

## Quality ID #177 (CBE 2523): Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

**2025 COLLECTION TYPE:**  
MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
Percentage of patients aged 18 years and older with two or more diagnoses of rheumatoid arthritis (RA) at least 90 days apart who have an assessment of disease activity using an ACR-preferred RA disease activity assessment tool at ≥50% of encounters for RA for each patient during the performance period.

**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 two or more RA diagnoses documented at least 90 days apart with at least one encounter with an RA diagnosis occurring during the performance period and an additional encounter with an RA diagnosis occurring in the performance period or prior performance period

### **Definitions:**

**Encounter** – An encounter during the performance period where one of the CPT or HCPCS codes listed in the patient encounter criteria is used without a telehealth modifier (i.e., only non-telehealth visits are to be considered for this measure).

**Additional encounter** - An additional encounter during the performance period or prior performance period where one of the CPT or HCPCS codes listed in the patient encounter is used to confirm an RA diagnosis with ICD-10-CM diagnosis codes as listed in the Denominator criteria.

***DENOMINATOR NOTE:*** \*Signifies that this HCPCS code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for the MIPS CQMs.

### **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, M05.7A, 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, M05.8A, 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, M06.0A, 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, M06.219, 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, M06.8A, 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): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426, G0402, G0468\*

**WITHOUT**

Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

**AND**

An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period: M1374

**NUMERATOR:**

Patients with disease activity assessed using an ACR-preferred rheumatoid arthritis disease activity measurement tool at  $\geq 50\%$  of total number of outpatient RA encounters in the performance period

**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  $\geq 50\%$  of total number of outpatient RA encounters. The scales/instruments listed are the ACR-preferred 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 Score-II (PAS-II)
- Routine Assessment of Patient Index Data with 3 measures (RAPID 3)

-Simplified Disease Activity Index (SDAI)

A result within the valid range of the selected tool qualifies for meeting numerator performance as long as a result is captured at  $\geq 50\%$  of each patient's qualified encounters. If the result of a recorded disease activity assessment is outside the valid range of scores for the tool (e.g., a CDAI score of 101 when the maximum possible score is 76.0) or is only recorded as a disease activity level (e.g., low, moderate, or high) in place of a calculated numerical score, this score should not be included in the count to meet the  $\geq 50\%$  requirement in the numerator.

**Numerator Options:**

*Performance Met:*

$\geq 50\%$  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 guidelines for treating both early and established RA patients strongly recommend using a treat-to-target strategy, with the ideal target as low disease activity or remission, as determined by the clinician and the patient. In order to accomplish this, a key principle of the guideline states that disease activity measurement using an ACR-recommended measure should be performed in a majority of encounters for RA patients. (cite: Singh, J.A., Saag, K. G., Bridges, S. L., Akl. E. A., Bannuru, R. R., Sullivan, M. C., et al. (2016), 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care & Research*, 68: 1 -25. doi:10.1002/acr.22783)

This is based on evidence showing that regular disease activity assessment facilitates achieving low disease activity states. (cite: Grigor C, Capell H, Stirling A, McMahon AD, Lock P, Vallance R, et al. Effect of a treatment strategy of tight control for rheumatoid arthritis (the TICORA study): a single blind randomised controlled trial. *Lancet* 2004;364:263 -9.) 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 five ACR-preferred disease activity tools. (cite: <https://rheumatology.org/api/asset/blt65fc8b2649e03455>).

