

Glucocorticoid Management

*This measure is to be reported for all patients 18 years and older with RA — a minimum of **once** per reporting period.*

Measure description

Percentage of patients 18 years and older with a diagnosis of RA who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent¹) with improvement or no change in disease activity, documentation of glucocorticoid management plan² within 12 months

What will you need to report for each patient with RA for this measure?

If you select this measure for reporting, you will report:

- Whether or not you assessed the patient for glucocorticoid use. Patients will fall into one of three categories described below:
 - Patient not receiving glucocorticoid therapy
 - Patient receiving < 10 mg daily prednisone (or equivalent), OR RA disease activity is worsening, OR glucocorticoid use is for less than 6 months
 - Patient receiving ≥ 10 mg daily prednisone (or equivalent) for longer than 6 months with improvement or no change in disease activity

If the patient is receiving ≥ 10 mg daily prednisone (or equivalent) for longer than 6 months with improvement or no change in disease activity, you will then need to report:

- Whether or not you documented a glucocorticoid management plan

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to assess for glucocorticoid use, due to:

- Medical reasons (ie, glucocorticoid prescription is for a medical condition other than RA)

In these cases, you will need to indicate that the medical reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

¹Prednisone equivalents can be determined 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

²Glucocorticoid management plan: documentation of attempt to taper steroids OR documentation of a new prescription for a non-glucocorticoid DMARD OR increase in dose of non-glucocorticoid DMARD dose for persistent RA disease activity at current or reduced dose