

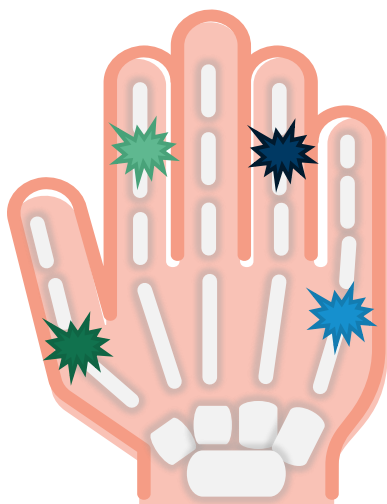
Rheumatoid Arthritis

Arthritis encompasses various types with differing causes, including wear-tear (osteoarthritis) and autoimmune reactions (rheumatoid arthritis, RA). RA is a chronic inflammatory condition attacking joints, often multiple simultaneously (hands, wrists, knees), causing inflammation, tissue damage, and pain. 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.

Best Documentation Practices

Include physical exam findings and results from related lab or diagnostic imaging.

Document a specific treatment plan and include details such as a referral to rheumatology, orders for labs and diagnostic imaging, patient education, or clear linkage of any medication to the rheumatoid arthritis.



Specify the type (e.g., seronegative RA, seropositive RA, juvenile RA, etc.), **joints affected, laterality, any organ involvement**, and the **current status** (e.g., active, stable, in remission, etc.).

Link associated conditions or complications using terms such as "due to", "secondary to", or "associated with".

M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition.



Monitor

How is the patient doing?

Document signs, symptoms, disease progression/regression or ongoing surveillance



Evaluate

What is the current state of the condition?

Document current state, test results, medication effectiveness or response to treatment



Address/Assess

How will the condition be evaluated?

Document discussion, review of records, counseling, or ordering further tests



Treatment

What is being done to help the condition?

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

Rheumatoid Arthritis ICD-10 Category Reference Guide

This partial list of Risk Adjustment condition categories and ICD-10 codes (showing only partial codes for some)) is not exhaustive. **For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.**

Rheumatoid Arthritis

M05.XX	Rheumatoid arthritis with rheumatoid factor
M06.XX	Rheumatoid arthritis without rheumatoid factor
M08.XX	Juvenile arthritis
M45.XX	Rheumatoid arthritis of spine

Use additional code, if applicable

D84.821	Immunodeficiency due to drugs
Z79.899	Other long term (current) drug therapy

Coding Examples

Example 1

Documentation

CC: Needs refill of RA medication.

Assessment & Plan: Rheumatoid Arthritis – remains asymptomatic on Methotrexate; Labs ordered, Methotrexate sent to pharmacy, Should also have eye exam this year.

ICD-10 Code(s)

M06.9 Rheumatoid arthritis, unspecified

Rationale

The providers documentation lacks specificity. There is no mention of site or joint affected, laterality, rheumatoid factor presence or any organ/system involvement. Despite the lack of specificity, the assessment and plan notes treatment, supporting a diagnosis of unspecified rheumatoid arthritis.

Example 2

Documentation

S: Pt still reporting pain/stiffness bilateral wrists, worse in morning; Denies injuries.

O: Bilateral wrists w/ tenderness to palpation, reduced ROM.

A: Rheumatoid arthritis (seronegative) of bilateral wrists

P: Order Rheumatoid factor, CCP antibodies, ESR and CRP; NSAIDs for pain/inflammation. Referral to Rheumatology.

ICD-10 Code(s)

M06.031 Rheumatoid arthritis without rheumatoid factor, right wrist

M06.032 Rheumatoid arthritis without rheumatoid factor, left wrist

Rationale

The provider specifically documents rheumatoid arthritis affecting the wrists and further distinguishes it as seronegative. Additionally, the plan outlines specific labs and a referral to a specialist.

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NOTE: This tool is intended to assist with documentation only and not intended to take the place of clinical analysis. Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations. Reference Official ICD-10-CM coding guidelines and manuals or electronic medical coding software for accurate ICD-10-CM codes and specificity.

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