

Rheumatoid Arthritis (RA) Measures Group

This measures group is to be reported for patients aged 18 years and older with RA receiving office or other outpatient services or home services.

You will need to report G-code G8490 once to indicate your intent to report on the RA Measures Group. Once you have reported the G-code, you should begin reporting using one of the patient sample methods listed below.

The following 2011 Physician Quality Reporting System measures are included in the RA Measures Group:

#108. Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy

Measure Description

Percentage of patients aged 18 years and older who were diagnosed with RA and were prescribed, dispensed, or administered at least one ambulatory prescription for a DMARD

#176. Tuberculosis Screening

Measure Description

Percentage of patients 18 years and older with a diagnosis of RA who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)

#177. Periodic Assessment of Disease Activity

Measure Description

Percentage of patients 18 years and older with a diagnosis of RA who have an assessment and classification of disease activity within 12 months

#178. Functional Status Assessment

Measure Description

Percentage of patients 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months

#179. Assessment and Classification of Disease Prognosis

Measure Description

Percentage of patients 18 years and older with a diagnosis of RA who have an assessment and classification of disease prognosis at least once within 12 months

#180. Glucocorticoid Management

Measure Description

Percentage of patients 18 years and older with a diagnosis of RA who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months

This measures group can be reported by one of the following patient sample methods:

- **30 Patient Sample Method** — 30 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.
- **50% Patient Sample Method via Claims or 80% Patient Sample Method via Registry** — All patients meeting patient sample criteria for the measure group during the entire reporting period (either January 1 through December 31, 2011 OR July 1 through December 31, 2011). For the 12-month reporting period, a minimum of 15 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactorily. For the six-month reporting period, a minimum of 8 Medicare Part B FFS patients must meet the measure group patient sample criteria to report satisfactorily.

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