

In this Issue**RHEUMATOID ARTHRITIS
Coding & Billing****Contact Us**

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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:

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Rheumatoid Arthritis - Coding & Billing.

*For all risk adjustment models it is imperative that the provider evaluates and documents all chronic conditions to the highest level of specificity on an annual basis. **However, it is equally important that the providers documentation is coded and billed properly.** It is the coding and billing process that reports the condition to CMS which makes it extremely important to code and bill to the highest specificity possible from the provider documentation. **This will ensure the highest level of care for all patients.***

KEY TIPS TO SELECTING THE CORRECT CODE/SPECIFICITY FOR RHEUMATOID ARTHRITIS:

1. Did the provider document **type**? - i.e., juvenile, seronegative, seropositive, with rheumatoid factor.
2. Did the provider document the **location**? -i.e., bilateral hands, multiple locations, **spine**. *
3. Did the provider document any **associated conditions**? -i.e., lung disease, vasculitis, heart disease, myopathy, polyneuropathy, other organ and system involvement.
4. Did the provider document **laterality**? -left, right, bilateral.
 - **The presence or absence of this specificity will determine the correct diagnosis to be coded and billed on the claim for the encounter.**
5. Rheumatoid arthritis of the spine is coded as spondylitis/ankylosing as directed in the alphabetic index of the ICD-10 book. **Arthritis >- rheumatoid >- spine >- see spondylitis, ankylosing ***
6. There are many associated conditions that the classification assumes are related to rheumatoid arthritis. Consult the alphabetic index, **Arthritis >- rheumatoid >- with (reference ICD-10 guideline Section I.A.15).**
7. Diagnosis (**M05.-**) series, indicates rheumatoid arthritis with an **identified rheumatoid factor** present. Do not assume the presence of rheumatoid factor when a diagnosis of rheumatoid arthritis is documented. The provider must clearly document the presence of rheumatoid factor.
8. Rheumatoid arthritis that is **not documented by the provider to have a rheumatoid factor** is coded to the (**M06.-**) series.

DX CODE SERIES	CORRECT CODING FOR RHEUMATOID ARTHRITIS (NOT AN ALL-INCLUSIVE LIST)
M05.10-M05.19	Rheumatoid lung disease with rheumatoid arthritis
M05.20-M05.29	Rheumatoid vasculitis with rheumatoid arthritis
M05.30-M05.39	Rheumatoid heart disease with rheumatoid arthritis
M05.40-M05.49	Rheumatoid myopathy with rheumatoid arthritis
M05.50-M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis
M05.60-M05.69	Rheumatoid arthritis with involvement of other organs and systems
M05.70-M05.7A	Rheumatoid arthritis with rheumatoid factor without organ or system involvement
M05.80-M05.8A	Other rheumatoid arthritis with rheumatoid factor
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00-M06.0A	Rheumatoid arthritis without rheumatoid factor
M06.80-M06.8A	Other specified rheumatoid arthritis
M06.9	Rheumatoid arthritis, unspecified
M08.00-M08.0A	Unspecified juvenile rheumatoid arthritis, with or without rheumatoid factor
M08.20-M08.2A	Juvenile rheumatoid arthritis with systemic onset
M08.40-M08.4A	<u>Pauciarticular juvenile</u> rheumatoid arthritis

Adobe Care and Wellness coding and documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified health care practitioner and in the best interest of the patient. ICD-10CM, CPT and HCPCS are the authoritative references for purposes of assigning diagnosis and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charges and modifiers for services rendered.