Quality ID #178: Rheumatoid Arthritis (RA): Functional Status Assessment – National Quality Strategy Domain: Effective Clinical Care

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months

INSTRUCTIONS:
This measure is to be submitted a minimum of once per performance period for patients with RA seen during the performance period. It is anticipated that eligible clinicians who provide care for patients with a diagnosis of RA will submit this measure.

Measure Submission:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of RA

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for rheumatoid arthritis (RA) (ICD-10-CM): M05.00, M05.011, M05.012, M05.019, M05.021, M05.022, M05.029, M05.031, M05.032, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M05.20, M05.211, M05.212, M05.219, M05.221, M05.222, M05.229, M05.231, M05.232, M05.239, M05.241, M05.242, M05.249, M05.251, M05.252, M05.259, M05.261, M05.262, M05.269, M05.271, M05.272, M05.279, M05.29, M05.30, M05.311, M05.312, M05.319, M05.321, M05.322, M05.329, M05.331, M05.332, M05.339, M05.341, M05.342, M05.349, M05.351, M05.352, M05.359, M05.361, M05.362, M05.369, M05.371, M05.372, M05.379, M05.39, M05.40, M05.411, M05.412, M05.419, M05.421, M05.422, M05.429, M05.431, M05.432, M05.439, M05.441, M05.442, M05.449, M05.451, M05.452, M05.459, M05.461, M05.462, M05.469, M05.471, M05.472, M05.479, M05.49, M05.50, M05.511, M05.512, M05.519, M05.521, M05.522, M05.529, M05.531, M05.532, M05.539, M05.541, M05.542, M05.549, M05.551, M05.552, M05.559, M05.561, M05.562, M05.569, M05.571, M05.572, M05.579, M05.59, M05.60, M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.70, M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.771, M05.772, M05.779, M05.79, M05.80, M05.811, M05.812, M05.819, M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M05.871, M05.872, M05.879, M05.89, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022,
M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, 
M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.1, M06.30, M06.311, 
M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, 
M06.349, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, 
M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, 
M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, 
M06.871, M06.872, M06.879, M06.88, M06.89, M06.9

AND
Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 
99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 
G0402

WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:
Patients for whom a functional status assessment was performed at least once within 12 months

Definitions:
Functional Status Assessment – This measure assesses if physicians are using a standardized 
descriptive or numeric scale, standardized questionnaire, or notation of assessment of the impact of RA on 
patient activities of daily living. Examples of tools used to assess functional status include but are not limited 
to: Health Assessment Questionnaire (HAQ), Modified HAQ, HAQ-2, American College of Rheumatology’s 
Classification of Functional Status in Rheumatoid Arthritis.

Activities of Daily Living – Could include a description of any of the following: dressing/grooming, rising 
from sitting, walking/running/ability to ambulate, stair climbing, reaching, gripping, shopping/running errands, 
house or yard work.

Numerator Options:
Performance Met: Functional status assessed (1170F)

OR
Performance Not Met: Functional status not assessed, reason not otherwise 
specified (1170F with 8P)

RATIONALE:
Functional limitations are a significant and disruptive complication for patients living with RA. Assessments of 
functional limitations are used to assess prognosis and guide treatment and therapy decisions. Functional status 
should be assessed at the baseline and each follow-up visit, using questionnaires such as the ACR’s Classification of 
Functional Status in RA or the Health Assessment Questionnaire or an assessment of activities of daily living.

Regardless of the assessment tool used, it should indicate whether a functional decline is due to inflammation, 
mechanical damage, or both, as treatment strategies will vary accordingly.

