

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. (Mayo Clinic, 2023)

Causes (Cleveland Clinic, 2022)

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 (NIAMS, 2022)

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 (National Institute of Arthritis and Musculoskeletal and Skin Diseases, 2022)

- 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 (Mayo Clinic, 2023a)

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 such as 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®, Humira®
- **Other drugs that target a variety of inflammatory processes** – Examples: Xeljanz®, Rinvoq®.

Physical and occupational therapy

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

Best documentation practices for healthcare providers

Subjective

In the subjective section of the office note document the presence or absence of any current patient-reported symptoms of rheumatoid arthritis (e.g., joint pain, stiffness, swelling). Validate patient-reported diagnosis by reviewing prior medical records, past and current diagnostic test results and specialist reports and notate the findings.

Objective

The objective section should include physical exam findings (such as joint deformity, rheumatoid nodules, etc.) and related diagnostic testing results.

Assessment

- 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 RA, linking related medications to the diagnosis.

- Referral to rheumatologist.
- Include orders for laboratory tests and diagnostic imaging.
- Document when the patient will be seen again, even if only on an as-needed basis.

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".

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

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).
(AAPC, 2023)

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. (American Hospital Association ("AHA"), 2024)

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. (AAPC, 2023)

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	
History of present illness	Here for follow-up of rheumatoid arthritis without rheumatoid factor
Assessment and plan	1. Seronegative rheumatoid arthritis – on methotrexate since 5/18 2. Peripheral neuropathy
ICD-10-CM code	M05.50 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. (AAPC, 2023)

Example 2	
History of present illness	Pt. followed by rheumatology for rheumatoid arthritis in right knee, currently taking Actemra and Arava.
Assessment and plan	<ol style="list-style-type: none"> 1. Rheumatoid arthritis, seropositive, R knee 2. Immunosuppression due to drug therapy - Actemra and Arava for rheumatoid arthritis
ICD-10-CM code(s)	M05.761 Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement D84.821 Immunodeficiency due to drugs
Comments	<ul style="list-style-type: none"> 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	
Assessment	Rheumatoid arthritis affecting the lumbosacral spine
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	
Reason for visit	65-year-old patient here for management of chronic conditions complaining of joint pain due to rheumatoid arthritis
Assessment and plan	Rheumatoid arthritis with inflammatory polyarthropathy – received steroid injection today
ICD-10-CM code	M06.4 Inflammatory polyarthropathy
Comment	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. (American Hospital Association ("AHA"), 2024)

References

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