

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

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# Rheumatoid Arthritis

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# Agenda

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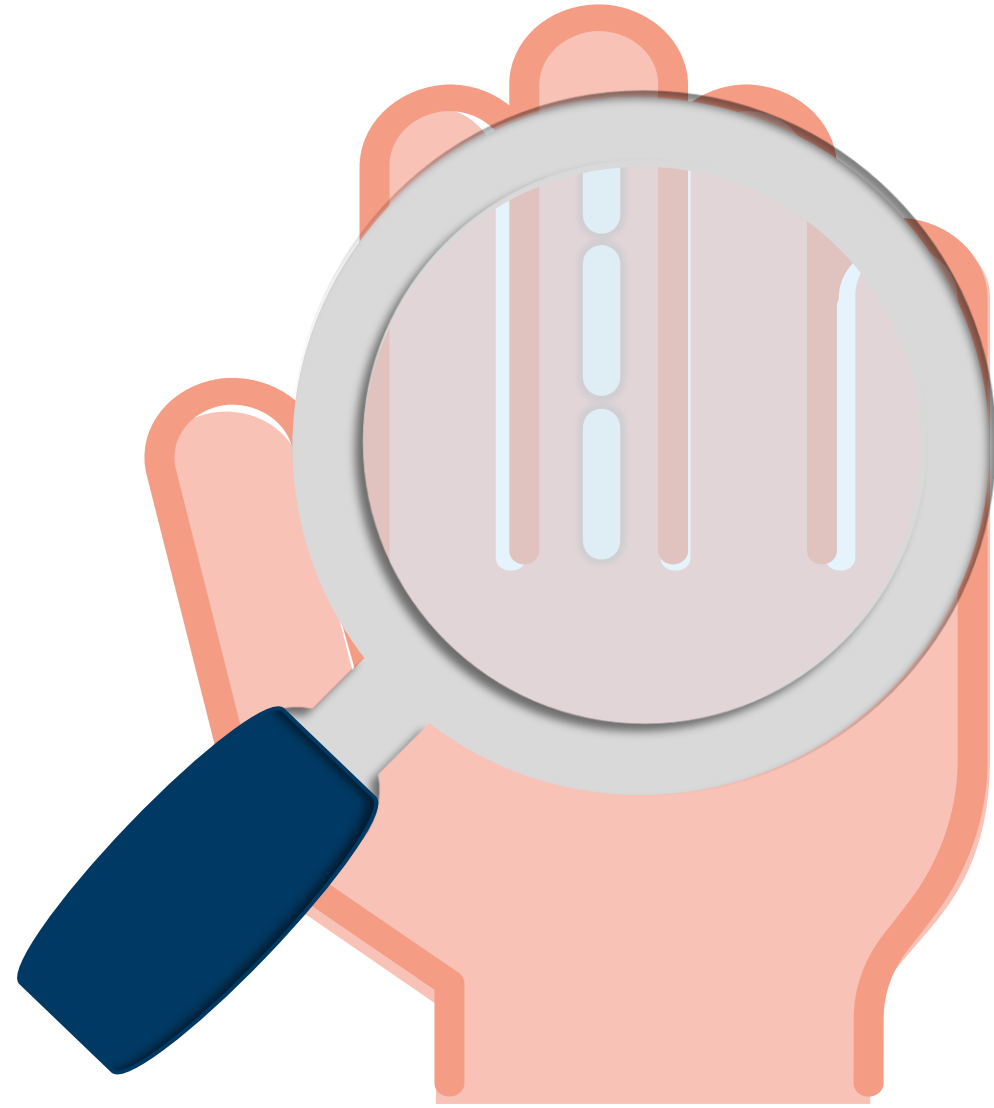
1. Overview of the condition
  2. Coding & documentation considerations
  3. Documentation example
  4. Additional resources
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# Rheumatoid Arthritis

Rheumatoid arthritis (RA) is a chronic, inflammatory, autoimmune disease, affecting joints, often multiple areas simultaneously (hands, wrists, knees). It's known to cause stiffness, swelling and pain and complications can follow such as joint damage and potential deformities particularly in the hands and feet.

Unlike osteoarthritis's mechanical origin, RA stems from the immune system attacking the body. This systemic autoimmune disease can affect other organs, including lungs, heart, and eyes. While the exact cause is unknown, genetics, environmental triggers, and hormones are implicated.

RA fluctuates between flares (worse symptoms) and remissions, but even with remission, it remains a lifelong condition requiring ongoing management. Therefore, "in remission" coding is appropriate if clinically relevant.



