

Quality ID #177 (CBE 2523): Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (COM)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older with two or more encounters with diagnosis of rheumatoid arthritis (RA) at least 90 days apart who have an assessment of disease activity using an ACR-preferred RA disease activity assessment tool at $\geq 50\%$ of encounters for RA for each patient during the performance period.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinical Applicability:

The intent of this measure is to reflect the quality of services for patients aged 18 years and older with a diagnosis of RA. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:

NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting.

Patient encounters for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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 two or more RA diagnoses documented at least 90 days apart with at least one encounter with an RA diagnosis occurring during the performance period and an additional encounter with an RA diagnosis occurring in the performance period or prior performance period.

Definitions:

Encounter – An encounter during the performance period where one of the CPT or HCPCS codes listed in the patient encounter criteria is used without a telehealth modifier (i.e., only non-telehealth visits are to be considered for this measure).

Additional encounter – An additional encounter during the performance period or prior performance period where one of the CPT or HCPCS codes listed in the patient encounter is used to confirm an RA diagnosis with ICD-10-CM diagnosis codes as listed in the Denominator criteria.

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.A, 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*

WITHOUT

Encounters conducted via telehealth: M1426

AND

An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period: M1374

NUMERATOR:

Patients with disease activity assessed using an ACR-preferred rheumatoid arthritis disease activity measurement tool at $\geq 50\%$ of total number of outpatient RA encounters in the performance period.

Definition:

Assessment of Disease Activity – Assesses if physicians are utilizing a standardized, systematic approach for evaluating the level of disease activity for each patient at least for $\geq 50\%$ of total number of outpatient RA encounters. The scales/instruments listed are the ACR-preferred tools that should be used:

- Clinical Disease Activity Index (CDAI)
- Disease Activity Score with 28-joint counts (erythrocyte sedimentation rate or C-reactive protein) (DAS-28)
- Patient Activity Score-II (PAS-II)
- Routine Assessment of Patient Index Data with 3 measures (RAPID 3)
- Simplified Disease Activity Index (SDAI)

A result within the valid range of the selected tool qualifies for meeting numerator performance as long as a result is captured at $\geq 50\%$ of each patient's qualified encounters. If the result of a recorded disease activity assessment is outside the valid range of scores for the tool (e.g., a CDAI score of 101 when the maximum possible score is 76.0) or is only recorded as a disease activity level (e.g., low, moderate, or high) in place of a calculated numerical score, this score should not be included in the count to meet the $\geq 50\%$ requirement in the numerator.

Numerator Options:

Performance Met:

$\geq 50\%$ of total number of a patient's outpatient RA encounters assessed (M1007)

OR

Performance Not Met:

Disease activity not assessed, reason not given (M1006)

OR

Performance Not Met:

$< 50\%$ of total number of a patient's outpatient RA encounters assessed (M1008)

RATIONALE:

After establishing a diagnosis of RA, risk assessment is crucial for guiding optimal treatment. For the purposes of selecting therapies, physicians should consider the patient's disease activity at the time of the treatment decisions.

CLINICAL RECOMMENDATION STATEMENTS:

The ACR guidelines for treating both early and established RA patients strongly recommend using a treat-to-target strategy, with the ideal target as low disease activity or remission, as determined by the clinician and the patient. In order to accomplish this, a key principle of the guideline states that disease activity measurement using an ACR-recommended measure should be performed in a majority of encounters for RA patients. (Singh, 2016)) This is based on evidence showing that regular disease activity assessment facilitates achieving low disease activity states. (Grigor, 2004) The ACR also conducted an extensive multi-year project, involving systematic literature reviews, expert consensus ratings, and national surveys to reach consensus on which RA disease activity measures are valid, reliable, and responsive, and feasible to implement in routine clinical practice, resulting in five ACR-preferred disease activity tools. (England, 2019).

REFERENCES:

Singh, J. A., Saag, K. G., Bridges, S. L., Jr., Akl, E. A., Bannuru, R. R., Sullivan, M. C., ... & American College of Rheumatology. (2016). 2015 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol*, 68(1), 1–26.

Grigor, C., Capell, H., Stirling, A., McMahon, A. D., Lock, P., Vallance, R., Kincaid, W., & Porter, D. (2004). Effect of a treatment strategy of tight control for rheumatoid arthritis (the TICORA study): a single-blind randomised controlled trial. *Lancet* (London, England), 364(9430), 263–269. [https://doi.org/10.1016/S0140-6736\(04\)16676-2](https://doi.org/10.1016/S0140-6736(04)16676-2)

