Quality ID #177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
– National Quality Strategy Domain: Effective Clinical Care Measure
– Meaningful Measure Area: Management of Chronic Conditions

**2019 COLLECTION TYPE:**
MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**
Process

**DESCRIPTION:**
Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment of disease activity at ≥50% of encounters for RA for each patient during the measurement year

**INSTRUCTIONS:**
This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of RA seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**
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, M05.10, 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, M05.789, M05.789, 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, M05.89, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022, M06.029, M06.031, M06.032, M06.039, M06.041, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.1, M06.20, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.271, M06.272, M06.279, M06.28, M06.29, 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

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 with disease activity assessed by an ACR-endorsed rheumatoid arthritis disease activity measurement tool ≥50% of total number of outpatient RA encounters in the measurement year

**Definition:**

Assessment of Disease Activity – Assesses if physicians are utilizing a standardized, systematic approach for evaluating the level of disease activity for each patient at least for ≥50% of total number of outpatient RA encounters. The scales/instruments listed are the ACR-endorsed tools that should be used:

- Clinical Disease Activity Index (CDAI)
- Disease Activity Score with 28-joint counts (erythrocyte sedimentation rate or C-reactive protein) (DAS-28)
- Patient Activity Scale (PAS)
- Patient Activity Score-II (PAS-II)
- Routine Assessment of Patient Index Data with 3 measures (RAPID 3)
- Simplified Disease Activity Index (SDAI)

A result within the range of the selected tool qualifies for meeting numerator performance as long as a result is captured at ≥50% of each patient’s qualified encounters.

**Numerator Options:**

**Performance Met:** ≥50% of total number of a patient’s outpatient RA encounters assessed (M1007)

**OR**

**Performance Not Met:** Disease activity not assessed, reason not given (M1006)

**OR**

**Performance Not Met:** <50% of total number of a patient’s outpatient RA encounters assessed (M1008)

**RATIONALE:**

After establishing a diagnosis of RA, risk assessment is crucial for guiding optimal treatment. For the purposes of selecting therapies, physicians should consider the patient’s disease activity at the time of the treatment decisions.
CLINICAL RECOMMENDATION STATEMENTS:


The ACR also conducted an extensive multi-year project, involving systematic literature reviews, expert consensus ratings, and national surveys to reach consensus on which RA disease activity measures are valid, reliable, and responsive, and feasible to implement in routine clinical practice, resulting in six ACR-endorsed disease activity tools. (cite: Anderson J et al., Rheumatoid arthritis disease activity measures: American College of Rheumatology recommendations for use in clinical practice. Arthritis Care Res (Hoboken). 2012 May;64(5):640-7).

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2019 Clinical Quality Measure Flow for Quality ID #177:
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

Denominator

Start

Patient Age on Date of Encounter ≥ 18 Years

Yes

Diagnosis of Rheumatoid Arthritis as Listed in the Denominator

No

Not Included in Eligible Population/Denominator

Yes

Encounter as Listed in the Denominator (1/1/2019 thru 12/31/2019)

No

Telehealth Modifiers: GQ, GT, 95, POS 02

Yes

Include in Eligible Population/Denominator (90 patients)

No

Numerator

≥50% of Total Number of a Patient’s Outpatient RA Encounters Assessed

Yes

Data Completeness Met + Performance Met
GXXX or equivalent (60 patients)

a

No

Disease Activity Not Assessed, Reason Not Given

Yes

Data Completeness Met + Performance Met
GXXX or equivalent (10 patients)

c'

No

<50% of Total Number of a Patient’s Outpatient RA Encounters Assessed

Yes

Data Completeness Met + Performance Met
GXXX or equivalent (10 patients)

c''

No

Data Completeness Not Met
the Quality Data Code or equivalent was not submitted (10 patients)

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

NOTE: Submission Frequency: Patient-Process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.
**2019 Clinical Quality Measure Flow for Quality ID #177:**
**Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity**

### Sample Calculations:

<table>
<thead>
<tr>
<th>Calculation</th>
<th>Formula</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Completeness</td>
<td>Performance Met (a=60 patients) - Performance Not Met (c^2+d^2=20 patients) / Eligible Population / Denominator (d=90 patients)</td>
<td>80 patients / 90 patients = 88.88%</td>
</tr>
<tr>
<td>Performance Rate</td>
<td>Performance Met (a=60 patients) / Data Completeness Numerator (60 patients)</td>
<td>60 patients / 80 patients = 75.00%</td>
</tr>
</tbody>
</table>

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

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2019 Clinical Quality Measure Flow Narrative for Quality ID #177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator

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

3. Check Patient Diagnosis:
   a. If Diagnosis of Rheumatoid Arthritis as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
   b. If Diagnosis of Rheumatoid Arthritis 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 Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

5. Check Telehealth Modifier:
   a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
   b. If Telehealth Modifier equals No, include in 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 90 patients in the Sample Calculation.

7. Start Numerator

8. Check Greater Than or Equal to 50% of Total Number of a Patient’s Outpatient RA Encounters Assessed:
   a. If Greater Than or Equal to 50% of Total Number of a Patient’s Outpatient RA Encounters 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 60 patients in the Sample Calculation.
c. If Greater Than or Equal to 50% of Total Number of a Patient’s Outpatient RA Encounters Assessed equals No, proceed to check Disease Activity Not Assessed, Reason Not Given.

9. Check Disease Activity Not Assessed, Reason Not Given:

a. If Disease Activity Not Assessed, Reason Not Given 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 in the Sample Calculation listed at the end of this document. Letter c₁ equals 10 patients in the Sample Calculation

c. If Disease Activity Not Assessed, Reason Not Given equals No, proceed to check Less Than 50% of Total Number of a Patient’s Outpatient RA Encounters Assessed.

10. Check Less Than 50% of Total Number of a Patient’s Outpatient RA Encounters Assessed:

a. If Less Than 50% of Total Number of a Patient’s Outpatient RA Encounters Assessed 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 in the Sample Calculation listed at the end of this document. Letter c₂ equals 10 patients in the Sample Calculation.

c. If Less Than 50% of Total Number of a Patient’s Outpatient RA Encounters Assessed equals No, proceed to check Data Completeness Not Met.

11. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in Sample Calculation.

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<td>Data Completeness Numerator (80 patients) = 80 patients</td>
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</table>