

# New ICD code proposal:

*Abnormal rheumatoid arthritis-related immunologic findings without current or prior diagnosis of clinically-apparent inflammatory arthritis*

CDC ICD-10-CM Coordination and Maintenance Virtual Meeting

September 13, 2022

Kevin D. Deane, MD/PhD

University of Colorado

# Current paradigm in rheumatoid arthritis (RA)

- Joint symptoms -> health-care
- Identification of inflammatory arthritis by health-care
- Diagnosis of 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 (most common clinical test)

RF = rheumatoid factor

# Emerging paradigm in RA: PRE-RA

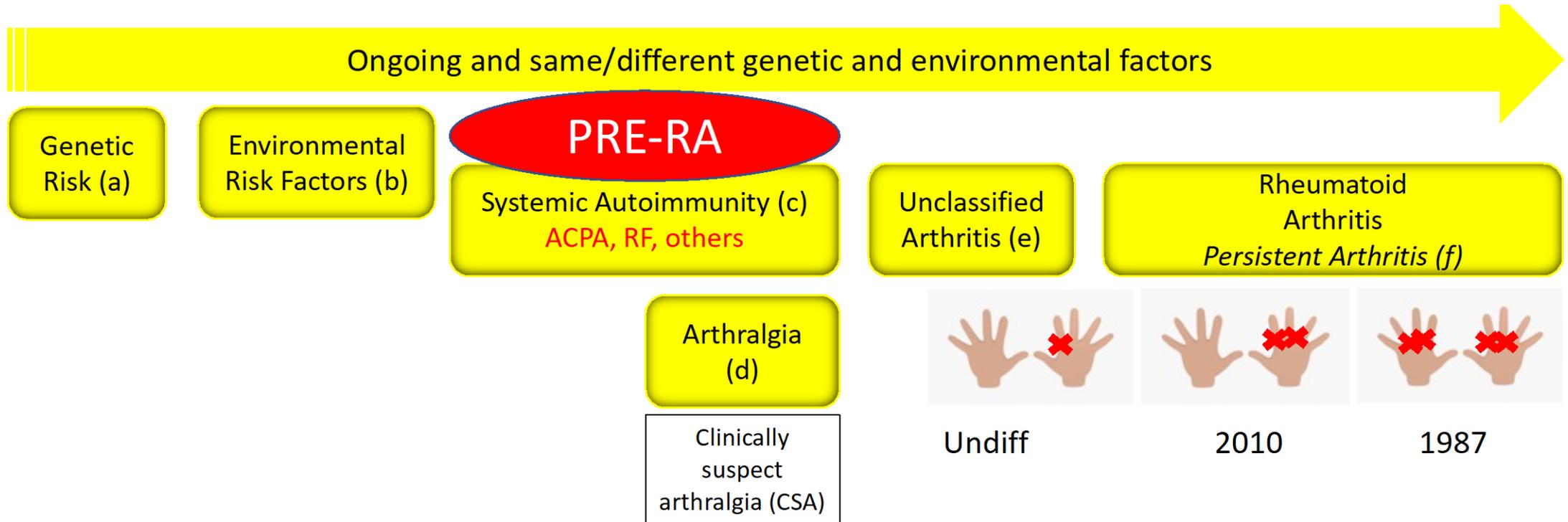
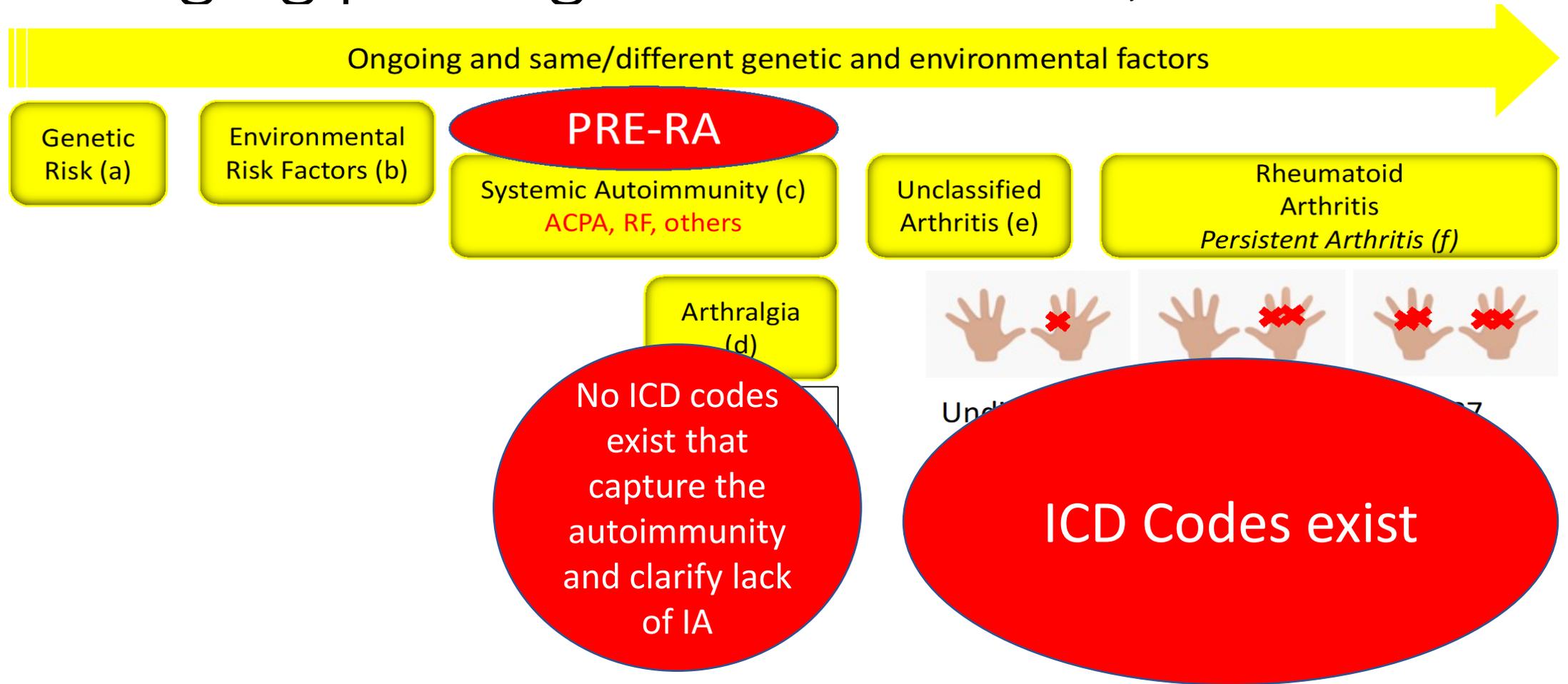


