RHEUMATOID ARTHRITIS (RA)

Provider's guide to diagnose and code RA

Classification Criteria

Who should be evaluated (target population)?

- Patients who have new presentation of at least 1 joint with definite clinical synovitis (swelling) AND
- Synovitis not better explained by another disease

	Criteria	Available Points
Joint Involvement[1] • Large (knee, hip, elbow, shoulder, ankle) • Small[2] (wrist, MCP, PIP, thumb IP, 2nd -5th MTP, with or without large joint involvement)	1 large joint	0
	2-10 large joints	1
	1-3 small joints	2
	4-10 small joints	3
	>10 small joints (at least 1 small joint)[2]	5
Serology[3] At least 1 test result is needed for classification	Negative RF and ACPA	0
	Low-positive RF or Low positive ACAP	2
	High-positive RF or ACPA	3
Acute-Phase Reactants At least 1 test result is needed for classification	Normal CRP and normal ESR	0
	Abnormal CRP or abnormal ESR	1
Duration of Symptoms By patient report, regardless of treatment status	< 6 weeks	0
	≥ 6 weeks	1
TOTAL SCORE (≥ 6/10 for classifying patient with RA[4])		

- Explicitly document findings to support diagnoses of RA
- Document a diagnostic statement that is compatible with ICD-10-CM nomenclature
- Explicitly document treatment plan/follow-up
- Confirm face-to-face encounter is signed and dated by clinician. Include printed version of clinician's full name and credentials (e.g., MD, DO, NP, PA).

Evaluation Recommendations

Typical presentation for RA

- Systemic – fatigue, malaise, anorexia, weight loss, low-grade fever if active disease
- Individual joints – pain, boggy swelling, stiffness – often morning and > 1 hour
- Duration of signs/symptoms > 6 weeks

Evaluation flow

- Clinical assessment - history/physical
- Serology that assess +/- antibodies (RA , ACPA)
- Serology that assess +/- acute phase reactants (CRP, ESR)
- Duration (> 6 weeks)
- Consider imaging joint for synovitis, prearticular erosive changes, establishing joint baseline, especially hands and feet

Labs/studies	Notes/Comments
Rheumatoid Factor (RA)	Nonspecific antibody for RA. False-positive possible.
Anti-citrullinated protein antibody (ACPA)	More specific for RA (90-95%); marker for erosive disease in RA
C-reactive protein (CRP) and Erythrocyte sedimentation rate (ESR)	Useful for initial assessment and monitoring disease activity. Can be used to monitor functional capacity over time.
CBC with diff, CMP (to include serum creatinine, aminotransferases)	Results may influence treatment options.
Hepatitis B and C	If + for Hepatitis B or C – consider referral
TB skin test or interferongamma release assay	TB screen – all TNF inhibitors and tofacitinib, conflicting recommendations for methotrexate
Chest x-ray	Evaluate for sarcoidosis as possible etiology of arthritis
Ophthalmologic exam - dilated pupil and automated visual field testing	For hydroxychloroquine use

1. If > 1 criteria fit for Joint Involvement, use criterion with highest available points.
2. In this category, at least 1 of the involved joints must be a small joint; the other joints can include any combination of large and additional small joints, as well as other joints not specifically listed elsewhere.
3. Negative = IU values < the upper limit of normal (ULN); low-positive = IU values that are higher than the ULN but ≤3 times the ULN; high-positive = IU values that are >3 times the ULN. Where rheumatoid factor (RF) information is only available as positive or negative,

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2015 ICD-10-CM Diagnostic Codes

RHEUMATOID ARTHRITIS *WITH* RHEUMATOID FACTOR

ICD 10-CM Code	ICD 10 CM Description	5th Character definition	6th Character definition
M05.0--	Felty's syndrome	(-) Add 5th character: 0 – unspecified site* 1 – shoulder 2 – elbow 3 – wrist 4 – hand 5 – hip 6 – knee 7 – ankle and foot 9 – multiple sites * Does not require 6th character	Add 6th character: 1 – right 2 – left 9 – unspecified side
M05.1--	Rheumatoid lung disease		
M05.2--	Rheumatoid vasculitis		
M05.3--	Rheumatoid heart disease		
M05.4--	Rheumatoid myopathy		
M05.5--	Rheumatoid polyneuropathy		
M05.6--	w/involvement of other organs and systems		
M05.7--	w/o organ or system involvement		
M05.8--	Other rheumatoid arthritis		
M05.9--	unspecified		

RHEUMATOID ARTHRITIS *WITHOUT* RHEUMATOID FACTOR

ICD 10-CM Code	ICD 10 CM Description	DEFINITION/TIP
M06.00-	Unspecified site	(-) Add 6th character: 1 – right 2 – left 9 – unspecified side
M06.01-	Shoulder	
M06.02-	Elbow	
M06.03-	Wrist	
M06.04-	Hand	
M06.05-	Hip	
M06.06-	Knee	
M06.07-	Ankle and foot	
M06.08-	Vertebrea	
M06.09-	Multiple sites	

INFLAMMATORY POLYARTHROPATHY

ICD 10-CM Code	ICD 10 CM Description
M06.4	Inflammatory polyarthropathy

Treatment Recommendations

Based on ACR 2012 Treatment Recommendations (ACR Guidelines Article: http://www.rheumatology.org/)

- Consider referring to expert in rheumatic diseases if:
  - Patient diagnosed with RA or active inflammatory arthritis
  - Diagnosis of RA unclear
  - Poorly controlled disease
- Start DMARD as soon as possible and work towards tight control of inflammation and disease progression
- Consider methotrexate first line treatment for moderate/severe RA:
  - Contraindications – women considering becoming pregnant/are pregnant, liver disease, excessive alcohol intake, severe renal impairment (eGFR < 30 mL/min)
- For pain control and inflammation:
  - NSAIDs
  - Corticosteroids – PO, IM, intra-articular
- To reduce risks associated with RA/DMARDs:
  - Offer immunizations – avoid live vaccines when treated with DMARDs (consider stopping DMARD for period of time)
  - Offer steroids judiciously
  - Focus on control of RA/inflammation
  - Focus on control of co-morbidities (e.g., DM, COPD)
- Address non-pharmacological interventions (e.g., patient education, rest/exercise, PT, OT, nutritional/dietary counseling)
- Monitor/reassess:
  - Every three months
  - Consider assessing patient functional capacity to measure disease activity
  - Consider repeat joint imaging every 2 years if patient in remission or low disease activity