Measure #176: Rheumatoid Arthritis (RA): Tuberculosis Screening

2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (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)

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for all RA patients who are being considered or prescribed a first course of biologic disease-modifying anti-rheumatic drug therapy. It is anticipated that clinicians who provide care for patients with a diagnosis of RA will submit this measure.

Measure Reporting via Registry:
ICD-9-CM/ICD-10-CM diagnosis codes, CPT or HCPCS codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based 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 who are receiving a first course of therapy using a biologic DMARD

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for rheumatoid arthritis (RA) (ICD-9-CM) [for use 1/1/2014-9/30/2014]: 714.0, 714.1, 714.2, 714.81
Diagnosis for rheumatoid arthritis (RA) (ICD-10-CM) [for use 10/01/2014-12/31/2014]: M05.00, M05.01, M05.011, M05.012, M05.019, M05.02, M05.021, M05.022, M05.029, M05.03, M05.031, M05.032, M05.039, M05.04, M05.041, M05.042, M05.049, M05.05, M05.051, M05.052, M05.059, M05.06, M05.061, M05.062, M05.069, M05.07, M05.071, M05.072, M05.079, M05.09, M05.1, M05.11, M05.112, M05.119, M05.12, M05.121, M05.122, M05.129, M05.13, M05.131, M05.132, M05.139, M05.14, M05.141, M05.142, M05.149, M05.15, M05.151, M05.152, M05.159, M05.16, M05.161, M05.162, M05.169, M05.17, M05.171, M05.172, M05.179, M05.19, M05.2, M05.21, M05.211, M05.212, M05.219, M05.22, M05.221, M05.222, M05.229, M05.23, M05.231, M05.232, M05.239, M05.24, M05.241, M05.249, M05.25, M05.251, M05.252, M05.259, M05.26, M05.261, M05.269, M05.27, M05.271, M05.272, M05.279, M05.28, M05.3, M05.31, M05.311, M05.312, M05.319, M05.32, M05.321, M05.322, M05.329, M05.33, M05.331, M05.332, M05.339, M05.34, M05.341, M05.342, M05.349, M05.35, M05.351, M05.352, M05.359, M05.36, M05.361, M05.362, M05.369, M05.37, M05.371, M05.372, M05.379, M05.39, M05.4, M05.41, M05.411, M05.412, M05.419, M05.421, M05.422, M05.429, M05.43, M05.431, M05.432, M05.439, M05.44, M05.441, M05.442, M05.449, M05.45, M05.451, M05.452, M05.459, M05.46, M05.461, M05.462, M05.469, M05.47, M05.471, M05.472, M05.479, M05.49, M05.5, M05.51, M05.511, M05.512, M05.519, M05.52, M05.521, M05.522, M05.529, M05.53, M05.531, M05.532, M05.539, M05.54, M05.541, M05.542, M05.549, M05.55, M05.551, M05.552, M05.559, M05.56, M05.561, M05.562, M05.569, M05.57, M05.571, M05.572, M05.579, M05.59, M05.6, M05.61, M05.611, M05.612, M05.619, M05.62, M05.621, M05.629, M05.63, M05.631, M05.632, M05.639, M05.64, M05.641, M05.642, M05.649, M05.65, M05.651, M05.652, M05.659, M05.66, M05.661, M05.662, M05.669, M05.67, M05.671, M05.672, M05.679, M05.69, M05.7, M05.71, M05.711, M05.712, M05.719, M05.72, M05.722, M05.729,
NUMERATOR:
Patients for whom a TB screening was performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic DMARD

Numerator Instructions: Patients are considered to be receiving a first course of therapy using a biologic DMARD only if they have never previously been prescribed or dispensed a biologic DMARD.

Definition:
Biologic DMARD Therapy – Includes Adalimumab, Etanercept, Infliximab, Abatacept, Anakinra (Rituximab is excluded).

NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The “correct combination” of codes may require the submission of multiple numerator codes.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Tuberculosis Screening Performed and Results Interpreted
(Two CPT II codes [3455F & 4195F] are required on the claim form to submit this numerator option)
CPT II 3455F: TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA
AND
CPT II 4195F: Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis

OR

TB Screening not Performed or Results not Interpreted for Medical Reasons
(Two CPT II codes [3455F-1P & 4195F] are required on the claim form to submit this numerator option)
Append a modifier (1P) to CPT Category II code 3455F to report documented circumstances that appropriately exclude patients from the denominator.

3455F with 1P: Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient has recently completed a course of anti-TB therapy)

AND
CPT II 4195F: Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis
OR

If patient does not meet denominator inclusion because biologic DMARD prescription is Rituximab or this is not the first course of biologic DMARD therapy for RA, report:

(One CPT II code [4196F] is required on the claim form to submit this numerator option)

CPT II 4196F: Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis

OR

TB Screening not Performed or Results not Interpreted, Reason not Otherwise Specified

(Two CPT II codes [3455F-8P & 4195F] are required on the claim form to submit this numerator option)

Append a reporting modifier (8P) to CPT Category II code 3455F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

3455F with 8P: TB screening not performed or results not interpreted, reason not otherwise specified

AND

CPT II 4195F: Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis

RATIONALE:
Before initiating biologic DMARDs for a patient with RA, it is essential to screen the patient for tuberculosis, as research has documented a higher incidence of TB after anti-TNFα therapy. All patients being considered for biologic DMARD should receive a tuberculin skin test, even if the patient has previously received the BCG vaccination. Test results, in addition to patient risk for TB and other tests, should be used to assess the patient's risk for latent TB infection. This is a patient safety measure.

CLINICAL RECOMMENDATION STATEMENTS:
The American College of Rheumatology recommends screening to identify latent TB infection (LTBI) in all RA patients being considered for therapy with biologic agents, regardless of the presence of risk factors for LTBI. (Level of Evidence: C) (ACR, 2012)