Rheumatoid Arthritis (RA)

Tuberculosis Screening

PQRI Data Collection Sheet			
			/ / □ Male □ Female
atient's Name Practice Medical Record Nun	Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy) 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
There is a CPT Code for this visit.			
If No is checked for any of the above, STOP. Do not report a CPT category II code.		the quality code(s) identified below.	
Step 2 Does patient also have the other requi for this measure?	rements	5	
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is the patient receiving first-time biologic disease modifying anti-rheumatic drug (DMARD) therapy (excluding rituximab) ^{1, 2} ?			If No (ie, patient not receiving first-time biologic DMARD or biologic DMARD prescription is rituximab), report only 4196F and STOP.
			If Yes, report 4195F and proceed to Step 3.
Step 3 Does patient meet or have an accepta for not meeting the measure?	ble reas	on	
Tuberculosis (TB) Screening	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed and results interpreted within six months prior to initiation of DMARD			3455F
Not performed for the following reason:			
 Medical (ie, patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy) 			3455F-1P
Document reason here and in medical chart.			If No is checked for all of the above, report 3455F–8P (TB screening not performed or results not interpreted reason not otherwise specified.)

¹Biologic DMARD therapy includes Adalimunab, Etanercept, Infliximab, Abatacept, Anakinra (Rituximab is excluded).

²First course of therapy: only patients who have previously never been prescribed or dispensed biologic DMARD therapy should be included in this measure.