

In this Issue**RHEUMATOID ARTHRITIS****Contact Us****Ann Peterson****Quality Assurance Coding Mgr.****Email: ann.p@adobecw.com****Gail Lara,****VP Strategic Outreach & Comm.****gail.l@adobecw.com****Amanda Irizarry****Physician Engagement Mgr.****amanda.i@adobecw.com****PhysicianEngagement@adobecw.com****Telephone: 520.233.7111, ext 455****Fax: 928.583.7099****For access to & information on how to use the Wellcare by Allwell provider portal, please visit:****<https://www.azcompletehealth.com/providers/resources/claims-payment.html>****For questions or more information on Quality, please reach out to:****QIPProviderOutreach@azcompletehealth.com*****Clinical concepts when diagnosing
Rheumatoid Arthritis.*****DEFINITION:**

*Rheumatoid Arthritis is an autoimmune disease that affects joint linings, causing painful swelling. Over long periods of time, the inflammation associated with rheumatoid arthritis can cause bone erosion and joint deformity. **A DMARD should be prescribed upon diagnosing to slow down this process.***

HIGH RISK PATIENTS:

1. Onset is highest among adults in their 50's.
2. Females are three times more likely to get rheumatoid arthritis than males.
3. People born with HLA class II genotypes, are more likely to get rheumatoid arthritis.
4. People who smoke cigarettes are at an increased risk of developing rheumatoid arthritis.

SIGNS AND SYMPTOMS:

- Fatigue
- Weakness
- Loss of appetite
- Low grade fever
- Swelling of joints
- Loss of joint function
- Joint pain and tenderness
- Stiffness-worse in the morning

LAB:

- C-reactive protein test.
- Sed rate-erythrocyte sedimentation rate.

DIAGNOSTICS:

- Xray of affected joints.
- MRI to determine the severity of the disease in the body.
- Ultrasound to determine the severity of disease in the body.

DOCUMENTATION TIPS:

- When documenting rheumatoid arthritis, it is highly recommended to be as descriptive as possible. This will allow coders to capture a more specific code.
- For gold standard documentation, consider the below details:
 - Type**-e.g., *juvenile, seronegative, seropositive, with rheumatoid factor.*
 - Location**-e.g., *bilateral hands, multiple locations (if includes spine, document separately).*
 - Status**-e.g., *stable, current, active.*
 - Associated Conditions**-e.g., *lung disease, vasculitis, heart disease, myopathy, polyneuropathy, other organ or system involvement.*
 - Laterality**-e.g., *left, right, bilateral.*
- *Rheumatoid arthritis is a chronic disease, avoid documenting and reporting as historical e.g., **history of rheumatoid arthritis.***
- *It is best practice to document the diagnostic test results and any clinical findings that support rheumatoid arthritis along with disease status and plan of care.*

NOTE: These guidelines attempt to define practices that meet the needs of most members in most circumstances. The ultimate judgment regarding the care of an individual member must be made by the provider and member in light of all circumstances presented by the member