

FOCUS ON: Rheumatoid arthritis

Rheumatoid arthritis (RA) is a systemic autoimmune disease characterized by inflammatory polyarthritis which affects peripheral joints, especially the small joints of the hands and feet, elbows, knees and ankles; the joint effect is usually symmetrical. It is a chronic, progressive disease in which untreated inflammation may lead to cartilage, bone erosions and joint destruction resulting in functional impairment. Approximately 1.3 million people in the United States have RA; nearly three times as many women have the disease as men. RA most commonly begins between the ages 30 and 60, but the onset of RA is highest among adults in their sixties. Having a family member with RA increases the odds of having RA; however, the majority of people with RA have no family history of the disease.^{1,2}

The inflammation associated with RA can also damage other parts of the body. About 40% of people with RA experience signs and symptoms that don't involve joints including; skin, eyes, lungs, heart, kidneys, nerve tissue, salivary glands, blood vessels and bone marrow.

Signs and symptoms of rheumatoid arthritis may include:

- Tender, warm, swollen joints
- Joint stiffness that is usually worse in the mornings and after inactivity
- Fatigue, fever and loss of appetite

Early RA tends to affect smaller joints first in fingers and toes; symptoms may vary in severity and may come and go, increase disease activity, (flares), alternate with periods of relative remission. RA can be effectively treated and managed with medications which slow disease progression and prevent joint deformity, called disease-modifying antirheumatic drugs (DMARDs), early identification and treatment of RA with DMARDs and/or biological agents is crucial to reduce disability.²

Documentation and coding tips

- When documenting and coding rheumatoid arthritis, clearly document if the patient is positive for rheumatoid factor (seropositive- M05-) or negative (seronegative M06-).
- Next, document and code the specific manifestation of the disease, the site, then the laterality, if indicated. Not all of the rheumatoid arthritis codes require a fifth and/or sixth digit.

M05.- Rheumatoid arthritis with rheumatoid factor

M06.- Other rheumatoid arthritis

Most of the codes in these categories require a fifth digit to indicate the site: 0=unspecified, 1=shoulder, 2=elbow, 3=wrist, 4=hand, 5=hip, 6=knee, 7=ankle and foot, 9=multiple sites

If the site is indicated, the sixth digit specifies laterality: 1=right, 2=left, 9=unspecified

Documentation and coding examples

1. Patient presents to clinic for follow up of worsening rheumatoid arthritis of bilateral wrists and hands. Previous lab results show patient is seropositive. Rx refill for methotrexate given with instructions for use. RTC in six weeks or sooner if symptoms worsen.

M05.79 Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement

ICD-10-CM guideline 1.C.13.a states: For some conditions where more than one bone, joint or muscle is usually involved, such as osteoarthritis, there is a "multiple sites" code available.

2. Patient is seen today with complaints of ongoing rheumatoid bursitis of left shoulder. Pain is still present after six weeks of prescription treatment. Order sent for bilateral shoulder x-rays. Will call with results.

M06.212 Rheumatoid bursitis, left shoulder

Quality reporting

Patients diagnosed with rheumatoid arthritis should be dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). (Exclusions are HIV and pregnancy during measurement year.)

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2020: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2020.

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 1, 2019, the Centers for Medicare & Medicaid Services (CMS) announced that 2019 dates of service for the 2020 payment year model are based on the Centers for Medicare & Medicaid Services Announcement April 1, 2019. Website: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

Optum360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.

1. Prevalence Statistics. [rheumatology.org. https://www.rheumatology.org/Learning-Center/Statistics/Prevalence-Statistics](https://www.rheumatology.org/Learning-Center/Statistics/Prevalence-Statistics). Accessed March 19, 2020.

2. Rheumatoid Arthritis (RA). Centers for Disease Control and Prevention. <https://www.cdc.gov/arthritis/basics/rheumatoid-arthritis.html>. Published March 5, 2019. Accessed March 19, 2020.