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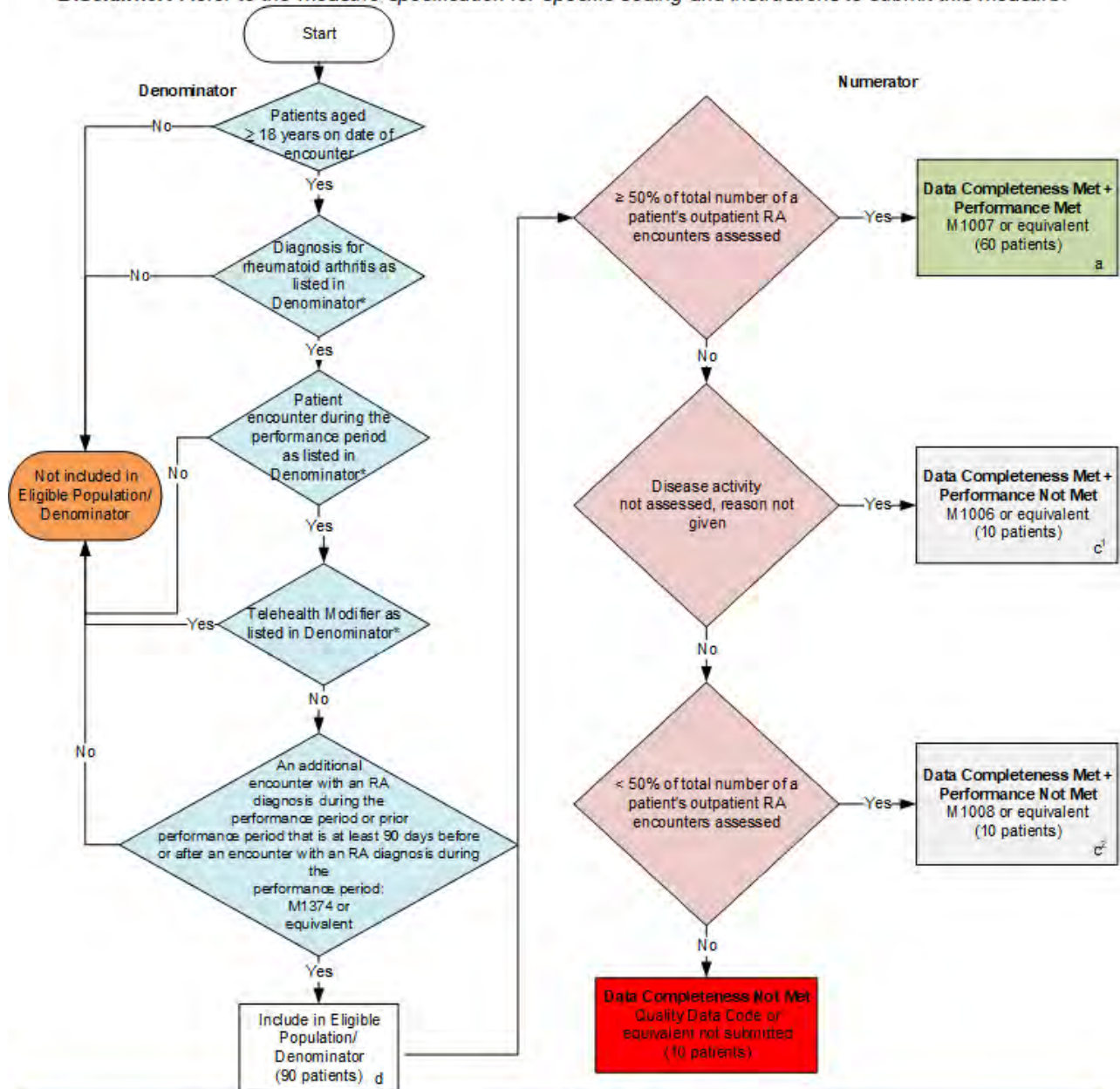
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## 2025 Clinical Quality Measure Flow for Quality ID #177 (CBE 2523): Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

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



**SAMPLE CALCULATIONS**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=60 patients) + Performance Not Met (c¹+c²=20 patients)}}{\text{Eligible Population / Denominator (d=90 patients)}} = \frac{80 \text{ patients}}{90 \text{ patients}} = 88.89\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=60 patients)}}{\text{Data Completeness Numerator (80 patients)}} = \frac{60 \text{ patients}}{80 \text{ patients}} = 75.00\%$$

\*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.

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**2025 Clinical Quality Measure Flow Narrative for Quality ID #177 (CBE 2523):  
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity**

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*.
  - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for rheumatoid arthritis as listed in Denominator\**.
3. Check *Diagnosis for rheumatoid arthritis as listed in Denominator\**:
  - a. If *Diagnosis for rheumatoid arthritis as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for rheumatoid arthritis as listed in Denominator\** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator\**.
4. Check *Patient encounter during the performance period as listed in Denominator\**:
  - a. If *Patient encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the performance period as listed in Denominator\** equals Yes, proceed to check *Telehealth Modifier*.
5. Check *Telehealth Modifier*:
  - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Telehealth Modifier* equals No, proceed to check *An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period*.
6. Check *An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period*:
  - a. If *An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period*, equals Yes, include in *Eligible Population/Denominator*.
7. Denominator Population:
  - 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.

8. Start Numerator
9. Check *Greater than or equal to 50 percent of total number of a patient's outpatient RA encounters assessed*:
  - a. If *Greater than or equal to 50 percent of total number of a patient's outpatient RA encounters assessed* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *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.
  - b. If *Greater than or equal to 50 percent of total number of a patient's outpatient RA encounters assessed* equals No, proceed to check *Disease activity not assessed, reason not given*.
10. 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*.
    - *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<sup>1</sup> equals 10 patients in the Sample Calculation
  - b. If *Disease activity not assessed, reason not given* equals No, proceed to check *Less than 50 percent of total number of a patient's outpatient RA encounters assessed*.
11. Check *Less than 50 percent of total number of a patient's outpatient RA encounters assessed*:
  - a. If *Less than 50 percent of total number of a patient's outpatient RA encounters assessed* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *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<sup>2</sup> equals 10 patients in the Sample Calculation.
  - b. If *Less than 50 percent of total number of a patient's outpatient RA encounters assessed* equals No, proceed to check *Data Completeness Not Met*.
12. Check *Data Completeness Not Met*:
  - 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.

### Sample Calculations

Data Completeness equals Performance Met (a equals 60 patients) plus Performance Not Met (c<sup>1</sup> plus c<sup>2</sup> equals 20 patients) divided by Eligible Population / Denominator (d equals 90 patients). All equals 80 patients divided by 90 patients. All equals 88.89 percent.

Performance Rate equals Performance Met (a equals 60 patients) divided by Data Completeness Numerator (80 patients). All equals 60 patients divided by 80 patients. All equals 75.00 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

NOTE: Telehealth modifiers include **but are not limited to:** GQ, GT, 95, POS 02, POS 10

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.