# Coding Considerations

## ICD-10 RA Categories

**M05** Rheumatoid Arthritis with Rheumatoid Factor

**M06** Other Rheumatoid Arthritis

**M08** Juvenile Arthritis

- ❑ Identify the specific type of Rheumatoid Arthritis
  - If the diagnosis is not confirmed, a rheumatoid diagnosis should not be used.
- ❑ Identifying the specific type allows for specificity in code selection of the 4<sup>th</sup> digit in the code set.  
**Example:** M06.0 Rheumatoid arthritis *without rheumatoid factor*

## Location/Affected Joint(s)

- ❑ Always identify the location and joints affected
  - If multiple joints involved document each joint for accurate and specific capture of the patient's arthritis
- ❑ Identifying the location/affected joint(s) allows for specificity in code selection of the 5<sup>th</sup> digit in the code set.  
**Example:** M06.04 Rheumatoid arthritis without rheumatoid factor, *hand*

## Laterality

- ❑ Note laterality on physical exam
  - Left, right, or bilateral
- ❑ Identifying the specific laterality allows for specificity in code selection of the 6<sup>th</sup> digit in the code set.  
**Example:** M06.042 Rheumatoid arthritis without rheumatoid factor, *left hand*

# Documentation Considerations

Documenting rheumatoid arthritis (RA) by incorporating the components below, is crucial for accurate diagnosis, effective treatment planning, monitoring disease progression, and ensuring appropriate care ultimately leading to better patient outcomes.

## Symptoms & Physical Exam Findings

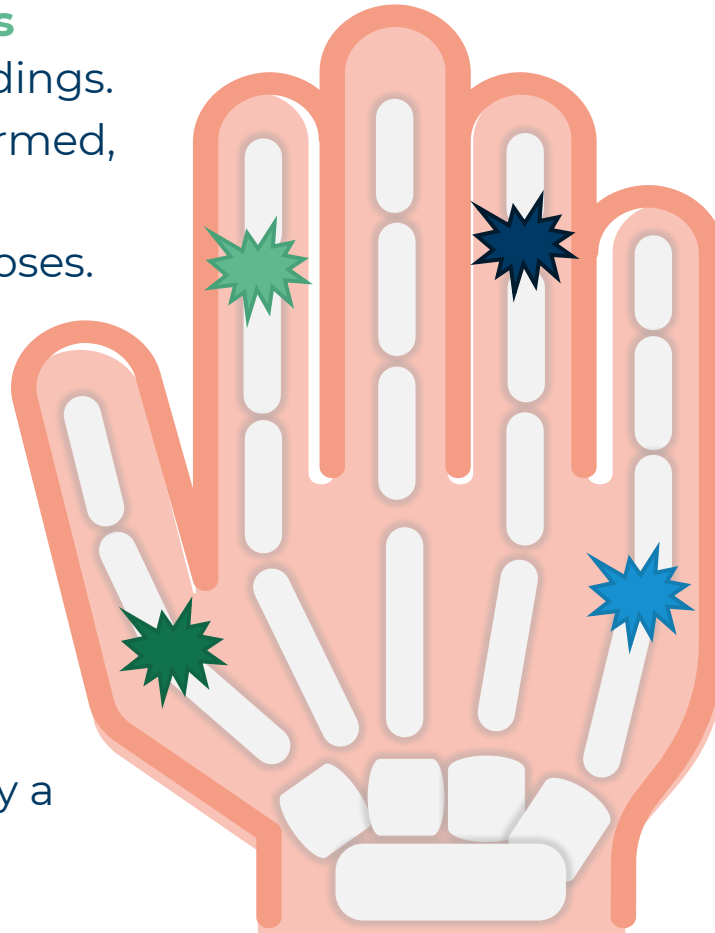
Record and link all symptoms and findings.

- Until a definitive diagnosis is confirmed, the patient's signs and symptoms should be used for reporting purposes.

## Treatment

Document a detailed treatment plan, incorporating discussions and advice given to the patient.

- Include orders for labs, radiology studies, referrals, current DMARD therapy/Immunosuppression
- If the patient is being by treated by a specialist, document the patient's status and type of treatment.



