

## Glucocorticoid Management

### Coding Specifications

Codes required to document patient has rheumatoid arthritis and a visit occurred:

A line-item ICD-9-CM diagnosis code for rheumatoid arthritis and a CPT code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

### Rheumatoid arthritis line-item ICD-9-CM diagnosis codes

- 714.0 (rheumatoid arthritis)
- 714.1 (felty's syndrome)
- 714.2 (other rheumatoid arthritis with visceral or systematic involvement)
- 714.81 (rheumatoid lung)

AND

### CPT codes

- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Quality codes for this measure:

### CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- **CPT II 4194F:** Patient receiving  $\geq 10$  mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity
- **CPT II 4192F:** Patient not receiving glucocorticoid therapy
- **CPT II 4193F:** Patient receiving  $< 10$  mg daily prednisone (or equivalent), OR RA disease activity is worsening, OR glucocorticoid use is for less than 6 months
- **CPT II 4194F-8P:** Glucocorticoid dose was not documented, reason not otherwise specified
- **CPT II 0540F:** Glucocorticoid management plan documented
- **CPT II 0540F-1P:** Documentation of medical reason(s) for not documenting glucocorticoid dose and documenting management plan (ie, glucocorticoid prescription is for a medical condition other than RA)
- **CPT II 0540F-8P:** Glucocorticoid management plan not documented, reason not otherwise specified

Physician Performance Measures (Measures) and related data specifications developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement® (PCPI) and the National Committee for Quality Assurance (NCQA), pursuant to government sponsorship under Subcontract No. 6414-07-089 with Mathematica Policy Research under Contract HHSM-500-2005-000251(0004) with Centers for Medicare and Medicaid Services. These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the PCPI) or NCQA. Neither the AMA, NCQA, PCPI nor its members shall be responsible for any use of the Measures.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2008 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, NCQA, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2007 American Medical Association. LOINC® copyright 2004 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004 College of American Pathologists (CAP). All Rights Reserved. Use of SNOMED CT® is only authorized within the United States.

PQRI 2010 Measure 180, Effective Date 01/01/2010

© 2008 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

CPT® copyright 2009 American Medical Association