Figure 1. Overview of RA development

# Emerging paradigm in RA: **PRE-RA**, cont



**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
- Abatacept
- Hydroxychloroquine

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
- 
- 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 'IA'.

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

# Rationale

*Abnormal rheumatoid arthritis-related immunologic findings without current or prior diagnosis of clinically-apparent inflammatory arthritis*

## **Not saying 'pre-RA'**

Published literature suggests people in this period don't like that term as it implies 'inevitability' of RA and indeed not all will get 'articular' RA

## **"Immunologic findings"**

- Focuses on the immune dysregulation of RA
- Discussed imaging but already has codes

## **"Clinically-apparent inflammatory arthritis"**

Allows for clear delineation that IA hasn't been present

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

- XXX.XXX plus anti-CCP(+)
- XXX.XXX plus imaging finding
- XXX.XXX plus other condition (e.g. ILD)(maybe arthralgia)

# What benefit would this bring?

## Clinical

- 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

## Research

- 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
- Importance of early identification of individuals to watch for “transitions” to a state that we have comfort in treating with a DMARD
- Ongoing prevention trials with readouts coming soon

# Discussion

Additional Slides

Autoantibodies and other features predictive of future RA, but not perfectly so

**ACPA plus/minus RF**

Positive predictive values of 30-70% for clinically-apparent IA within 2-6 years

More recent prospective data ACPA plus/minus RF ~20-30% predictive of clinically-apparent IA with 2-4 years

ACPA/RF plus arthralgia indicates higher risk; arthralgia alone much less predictive

**Figure 1.** Current model of rheumatoid arthritis development and ‘stage’ where the new ICD-10-CM code “Abnormal rheumatoid arthritis-related immunological findings without current or prior diagnosis of clinically-apparent inflammatory arthritis” would apply.

