

**Measure #180: Rheumatoid Arthritis (RA): Glucocorticoid Management – National Quality Strategy**  
**Domain: Effective Clinical Care**

**2017 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) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone  $\geq 10$  mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months

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

**Measure Reporting:**

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-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**  
Patients aged 18 years and older with a diagnosis of RA

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq 18$  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

**NUMERATOR:**

Patients who have been assessed for glucocorticoid use and for those on prolonged doses of prednisone  $\geq 10$  mg daily (or equivalent) with improvement or no change in disease activity, documentation of a glucocorticoid management plan within 12 months

**Definitions:**

**Prolonged Dose** – Doses > 6 months in duration.

**Prednisone Equivalents** – Determine using the following:

1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone.

**Glucocorticoid Management Plan** – Includes documentation of attempt to taper steroids OR documentation of a new prescription for a non-glucocorticoid disease-modifying anti-rheumatic drug (DMARD) OR increase in dose of non-glucocorticoid DMARD dose for persistent RA disease activity at current or reduced dose.

**Numerator Options:**

***Performance Met:***

Patient not receiving glucocorticoid therapy (4192F)

**OR**

***Performance Met:***

Patient receiving < 10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (4193F)

**OR**

***Performance Met:***

Patient receiving  $\geq 10$  mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (4194F)

**AND**

Glucocorticoid Management Plan documented (0540F)

**OR**

***Denominator Exception:***

Documentation of medical reason(s) for not documenting glucocorticoid management plan (ie, glucocorticoid prescription is for a medical condition other than RA) (0540F *with 1P*)

**AND**

Patient receiving  $\geq 10$  mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (4194F)

OR

*Performance Not Met:*

Glucocorticoid dose was not documented, reason not otherwise specified (**4194F with 8P**)

OR

*Performance Not Met:*

Glucocorticoid management plan not documented, reason not otherwise specified (**0540F with 8P**)

AND

Patient receiving  $\geq 10$  mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (**4194F**)

**RATIONALE:**

Glucocorticoids are an important part of RA treatment as they inhibit inflammation and may control synovitis. However, long-term use of glucocorticoids, especially at high doses, should be avoided, due to the potential health complications. Monitoring length and dose of glucocorticoid treatment for patients with RA is integral to making other clinical decisions.

**CLINICAL RECOMMENDATION STATEMENTS:**

Low-dose oral glucocorticoids and local injections of glucocorticoids are highly effective for relieving symptoms in patients with active RA. The benefits of low-dose systemic glucocorticoids, however, should always be weighed against their adverse effects. The adverse effects of long-term oral glucocorticoids at low doses are protean and include osteoporosis, hypertension, weight gain, fluid retention, hyperglycemia, cataracts, and skin fragility, as well as the potential for premature atherosclerosis. These adverse effects should be considered and should be discussed in detail with the patient before glucocorticoid therapy is begun. For long term disease control, the glucocorticoid dosage should be kept to a minimum. For the majority of patients with RA, this means equal or less than 10 mg of prednisone per day. (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, e.g., 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.

