New ICD code proposal:
Abnormal rheumatoid arthritis-related immunologic findings without rheumatoid arthritis

CDC ICD-10-CM Coordination and Maintenance Virtual Meeting

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Current paradigm in rheumatoid arthritis (RA)

- Joint symptoms -> health-care
- Identification of inflammatory arthritis by health-care
- Diagnosis of clinical RA (may or may not meet established classification criteria 1987/2019)
- Treatment

Autoantibodies helpful in diagnosis and formal classification:

ACPA = antibodies to citrullinated protein antigens

Anti-CCP = anti-cyclic citrullinated protein antibody (common ACPA clinical test)

RF = rheumatoid factor

Emerging paradigm in RA: PRE-RA

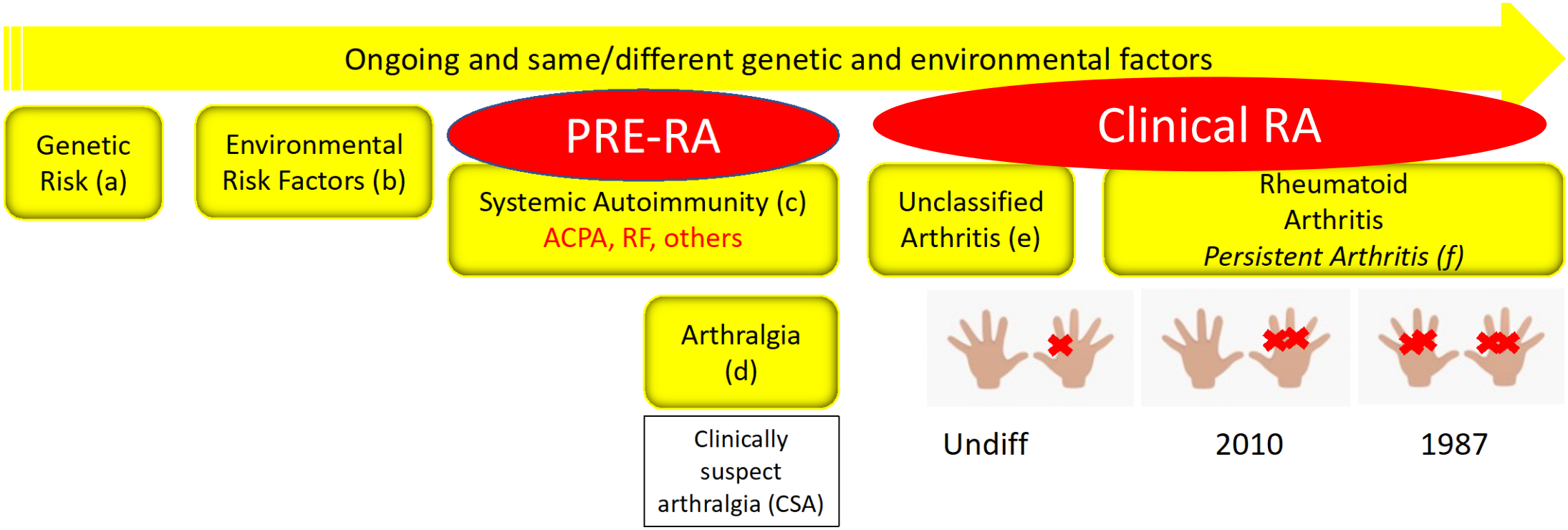

Figure 1. Overview of RA development

Emerging paradigm in RA: PRE-RA (continued)

