

Rheumatoid Arthritis (RA)

Assessment and Classification of Disease Prognosis

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 No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Disease Prognosis ¹	Yes	No	
Assessed, poor prognosis ²	<input type="checkbox"/>	<input type="checkbox"/>	3475F
Assessed, good prognosis	<input type="checkbox"/>	<input type="checkbox"/>	3476F
			If No is checked for all of the above, report 3475F-8P (Disease prognosis for rheumatoid arthritis not assessed and classified, reason not otherwise specified.)

¹Classification of disease prognosis should be based upon, at a minimum, the following clinical markers: functional limitation (eg, HAQ Disability Index), extraarticular disease (eg, vasculitis, Sjogren's syndrome, RA lung disease, rheumatoid nodules), rheumatoid factor (RF) positivity, positive anti-cyclic citrullinated peptide (anti-CCP) antibodies (both characterized dichotomously, per CEP recommendation), and/or bony erosions by radiography.

²RA patients with features of poor prognosis have active disease with high tender and swollen joint counts, often have evidence of radiographic erosions, elevated levels of RF and or anti-CCP antibodies, and an elevated erythrocyte sedimentation rate, and an elevated C-reactive protein level.