



**BlueCross  
BlueShield**  
of Vermont

An Independent Licensee  
of the Blue Cross and  
Blue Shield Association.

## Coding Tips

This is one in a series of tip sheets focusing on accurate coding for specific conditions.

## RHEUMATOID ARTHRITIS AND BURSITIS

There are several types of inflammatory connective tissue diseases, the most common being rheumatoid arthritis. Rheumatoid arthritis is a chronic systemic autoimmune disease that causes immune cells to attack and inflame the membranes that surround joints. This process gradually damages the structures within joints over time. Rheumatoid bursitis causes inflammation of and damage to the bursa, a sac-like, fluid-filled cavity that reduces friction within a joint.

Specific documentation in ICD-10-CM is very important for correctly coding conditions, and rheumatoid arthritis and bursitis are no exceptions. Some examples of specificity include:

- Positive rheumatoid factor
- Location of the joint affected
- Laterality

Conditions	ICD-10-CM code
Rheumatoid arthritis of left hip with involvement of other organs and systems	M05.652
Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	M05.722
Rheumatoid arthritis without rheumatoid factor, right ankle and foot	M06.071
Rheumatoid bursitis, right shoulder	M06.211
Rheumatoid bursitis, left knee	M06.262
Other specified rheumatoid arthritis, multiple sites	M06.89

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Supporting documentation includes:

- Systemic
  - Morning stiffness
  - General afternoon fatigue and malaise
  - Anorexia
  - Generalized weakness
  - Occasional low-grade fever
- Joint Specific
  - Pain
  - Swelling
  - Redness
  - Stiffness lasting more than 60 minutes after waking in the morning
  - Limited movement
  - Warmth
  - Fixed deformities
- Testing
  - Positive test results for cyclic citrullinated peptide or rheumatoid factor
  - Erosion shown on X-ray

**Questions?** Contact Blue Cross VT Risk Adjustment at [riskadjustment@bcbsvt.com](mailto:riskadjustment@bcbsvt.com) or at **(802)-371-3540**.

ICD-10-CM diagnostic codes and the ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnostic codes and the ICD-10-CM Official Guidelines for Coding and Reporting are reviewed prior to the submission of claims.

Keep in mind that none of the information included in this document is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all the coding and documentation are done in accordance with all applicable state and federal laws and regulations.