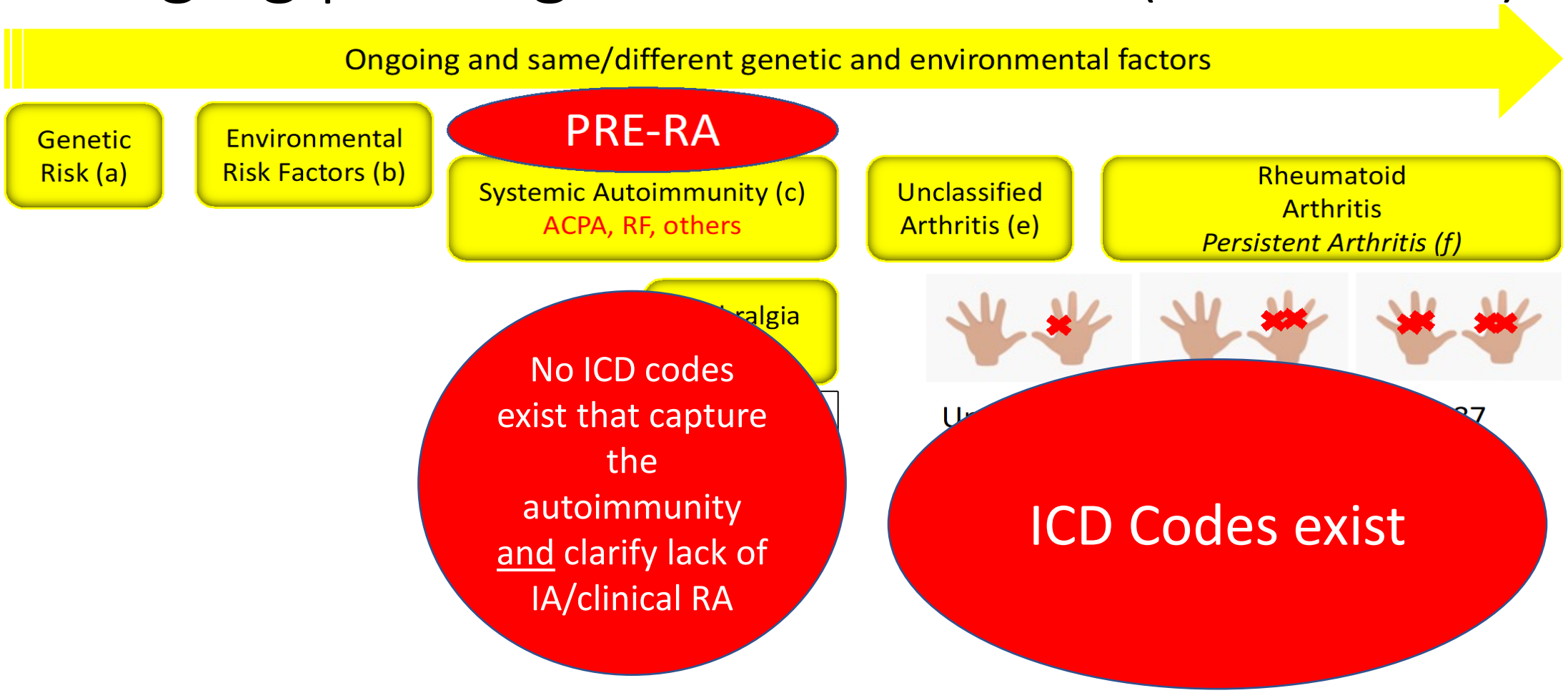

Figure 1. Overview of RA development

Individuals who are in a ‘pre-RA’ state are being identified in clinics

- More awareness of RA in community and primary care
- Broader testing of ACPA and RF
- Increased emphasis on ‘speedy’ evaluations of ‘early RA’
- These antibodies may be present in other non-articular RA conditions (e.g. lung disease)

Prevention studies underway

ACPA plus/minus RF as primary inclusion factor

- Corticosteroids
- Rituximab
- Methotrexate
- Hydroxychloroquine
- Abatacept (demonstrated success in prevention/delay of future RA)

No approved preventive therapy yet, but hopefully coming soon!

Legitimate counseling and follow-up approaches

No approved preventive interventions HOWEVER

- Reasonable general counseling on reduction of risk – e.g. smoking cessation, exercise/weight loss, healthy diet
- Reasonable general counseling on early symptoms and importance of early diagnosis once IA develops
- Pending drug approval based on emerging data

- Akin to ‘pre-diabetes’ diagnosis and intervention

Challenge/gap

We don’t have a diagnosis code for ‘pre-RA’

It would help to be able to provide individuals in this state with a clear and accurate label

We have codes for RA but those apply to ‘IA’ (M05/6.XXX) and we don’t want to inappropriately label someone as having RA

We have codes for anti-CCP (R79.89) and RF (R76.8) positivity – but those don’t contain information about clinical RA.

Not the same thing as classification criteria (although that is needed too and is being discussed elsewhere)

Based on feedback from CDC team…

Proposed:
Abnormal antibody without a diagnosis of rheumatoid arthritis (M05.A)

‘Abnormal antibody’

Focuses on the immune dysregulation of RA

‘without a diagnosis of rheumatoid arthritis’

Allows for clear delineation that clinical RA is not present

Code can be combined with other codes to provide more specificity for an individual’s status:

XXX.XXX plus anti-CCP(+)(e.g. R76.89)

XXX.XXX plus imaging finding

XXX.XXX plus other condition (e.g. ILD, arthralgia)

What benefit would this bring?

<u>Clinical</u>

- Bring together disparate current codes to provide a succinct clear label for use in counseling and education
- Set up for identification once approved interventions are available

<u>Research</u>

- Identification of appropriate individuals for growing research into prevention and early intervention

Why now?

- Increasing identification in clinical care of individuals in a ‘state’ of RA-related autoimmunity but not IA
- Growing understanding of the natural history of RA and opportunities for education on early diagnosis and preventive interventions
- Ongoing prevention trials and pending drug approval

Discussion