CLINICAL RECOMMENDATION STATEMENTS:
The management of RA is an iterative process, and patients should be periodically reassessed for evidence of 
disease or limitation of function with significant alteration of joint anatomy. Baseline evaluation of disease activity and 
damage in patients with rheumatoid arthritis through evaluation of functional status or quality of life assessments 
using standardized questionnaires, a physician’s global assessment of disease activity, or patient’s global 
assessment of disease activity. The initial evaluation of the patient with RA should document symptoms of active 
disease (i.e., presence of joint pain, duration of morning stiffness, degree of fatigue), functional status, objective 
evidence of disease activity (i.e., synovitis, as assessed by tender and swollen joint counts, and the ESR or CRP 
level), and mechanical joint problems.
At each follow up visit, the physician must assess whether the disease is active or inactive. Symptoms of inflammatory (as contrasted with mechanical) joint disease, which include prolonged morning stiffness, duration of fatigue, and active synovitis on joint examination, indicate active disease and necessitate consideration of changing the treatment program. Occasionally, findings of the joint examination alone may not adequately reflect disease activity and structural damage; therefore, periodic measurements of the ESR or CRP level and functional status, as well as radiographic examinations of involved joints should be performed. It is important to determine whether a decline in function is the result of inflammation, mechanical damage, or both; treatment strategies will differ accordingly. (ACR, 2002)

COPYRIGHT:
The Measures are not clinical guidelines, 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, eg, 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 American Medical Association (AMA), [on behalf of the Physician Consortium for Performance Improvement® (PCPI®)] or American College of Rheumatology (ACR). Neither the AMA, ACR, PCPI, nor its members shall be responsible for any use of the Measures.

The AMA’s, PCPI’s and National Committee for Quality Assurance’s significant past efforts and contributions to the development and updating of the Measures is acknowledged. ACR is solely responsible for the review and enhancement ("Maintenance") of the Measures as of July 25, 2014.

ACR encourages use of the Measures by other health care professionals, where appropriate.

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

© 2015 American Medical Association and American College of Rheumatology. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

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, ACR, 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.

2018 Registry Flow for Quality ID #178:
Rheumatoid Arthritis (RA): Functional Status Assessment

Start

Patient Age at Data of Service ≥ 18 Years

Documentation is Required

Not Included in Eligible Population/Denominator

Diagnosis for RA as Listed in Denominator

Functional Status Assessed

Data Completeness Met + Performance Met 11705 or Equivalent (40 patients)

Functional Status Not Assessed, Reason Not Otherwise Specified

Data Completeness Met + Performance Not Met 11705SP or Equivalent (30 patients)

Telehealth Modifier SQ, QT, 05, POS 02

Include in Eligible Population/Denominator (60 patients)

SAMPLE CALCULATIONS:

Data Completeness=
Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients / Eligible Population / Denominator (a+c=60 patients) = 67.50%

Performance Ratio=
Performance Met (a=40 patients) / Performance Met Numerator (a=40 patients) = 40 patients / 70 patients = 57.14%

*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient Process

CPT only copyright 2017 American Medical Association. All rights reserved.

The medical guidelines were developed in CMS as supplements to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specifications.
2018 Registry Flow For Quality ID
#178: Rheumatoid Arthritis (RA): Functional Status Assessment

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis for RA as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis for RA as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, proceed to Telehealth Modifier.

5. Check Telehealth Modifier:
   a. If Telehealth Modifier as Listed in the Denominator equals Yes, do not include in Eligible Patient Population. Stop Processing.
   b. If Telehealth Modifier as Listed in the Denominator equals No, include in the Eligible Population.

6. Denominator Population:
   a. Denominator Population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.

7. Start Numerator

8. Check Functional Status Assessed:
   a. If Functional Status Assessed equals Yes, include in Data Completeness Met and Performance Met.
   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation
   c. If Functional Status Assessed equals No, proceed to Functional Status Not Assessed, Reason Not Otherwise Specified.
9. Check Functional Status Not Assessed, Reason Not Otherwise Specified:
   a. If Functional Status Not Assessed, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.
   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
   c. If Functional Status Not Assessed, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.

10. Check Data Completeness Not Met:
   a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=
Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients = 87.50%
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
Performance Met (a=40 patients) = 40 patients = 57.14%
Data Completeness Numerator (70 patients) = 70 patients