Quality ID #180: Rheumatoid Arthritis (RA): Glucocorticoid Management

2024 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

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 >5 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 submitted 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 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.

NOTE: *Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, 95, or POS 02, POS 10) are allowable.*

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 a diagnosis of RA

> ***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*

NUMERATOR:

Patients who have been assessed for glucocorticoid use and for those on prolonged doses of prednisone > 5 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 ≤5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months **(G2112)**

OR

Performance Met:	Patient receiving > 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity **(G2113)**
AND	Glucocorticoid Management Plan documented **(0540F)**
OR	
***Denominator Exception*:**	Documentation of medical reason(s) for not documenting glucocorticoid management plan (i.e., glucocorticoid prescription is for a medical condition other than RA**) (0540F with 1P)**
AND	Patient receiving > 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity **(G2113)**
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 >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity **(G2113)**

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)

Grijalva, et al found nearly two-fold greater serious infection (OR1.78 1.47,2.15) at 5-10 mg of prednisone in RA as reported in JAMA 2011 Dec 7;306(21):2331-9. doi: 10.1001/jama.2011.1692. Epub 2011 Nov 6. Because of the dangers to patients associated with being on 5 to 10 mg doses of prednisone, optimal treatment is to aim for a dosage less than or equal to 5 mg.

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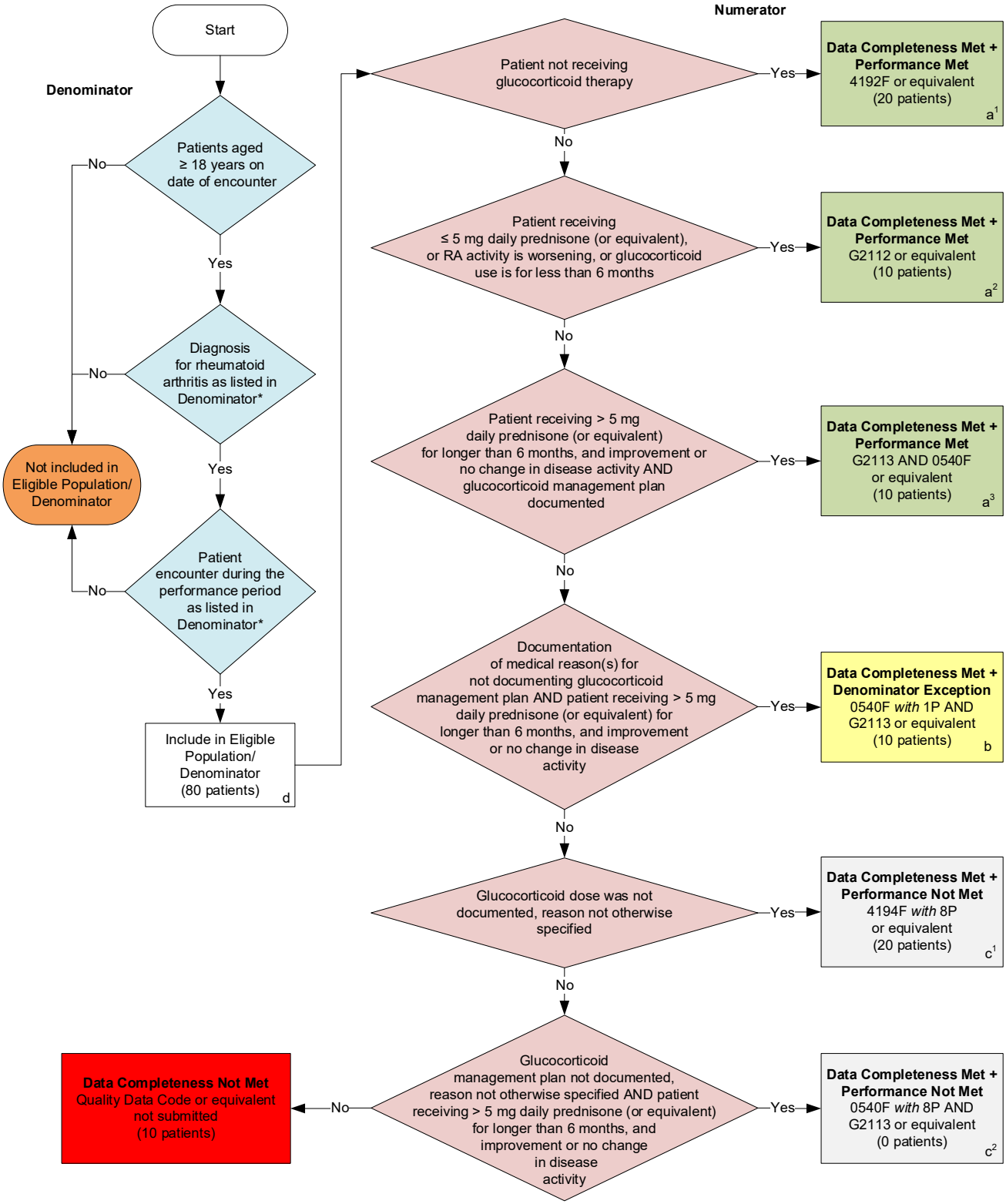
2024 Clinical Quality Measure Flow for Quality ID #180: Rheumatoid Arthritis (RA): Glucocorticoid Management

