Rheumatoid arthritis

Clinical overview

Definition

Rheumatoid arthritis is a chronic, systemic inflammatory disorder. It is an autoimmune disease in which the body's immune system attacks the body's own tissues. While the inflammatory response of rheumatoid arthritis affects primarily joints, it is a systemic inflammatory disorder that can also impact organs, such as the skin, eyes, heart, lungs and blood vessels. RA most commonly begins in middle age, but it can occur at any age.[1]

Causes[2]

The exact cause of rheumatoid arthritis is not known. Some of the possible causes include:

- Genetic factors (inherited from parent to child)
- Environmental factors
- Hormones (women are 2-3 times more likely to develop RA)

Signs and symptoms[3]

Some people with this disease experience periods in which symptoms get worse (flares) or better (remissions). Others have a severe form of the disease that is active most of the time, lasts for many years or a lifetime and leads to serious joint damage and disability. Symptoms can include:

- Joint pain, warmth, redness and swelling
- Joint stiffness in the morning or after inactivity that can last for hours
- Fatigue, occasional fevers and loss of appetite

Diagnostic tools[3]

- Medical history and physical exam
- X-ray, MRI or ultrasound
- Lab testing- Erythrocyte sedimentation rate (often called "sed rate"), Rheumatoid factor (RF) or anti-cyclic citrullinated peptide (anti-CCP)
- Evaluation by a rheumatologist

Treatment[4]

There is no cure for rheumatoid arthritis. Treatment is targeting the joint pain and swelling.

Drug therapy:

- **Disease-modifying anti-rheumatic drugs (DMARDs)** – slow disease progression and protect joints and other tissues from permanent damage (for example, methotrexate).
- **Nonsteroidal anti-inflammatory drugs (NSAIDs)** – decrease pain and inflammation (for example, ibuprofen).
- **Steroids.** Corticosteroid medications, such as prednisone, reduce inflammation and pain and slow joint damage.
- **Immunosuppressants and immunomodulators** – calm the immune system, which is attacking the body's own tissues (for example, cyclosporine).
- **Tumor Necrosis Factor (TNF)-alpha inhibitors** – inhibit the action of tumor necrosis factor-alpha, an inflammatory substance produced by the body. Examples: Remicade® and Humira®
- **Other drugs that target a variety of inflammatory processes** – Examples: Xeljanz®and Rinvoq®.

This document is intended for physicians and office staff. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and should be supported by medical necessity and the appropriate documentation in the medical record. The information herein is not meant to preclude clinical judgment. Treatment decisions should always be based on the clinical judgment of the physician or other healthcare providers.

Best documentation practices for healthcare providers

Physical and occupational therapy
Joint surgery – if medications and conservative measures fail to prevent or slow joint damage.

Subjective
- The HPI sets the background for the patient's presenting problem, from when first diagnosed until this encounter
- May include Review of Systems (ROS), Past, Family, and/or Social History (PFSH), Active Problems List.
- Document any current symptoms related to the presence of rheumatoid arthritis (e.g., joint pain, warmth, swelling, etc.).

Objective
Document any objective data to include any current associated physical findings (joint stiffness, fatigue, swelling, etc.) and related diagnostic testing results.

Assessment/Impression
- Document rheumatoid arthritis to the highest level of specificity [e.g., seropositive, seronegative,
- the particular site (joint affected) with laterality (left, right or unspecified)].
- Clearly link associated conditions or manifestations of rheumatoid arthritis by using linking terms such as "due to," "secondary to" or "associated with."
- Include the current status (stable, worsening, improved, in remission etc.)
- Include any details of organ involvement.

Plan
- Document a clear and concise treatment plan for the condition (e.g., medication, lab tests, imaging, referrals, etc.)
- Document details of medications, prescribed with clear linkage to the diagnosis or referrals for intervention, if necessary. Address any additional steps being taken to treat the patient.

Rheumatoid arthritis in remission:
Rheumatoid arthritis that is in remission but was taken into consideration by the physician or other healthcare provider when evaluating and treating the patient:
- Should not be described as "history of." (In diagnosis coding, the phrase "history of" implies a past condition that no longer exists as a current problem.)
- Should not be documented only in the past medical history; rather, it should be included in the final impression/assessment and documented as "rheumatoid arthritis in remission".