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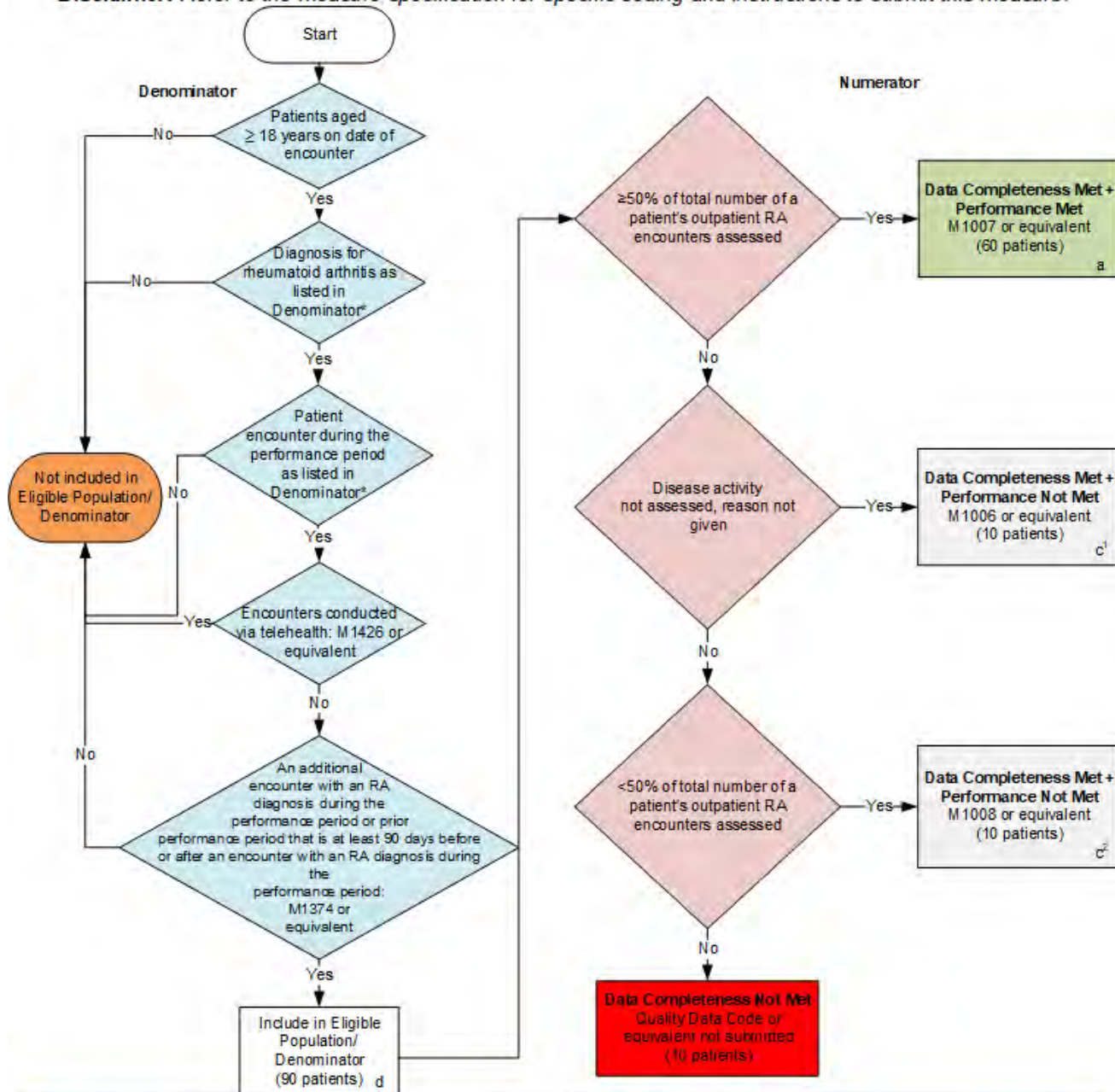
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2026 Clinical Quality Measure Flow for Quality ID #177 (CBE 2523): Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

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



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=60 patients)} + \text{Performance Not Met (c}^1 + \text{c}^2 = 20 \text{ patients)}}{\text{Eligible Population / Denominator (d=90 patients)}} = \frac{80 \text{ patients}}{90 \text{ patients}} = 88.89\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=60 patients)}}{\text{Data Completeness Numerator (80 patients)}} = \frac{60 \text{ patients}}{80 \text{ patients}} = 75.00\%$$

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

NOTE: Submission Frequency: Patient-Process

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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.

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #177 (CBE 2523):
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity**

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, proceed to check *Encounters conducted via telehealth*.
5. Check *Encounters conducted via telehealth*:
 - a. If *Encounters conducted via telehealth* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Encounters conducted via telehealth* equals No, proceed to check *An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period*.
6. Check *An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period*:
 - a. If *An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period*, equals Yes, include in *Eligible Population/Denominator*.
7. 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 90 patients in the Sample Calculation.

8. Start Numerator
9. Check *Greater than or equal to 50 percent of total number of a patient's outpatient RA encounters assessed*:
 - a. If *Greater than or equal to 50 percent of total number of a patient's outpatient RA encounters assessed* 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 equals 60 patients in the Sample Calculation.
 - b. If *Greater than or equal to 50 percent of total number of a patient's outpatient RA encounters assessed* equals No, proceed to check *Disease activity not assessed, reason not given*.
10. Check *Disease activity not assessed, reason not given*:
 - a. If *Disease activity not assessed, reason not given* 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 c¹ equals 10 patients in the Sample Calculation
 - b. If *Disease activity not assessed, reason not given* equals No, proceed to check *Less than 50 percent of total number of a patient's outpatient RA encounters assessed*.
11. Check *Less than 50 percent of total number of a patient's outpatient RA encounters assessed*:
 - a. If *Less than 50 percent of total number of a patient's outpatient RA encounters assessed* 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 c² equals 10 patients in the Sample Calculation.
 - b. If *Less than 50 percent of total number of a patient's outpatient RA encounters assessed* equals No, proceed to check *Data Completeness Not Met*.
12. 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 Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 60 patients) plus Performance Not Met (c¹ plus c² equals 20 patients) divided by Eligible Population / Denominator (d equals 90 patients). All equals 80 patients divided by 90 patients. All equals 88.89 percent.

Performance Rate equals Performance Met (a equals 60 patients) divided by Data Completeness Numerator (80 patients). All equals 60 patients divided by 80 patients. All equals 75.00 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.