

Rheumatoid arthritis management by a specialist

Definition/Required elements of service

This is the service rendered by a specialist in Rheumatology who is most responsible for providing ongoing management of a patient with rheumatoid arthritis. This service includes all services related to the coordination, provision and documentation of ongoing management, including documentation of all medical record requirements, using a planned care approach.

K481 Rheumatoid arthritis management by a specialist 75.00

Payment rules:

1. K481 is limited to a maximum of one service per patient per 12 month period.
2. K481 is only eligible for payment if the physician has rendered a minimum of three consultations/assessments to the patient in the 12 month period for which K481 is claimed.
3. K481 is only eligible for payment when the physician has treated greater than 100 patients with rheumatoid arthritis for the 12 month period for which K481 is claimed.
4. K481 is only eligible for payment to a physician in the following specialties: **Rheumatology (48)**

Medical record requirements: K481 is only eligible for payment when the following information is recorded in the patient's permanent medical record for the previous 12 month period:

1. Measurement of tender joint count;
2. Measurement of swollen joint count;
3. Physician and patient global assessment of disease activity;
4. Patient pain score;
5. Patient assessment of function (e.g. HAQ [Health Assessment Questionnaire] or SF36 [Short Form 36]);
6. Measurement of acute phase reactant (ESR or CRP); and
7. Calculation and recording of a pooled measure of RA disease activity (DAS-28 [Disease Activity Score 28], SDAI [Simplified Disease Activity Index], or CDAI [Clinical Disease Activity Index]).

Claims submission instructions: Claims for K481 should only be submitted when the required elements of the service have been completed for the 12 month period for which K481 is claimed.