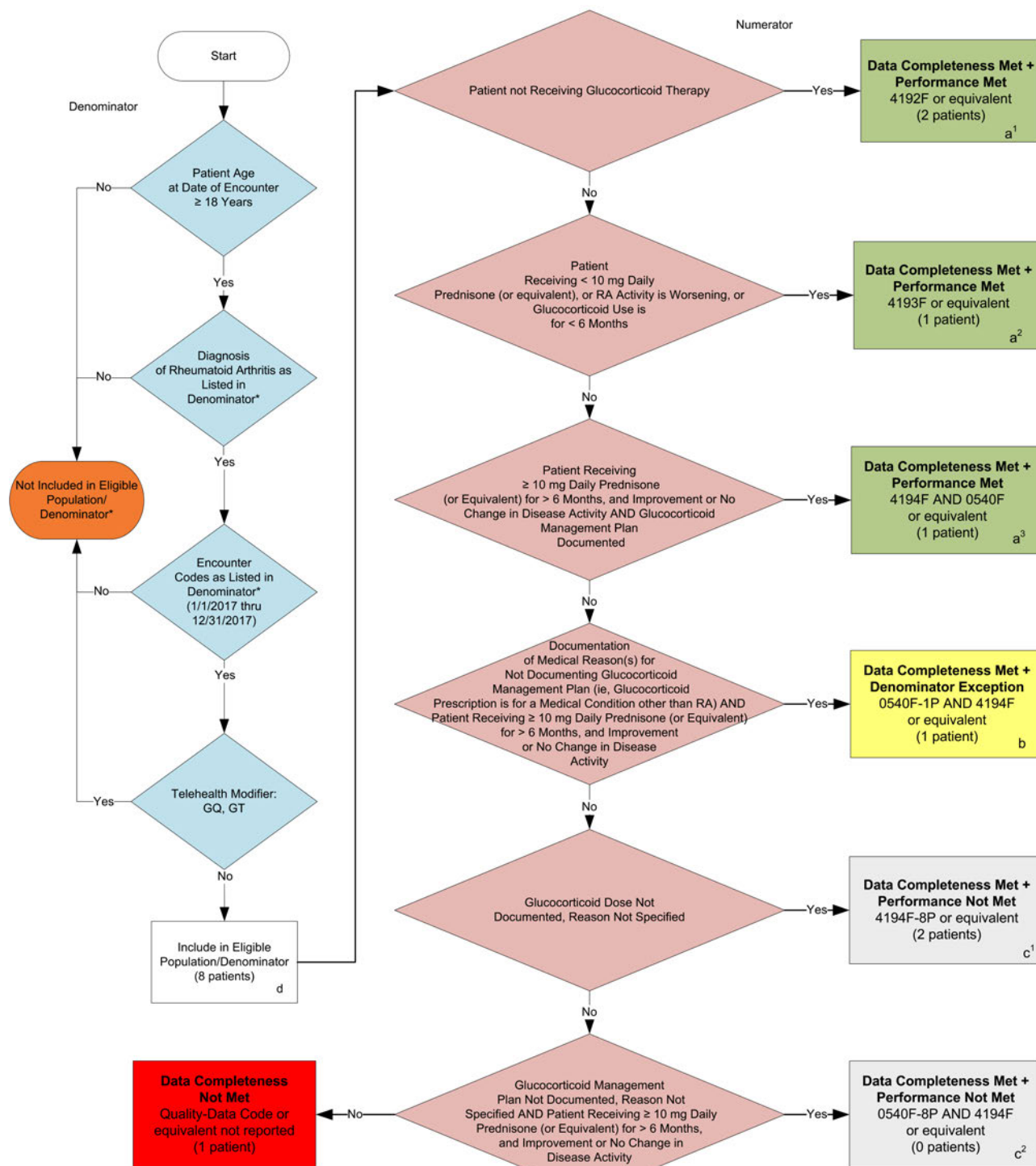
**THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.**

© 2014 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.

CPT® contained in the Measures specifications is copyright 2004-2016 American Medical Association. LOINC® copyright 2004-2016 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2016 College of American Pathologists. All Rights Reserved.

## 2017 Registry Individual Measure Flow #180: Rheumatoid Arthritis (RA): Glucocorticoid Management



\* See the posted Measure Specification for specific coding and instructions to report this measure.  
NOTE: Report Frequency – Patient-Process

CPT only copyright 2016 American Medical Association. All rights reserved.  
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.

v1

**2017 Registry Individual Measure Flow**  
**#180: Rheumatoid Arthritis (RA): Glucocorticoid Management**

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{+a}^3\text{=4 patients) + Denominator Exception (b=1 patients) + Performance Not Met (c}^1\text{+ c}^2\text{=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{+a}^3\text{=4 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patients)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

\* See the posted Measure Specification for specific coding and instructions to report this measure.  
NOTE: Report Frequency – Patient-Process

CPT only copyright 2016 American Medical Association. All rights reserved.  
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.

v1

**2017 Registry Individual Measure Flow**  
**#180: Rheumatoid Arthritis (RA): Glucocorticoid Management**

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

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 of Rheumatoid Arthritis as Listed in the Denominator equals No, do not include in Eligible Patient 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 Patient 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 Patient Population. Stop Processing.
  - b. If Telehealth Modifier 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 8 patients in the sample calculation.
7. Start Numerator
8. Check Patient Not Receiving Glucocorticoid Therapy:
  - a. If Patient Not Receiving Glucocorticoid Therapy 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 a1 equals 2 patients in Sample Calculation.