ICD-10-CM coding tips

Presumed cause-and effect linkage
The ICD-10-CM classification presumes cause-and-effect linkage between rheumatoid arthritis and certain conditions unless the physician specifically indicates the conditions are not related. Conditions that appear in the alphabetic index as indented subterms under the various types of "Rheumatoid, with" are coded as RA complications, even in the absence of physician documentation explicitly linking them, unless the documentation clearly indicates these conditions are not caused by RA —
for example, by stating:
- The actual non-RA-related cause
- The cause is not RA or unknown

CarePlus HEALTH PLANS

This document is intended for physicians and office staff. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and should be supported by medical necessity and the appropriate documentation in the medical record. The information herein is not meant to preclude clinical judgment. Treatment decisions should always be based on the clinical judgment of the physician or other healthcare providers.

Excerpt from alphabetic index:
Arthritis, rheumatoid M06.9
with polyneuropathy M05.50
rheumatoid factor (RF)
seropositive M05.9
(See alphabetic index under the various types of Rheumatoid arthritis for a complete list of indented subterms under Arthritis, rheumatoid > with).[6]

Inflammatory polyarthropathy with rheumatoid arthritis
ICD-10-CM classifies inflammatory polyarthropathy as a specified type of rheumatoid arthritis under category M06, Other rheumatoid arthritis; therefore, the more specified code (M06.4) is reported in lieu of code M06.9, Rheumatoid arthritis, unspecified. Code M06.9 is assigned when rheumatoid arthritis is documented without further specification.[7]

Long term (current) use of immunosuppressant and immunomodulating drugs
Immunosuppressant drugs are commonly used in the treatment of autoimmune diseases such as rheumatoid arthritis for the express purpose of suppressing the immune system.
- A code for adverse effect is not assigned when the medication has achieved its intended result in lowering the patient's immune response to rheumatoid arthritis. Rather, assign code D84.821, Immunodeficiency due to drugs.
- Long-term (current) use of immunomodulators and immunosuppressants classifies to subcategory Z79.6.[6]

Seropositive rheumatoid arthritis with and without organ involvement
When a medical record documents a current diagnosis of seropositive rheumatoid arthritis of a specific joint(s) and there is no mention of any type of organ involvement, the default is "without organ involvement". Assign a code for "with organ involvement" only when the record documents organ involvement.

Additional reminders
- While "RA" is a commonly accepted medical abbreviation for rheumatoid arthritis, this abbreviation can have other meanings (e.g., refractory anemia, reactive arthritis, risk assessment).

Coding examples

Example 1	
Medical record documentation	DOS: 6/1/2024 The patient is a 62-year-old female presenting with progressive joint pain, stiffness, and swelling in her hands, wrists and knees over the past 18 months. Laboratory studies indicate seronegative rheumatoid arthritis, with negative rheumatoid factor. She also reports numbness and tingling in her feet and lower legs, consistent with peripheral neuropathy. Symptoms have impact on her daily functioning and she is currently managed with analgesics pending further evaluation. Past medical history: rheumatoid arthritis, hypertension, pneumonia Social history: former smoker Assessment and plan:

This document is intended for physicians and office staff. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and should be supported by medical necessity and the appropriate documentation in the medical record. The information herein is not meant to preclude clinical judgment. Treatment decisions should always be based on the clinical judgment of the physician or other healthcare providers.

	Seronegative rheumatoid arthritis – methotrexate since May 2018. Peripheral neuropathy
ICD-10-CM code	1. **MØ5.5Ø** Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
Comment	The ICD-10-CM classification presumes cause-and-effect linkage between rheumatoid arthritis and polyneuropathy unless the physician specifically indicates the conditions are not related. Conditions that appear in the alphabetic index as indented subterms under the various types of "Rheumatoid, with" are coded as RA complications, even in the absence of physician documentation explicitly linking them, unless the documentation clearly indicates these conditions are not caused by RA.[6]

