

**UREQA4 Folic Acid Therapy for  
 Patients Treated with Methotrexate  
 2021**

<b>Measure</b>	UREQA4
<b>Measure Title</b>	Folic or Folinic Acid Therapy for Patients Treated with Methotrexate
<b>Measure Description</b>	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) being treated with methotrexate who are concomitantly treated with folic or folinic acid.
<b>Reporting Frequency</b>	This measure is reported once per reporting period
<b>High Priority or Outcome</b>	<input type="checkbox"/> Outcome <input checked="" type="checkbox"/> High Priority <input type="checkbox"/> Neither
<b>High Priority Type</b>	<input type="checkbox"/> Appropriate Use <input checked="" type="checkbox"/> Patient Safety <input type="checkbox"/> Efficiency <input type="checkbox"/> Patient Experience <input type="checkbox"/> Care Coordination <input type="checkbox"/> N/A
<b>Measure Type</b>	Process
<b>NQS Domain</b>	<input type="checkbox"/> Communication and Care Coordination <input type="checkbox"/> Community/Population Health <input checked="" type="checkbox"/> Effective Clinical Care <input type="checkbox"/> Efficiency and Cost Reduction <input type="checkbox"/> Patient Safety <input type="checkbox"/> Person and Caregiver-Centered Experience and Outcomes
<b>NQS Domain Rationale</b>	<p>Oral folic acid therapy (usually 1 mg to 5 mg per day) may significantly reduce the toxicity of methotrexate therapy. A 2013 Cochrane review reported that the use of folic or folinic acid by patients taking methotrexate for RA could reduce some of the adverse effects of the drug; including but not limited to nausea, abdominal pain, abnormal liver function tests, and oral ulcers.</p> <p>The report also stated that taking either folic or folinic acid helped patients to continue taking methotrexate for the management of their RA. In addition, taking either of these supplements did not appear to decrease the efficacy of methotrexate for the treatment of RA. (1)</p>
<b>Inverse Measure</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Yes indicates lower score is objective)
<b>Risk Adjusted</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Proportional Measure</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Continuous Variable Measure</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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<b>Number of Performance Rates</b>	One
<b>Meaningful Measure Area</b>	Medication Management
<b>Applicable to Specialties/Subspecialties</b>	Rheumatology
<b>Denominator</b>	<p>Patients aged 18 years and older as of the date of service</p> <p>AND</p> <p>Patient prescribed or currently taking Methotrexate</p> <p>AND</p> <p>Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215</p> <p>AND</p> <p>Diagnosis for rheumatoid arthritis (RA) (ICD-10-CM): M05.00, M05.011, M05.012, M05.019, M05.021, M05.022, M05.029, M05.031, M05.032, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.10, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M05.20, M05.211, M05.212, M05.219, M05.221, M05.222, M05.229, M05.231, M05.232, M05.239, M05.241, M05.242, M05.249, M05.251, M05.252, M05.259, M05.261, M05.262, M05.269, M05.271, M05.272, M05.279, M05.29, M05.30, M05.311, M05.312, M05.319, M05.321, M05.322, M05.329, M05.331, M05.332, M05.339, M05.341, M05.342, M05.349, M05.351, M05.352, M05.359, M05.361, M05.362, M05.369, M05.371, M05.372, M05.379, M05.39, M05.40, M05.411, M05.412, M05.419, M05.421, M05.422, M05.429, M05.431, M05.432, M05.439, M05.441, M05.442, M05.449, M05.451, M05.452, M05.459, M05.461, M05.462, M05.469, M05.471, M05.472, M05.479, M05.49, M05.50, M05.511, M05.512, M05.519, M05.521, M05.522, M05.529, M05.531, M05.532, M05.539, M05.541, M05.542, M05.549, M05.551, M05.552, M05.559, M05.561, M05.562, M05.569, M05.571, M05.572, M05.579, M05.59, M05.60, M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.70, M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.771, M05.772, M05.779, M05.79, M05.80, M05.811, M05.812, M05.819, M05.821, M05.822,</p>

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M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M05.871, M05.872, M05.879, M05.89, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022, M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.1, M06.20, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.271, M06.272, M06.279, M06.28, M06.29, M06.30, M06.311, M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, M06.349, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879, M06.88, M06.89, M06.9

AND

POS 11 Office, 19 Off Campus-Outpatient Hospital or 22 On Campus-Outpatient Hospital

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

Hospice Service Modifier: GV, GW

**Denominator Exclusions**

As noted above, telehealth visits and patients admitted to hospice are excluded

**Numerator**

Patients aged 18 years and older being treated with methotrexate who are concomitantly treated with folic or folinic acid.

**Performance Met**

Patient prescribed or is already taking folic or folinic acid.

**Performance Not Met**

Patient not prescribed or not currently taking folic or folinic acid in absence of a contraindication.

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**Performance Exceptions**

Patient refuses folic or folinic acid regime. The provider must document patient refusal to support reporting as a performance exclusion.

OR

Folic or folinic acid regime contraindicated for the patient (e.g. patient allergy). The provider must document the contraindication to support reporting as a performance exclusion.

**Evidence of Reliability/Validity**

N/A

**Other Information**

Rationale:

Oral folic acid therapy (usually 1 mg to 5 mg per day) may significantly reduce the toxicity of methotrexate therapy. A 2013 Cochrane review reported that the use of folic or folinic acid by patients taking methotrexate for RA could reduce some of the adverse effects of the drug; including but not limited to nausea, abdominal pain, abnormal liver function tests, and oral ulcers.

The report also stated that taking either folic or folinic acid helped patients to continue taking methotrexate for the management of their RA. In addition, taking either of these supplements did not appear to decrease the efficacy of methotrexate for the treatment of RA. (1)

Clinical Recommendation Statements:

On the date that the folic or folinic acid therapy is prescribed, the provider should document the recommended supplement, dose, route and frequency taken and document the discussion of the benefits associated with taking a folic or folinic acid supplement while also taking methotrexate and discuss the risks and potential side effects of taking the recommended folic or folinic acid supplement.

For patients on an established folic or folinic acid supplement regime, the provider should verify with the patient that they are still taking the supplement and reinforce the importance of and the benefits of continuing to do so while taking methotrexate.

Citations:

United Rheumatology Clinical Practice Guideline - Rheumatoid Arthritis (RA), Version 1.1.2016, September 2016