Quality ID #178: Rheumatoid Arthritis (RA): Functional Status Assessment – National Quality Strategy Domain: Effective Clinical Care – Meaningful Measure Area: Patient's Experience of Care

2020 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) for whom a functional status assessment was performed at least once within 12 months

INSTRUCTIONS:

This measure is to be submitted a minimum of <u>once per performance period</u> for patients with RA seen during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide care for patients with a diagnosis of RA will submit this measure.

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:

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

Denominator Criteria (Eligible Cases):

Patients aged \geq 18 years on date of encounter

<u>and</u>

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, M05.79, 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, M06.20, M06.211, M06.212, M06.211, 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, M06.361, M06.362, M06.333, M06.341, M06.342, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, 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, M06.871, M06.822, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.871, M06.822, M06.871, M06.862, M06.869, M06.871, M06.872, M06.871, M06.872, M06.871, M06.852, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.871, M06.883, M06.89, M06.9

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

<u>WITHOUT</u>

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:

Patients for whom a functional status assessment using an ACR-preferred, patient-reported functional status assessment tool was performed at least once within 12 months

Definitions:

Functional Status Assessment – This measure assesses if physicians are using a standardized tool to assess the impact of RA on patient activities of daily living. Functional status should be assessed using a measurement tool assigned preferred status by the ACR. The instruments listed are the ACR-preferred tools that fulfill the measure requirements:

- PROMIS Physical Function 10-item (PROMIS PF10a)
- Health Assessment Questionnaire-II (HAQ-II)
- Multi-Dimensional Health Assessment Questionnaire (MD-HAQ)

Numerator Options:

Performance Met:

Functional status assessed (1170F)

<u> 0R</u>

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. According to the ACR's RA treatment guidelines, functional status assessment using a standardized, validated measure should be performed routinely for RA patients, at least once per year, but more frequently if disease is active.

CLINICAL RECOMMENDATION STATEMENTS:

The management of RA is an iterative process, and patients should be routinely 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 regular assessments of functional status, as well as periodic 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)

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 patient-reported functional status assessments tools are valid, reliable, and responsive, and feasible to implement in routine clinical practice, resulting in three functional status assessment tools receiving preferred status from the ACR (cite: publication pending).

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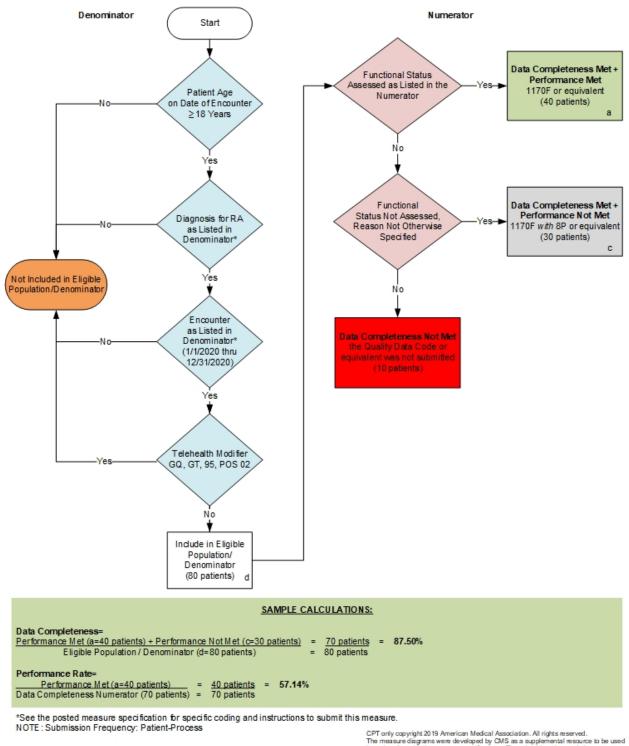
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2020 Clinical Quality Measure Flow for Quality ID #178: Rheumatoid Arthritis (RA): Functional Status Assessment

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



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2020 Clinical Quality Measure Flow Narrative for Quality ID #178: Rheumatoid Arthritis (RA): Functional Status Assessment

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

- 1. Start with Denominator
- 2. Check Patient Age:
 - a. If Patient Age on Date of Encounter is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age on Date of Encounter is greater than or equal to 18 Years equals Yes, 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 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 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 80 patients in the Sample Calculation.
- 7. Start Numerator
- 8. Check Functional Status Assessed:
 - a. If Functional Status Assessed as Listed in the Numerator 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 as Listed in the Numerator equals No, proceed to check 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 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 check Data Completeness Not Met.
- 10. 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 the Sample Calculation.

SAMPLE CALCULATIONS:
Data Completeness= Performance Met (a=40 patients) + Performance Not Met (c=30 patients) Eligible Population / Denominator (d=80 patients) = 80 patients
Performance Rate= <u>Performance Met (a=40 patients)</u> = <u>40 patients</u> = 57.14% Data Completeness Numerator (70 patients) = 70 patients