Example 2	
Medical record documentation	DOS: 3/31/2025 The patient is a 75-year-old male followed by rheumatology for seropositive rheumatoid arthritis affecting the right knee, currently taking Actemra and Arava. He reports ongoing joint pain and swelling in the right knee, with mild improvement on current therapy. No new symptoms or adverse medication effects noted at this time. Past medical history: diagnosed with rheumatoid arthritis 5 yrs ago, hyperlipidemia Social history: drinks alcohol socially, reports limitations in physical activities Assessment and plan: Rheumatoid arthritis, seropositive, R knee Immunosuppression due to drug therapy - Actemra and Arava for rheumatoid arthritis
ICD-10-CM codes	**MØ5.761** Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement **D84.821** Immunodeficiency due to drugs
Comment	Immunosuppressant drugs are commonly used in the treatment of autoimmune diseases such as rheumatoid arthritis for the express purpose of suppressing the immune system. A code for adverse effect is not assigned when the medication has achieved its intended result in lowering the patient's immune response to rheumatoid arthritis. Rather, assign code **D84.821**, Immunodeficiency due to drugs.

Example 3	
Medical record document	DOS: 9/1/2024 The patient is an 80-year-old female with a history of rheumatoid arthritis (RA) affecting the lumbosacral spine, presenting with chronic lower back pain and stiffness. Symptoms have persisted despite ongoing therapy and there are no new neurological deficits reported. Past medical history: RA, no history of diabetes, ankylosing spondylitis diagnosed in 2022. Surgical history: no history of surgical procedures

	Assessment and plan: ankylosing spondylitis, lumbosacral region
ICD-10-CM code	**M45.7** Ankylosing spondylitis of lumbosacral region
Comment	In the alphabetic index of the coding manual, Arthritis > spine > rheumatoid instructs the coder to see Spondylitis, ankylosing. Spondylitis > ankylosing > lumbosacral region leads to code **M45.7**.

Example 4	
Medical record document	65-year-old patient here for management of chronic conditions complaining of joint pain due to rheumatoid arthritis
ICD-10-CM code	**MØ6.4** Inflammatory polyarthropathy
Comment	ICD-10-CM classifies inflammatory polyarthropathy as a specified type of rheumatoid arthritis under category **MØ6**, Other rheumatoid arthritis; therefore, the more specified code (**MØ6.4**) is reported in lieu of code MØ6.9, Rheumatoid arthritis, unspecified.[7]

References

1. Mayo Clinic. Rheumatoid arthritis - symptoms and causes. Mayo Clinic. Published January 25, 2023. https://www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/symptoms-causes/syc-20353648

2. Cleveland Clinic. Rheumatoid arthritis. Cleveland Clinic. Published February 18, 2022. https://my.clevelandclinic.org/health/diseases/4924-rheumatoid-arthritis

3. National Institute of Arthritis and Musculoskeletal and Skin Diseases. Rheumatoid Arthritis. National Institute of Arthritis and Musculoskeletal and Skin Diseases. Published 2022. https://www.niams.nih.gov/health-topics/rheumatoid-arthritis

4. Mayo Clinic. Rheumatoid Arthritis - Diagnosis and Treatment. Mayo Clinic. Published January 25, 2023. https://www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/diagnosis-treatment/drc-20353653

5. Lew V, Ghassemzadeh S, Podder V. SOAP Notes. National Library of Medicine. Published August 28, 2023. https://www.ncbi.nlm.nih.gov/books/NBK482263/

6. AAPC. *ICD-10-CM Code Book 2026*. AAPC; 2025.

7. American Hospital Association (AHA). Inflammatory Polyarthropathy and Rheumatoid Arthritis. *Coding Clinic, First Quarter 2024*. Published online 2024:17.

8. Leon-Chisen N, Harper D, Love T, Young-Charles G. ICD-10-CM and ICD-10-PCS Coding Handbook 2025 with Answers. American Hospital Association; 2024.

9. CMS Evaluation and Management Service Guide (MLN006764), MLN006764 - Evaluation and Management Services.

10. ICD-10-CM Official Guidelines for Coding and Reporting, Section IV

CarePlus HEALTH PLANS

This document is intended for physicians and office staff. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and should be supported by medical necessity and the appropriate documentation in the medical record. The information herein is not meant to preclude clinical judgment. Treatment decisions should always be based on the clinical judgment of the physician or other healthcare providers.