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met ($a^1+a^2+a^3$=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c^1+c^2=20 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met ($a^1+a^2+a^3$=40 patients) = 40 patients = **66.67%**

Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

2024 Clinical Quality Measure Flow Narrative for Quality ID #180: Rheumatoid Arthritis (RA): Glucocorticoid Management

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, include in *Eligible Population/Denominator*.
5. 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 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Patient not receiving glucocorticoid therapy*:
    a. If *Patient not receiving glucocorticoid therapy* 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^1 equals 20 patients in the Sample Calculation.
    b. If *Patient not receiving glucocorticoid therapy* equals No, proceed to check *Patient receiving less than or equal to 5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months*.
8. Check *Patient receiving less than or equal to 5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months*:
    a. If *Patient receiving less than or equal to 5 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*.

- *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[2] equals 10 patients in the Sample Calculation.

b. If *Patient receiving less than or equal to 5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months* equals No, proceed to check *Patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity AND glucocorticoid management plan documented*.

9. Check *Patient receiving greater than 5 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 5 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*.

- *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[3] equals 10 patients in the Sample Calculation.

b. If *Patient receiving greater than 5 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 check *Documentation of medical reason(s) for not documenting glucocorticoid management plan AND patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity*.

10. Check *Documentation of medical reason(s) for not documenting glucocorticoid management plan AND patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity*:

a. If *Documentation of medical reason(s) for not documenting glucocorticoid management plan AND patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *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 10 patients in the Sample Calculation.

b. If *Documentation of medical reason(s) for not documenting glucocorticoid management plan AND patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity* equals No, proceed to check *Glucocorticoid dose was not documented, reason not otherwise specified.*

11. Check *Glucocorticoid dose was not documented, reason not otherwise specified*:

a. If *Glucocorticoid dose was not documented, reason not otherwise specified* 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[1] equals 20 patients in the Sample Calculation.

b. If *Glucocorticoid dose was not documented, reason not otherwise specified* equals No, proceed to check *Glucocorticoid management plan not documented, reason not otherwise specified AND patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity*.

12. Check *Glucocorticoid management plan not documented, reason not otherwise specified AND patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity*:

    a. If *Glucocorticoid management plan not documented, reason not otherwise specified AND patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity* 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^2 equals 0 patients in the Sample Calculation.

    b. If *Glucocorticoid management plan not documented, reason not otherwise specified AND patient receiving greater than 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity* equals No, proceed to check *Data Completeness Not Met*.

13. 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 the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a^1 plus a^2 plus a^3 equals 40 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c^1 plus c^2 equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 plus a^2 plus a^3 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Process

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.