, dispensed, or administered for the following reason:			4187F-1P
<ul style="list-style-type: none"> <li>Medical (eg, not indicated, contraindicated, other medical reason)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4187F-8P (Disease modifying anti-rheumatic drug therapy was not prescribed or dispensed, reason not otherwise specified.)

<sup>1</sup>Biologic DMARD Therapy — Includes Adalimumab, Etanercept, Infliximab, Abatacept, Anakinra and Rituximab.

<sup>2</sup>"Prescribed" may include prescription given to the patient for DMARD therapy at one or more visits in the 12-month period OR patient already taking DMARD therapy as documented in current medication list.