- c. If Patient Not Receiving Glucocorticoid Therapy equals No, proceed to Patient Receiving Greater Than 10 mg Daily Prednisone (or equivalent), or RA Activity is Worsening, or Glucocorticoid Use is for Less than 6 Months.
9. Check Patient Receiving Greater Than 10 mg Daily Prednisone (or equivalent), or RA Activity is Worsening, or Glucocorticoid Use is for Less than 6 Months:
  - a. If Patient Receiving Greater Than 10 mg Daily Prednisone (or equivalent), or RA Activity is Worsening, or Glucocorticoid Use is for Less than 6 Months 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 a2 equals 1 patient in Sample Calculation.
  - c. If Patient Receiving Greater Than 10 mg Daily Prednisone (or equivalent), or RA Activity is Worsening, or Glucocorticoid Use is for Less than 6 Months equals No, proceed to Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or equivalent) for Longer than 6 Months, and Improvement or No Change in Disease Activity AND Glucocorticoid Management Plan Documented.
10. Check Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or equivalent) for Longer than 6 Months, and Improvement or No Change in Disease Activity AND Glucocorticoid Management Plan Documented:
  - a. If Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or equivalent) for Longer than 6 Months, and Improvement or No Change in Disease Activity AND Glucocorticoid Management Plan Documented 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 a3 equals 1 patient in Sample Calculation.
  - c. If Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or equivalent) for Longer than 6 Months, and Improvement or No Change in Disease Activity AND Glucocorticoid Management Plan Documented equals No, proceed to Documentation of Medical Reason(s) for not Documenting Glucocorticoid Management Plan (ie, Glucocorticoid Prescription is for a Medical Condition other than RA) AND Patient Receiving Greater than or equal to 10 mg Daily Prednisone (or Equivalent) for More than 6 Months, and Improvement or no Change in Disease Activity
11. Check Documentation of Medical Reason(s) for not Documenting Glucocorticoid Management Plan (ie, Glucocorticoid Prescription is for a Medical Condition other than RA) AND Patient Receiving Greater than or equal to 10 mg Daily Prednisone (or Equivalent) for More than 6 Months, and Improvement or no Change in Disease Activity:
  - a. If Documentation of Medical Reason(s) for not Documenting Glucocorticoid Management Plan (ie, Glucocorticoid Prescription is for a Medical Condition other than RA) AND Patient Receiving Greater than or equal to 10 mg Daily Prednisone (or Equivalent) for More than 6 Months, and Improvement or no Change in Disease Activity equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in Sample Calculation.



- c. If Documentation of Medical Reason(s) for not Documenting Glucocorticoid Management Plan (ie, Glucocorticoid Prescription is for a Medical Condition other than RA) AND Patient Receiving Greater than or equal to 10 mg Daily Prednisone (or Equivalent) for More than 6 Months, and Improvement or no Change in Disease Activity equals No, proceed to Glucocorticoid Dose not Documented, Reason not Specified.

12. Check Glucocorticoid Dose not Documented, Reason not Specified:

- a. If Glucocorticoid Dose not Documented, Reason not 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 c1 equals 2 patients in the Sample Calculation.
- c. If Glucocorticoid Dose not Documented, Reason not Specified equals No, proceed to Glucocorticoid Management Plan not Documented, Reason not Specified AND Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or Equivalent) for Greater Than 6 Months and Improvement or no Change in Disease Activity

13. Check Glucocorticoid Management Plan not Documented, Reason not Specified AND Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or Equivalent) for Greater Than 6 Months and Improvement or no Change in Disease Activity:

- a. If Glucocorticoid Management Plan not Documented, Reason not Specified AND Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or Equivalent) for Greater Than 6 Months and Improvement or no Change in Disease Activity 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 0 patients in the Sample Calculation.
- c. If Glucocorticoid Management Plan not Documented, Reason not Specified AND Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or Equivalent) for Greater Than 6 Months and Improvement or no Change in Disease Activity equals No, proceed to Data Completeness Not Met.

14. Check Data Completeness Not Met

- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not reported 1 patient has been subtracted from the data completeness numerator in sample calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

Performance Met ( $a^1+a^2+a^3=4$  patients) + Denominator Exception (b=1 patients) + Performance Not Met ( $c^1+c^2=2$  patients) = 7 patients = 87.50%  
Eligible Population / Denominator (d=8 patients) = 8 patients

**Performance Rate=**

Performance Met ( $a^1+a^2+a^3=4$  patients) = 4 patients = 66.67%  
Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patients) = 6 patients