

Rheumatoid Arthritis (RA)

Tuberculosis Screening

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of rheumatoid arthritis.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Is the patient receiving first-time biologic disease modifying anti-rheumatic drug (DMARD) therapy (excluding rituximab) ^{1, 2?}	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, patient not receiving first-time biologic DMARD or biologic DMARD prescription is rituximab), report only 4196F and STOP. If Yes , report 4195F and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Tuberculosis (TB) Screening	Yes	No	
Performed and results interpreted within six months prior to initiation of DMARD	<input type="checkbox"/>	<input type="checkbox"/>	3455F
Not performed for the following reason: • Medical (ie, patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy)	<input type="checkbox"/>	<input type="checkbox"/>	3455F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3455F-8P (TB screening not performed or results not interpreted, reason not otherwise specified.)

¹Biologic DMARD therapy includes Adalimumab, Etanercept, Infliximab, Abatacept, Anakinra (Rituximab is excluded).

²First course of therapy: only patients who have previously never been prescribed or dispensed biologic DMARD therapy should be included in this measure.