## Key RA Elements

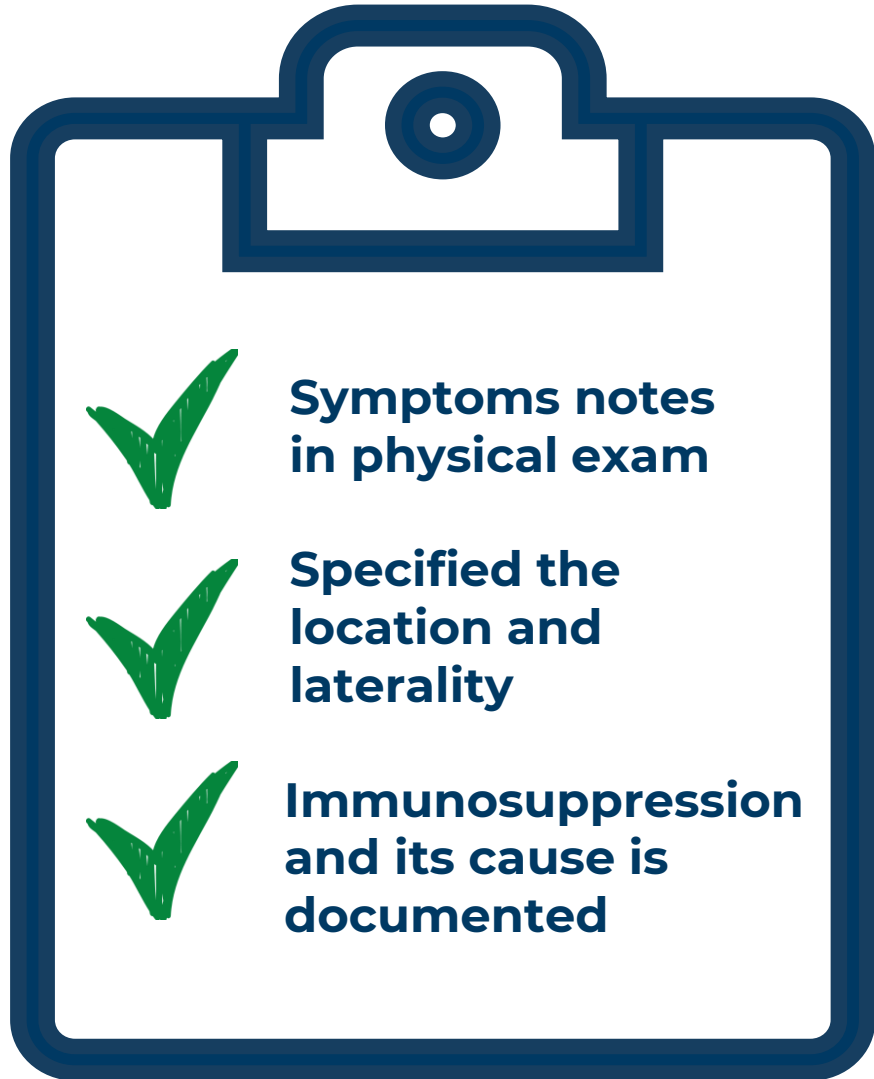
Note the presence of rheumatoid factor, any organ involvement, complications, and the current status (*e.g., active, stable, in remission, etc.*).

## Diagnostic Tests & Interpretation

Interpret and incorporate diagnostic/ imaging findings.

- Regardless of what a report indicates, the patient's condition must be clearly articulated by the clinician, as it cannot be inferred by non-clinicians.

# Rheumatoid Arthritis Example



## History of Illness:

Patient is being seen for her rheumatoid arthritis with no rheumatoid factor.

## Physical Exam:

Extremities: **Inflammation and decreased range of motion** in the left hand

## Assessment & Plan:

**Rheumatoid arthritis without rheumatoid factor, left hand**

Will increase the Methotrexate dosage. Return in one month or sooner if symptoms progress.

Immunosuppression due to drugs

**Patient is in an immunosuppressed state due the Methotrexate** she is taking for her rheumatoid arthritis.

Long term (current) use of methotrexate

**The clinician documented the location and laterality of the rheumatoid arthritis in the assessment. The documentation also states that the patient is immunocompromised and includes the cause.**

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# **Additional Resources**

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# Documentation Best Practice Checklist



**Annually assess** all chronic conditions and document a plan for each one



**Link medications** to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



**Use the term “History of”** before a condition if it no longer exists or has resolved



**Validate** patient reported findings



**Code and document all coexisting conditions** that require or affect patient care, treatment or management



**Avoid using uncertain terms** when a diagnosis has been confirmed for a patient



**Choose the highest level of specificity** when selecting an ICD-10 code



**Keep problem list up to date** by removing acute and one-time conditions

# Highmark Provider Resource Center

## KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

### RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



### CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



**Have questions about risk adjustment?**

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