AAVBC

American Academy of Value Based Care

Inflammatory Polyarthropathy

Quick Coding Guide

2026

AAVBC Inflammatory Polyarthropathy Quick Reference Guide

1. CLINICAL SNAPSHOT

Definition: Inflammatory polyarthropathy is characterized by inflammation that affects five or more joints, causing pain, swelling, warmth, tenderness, redness, and prolonged morning stiffness (eg, >30 to 45 minutes).[1]

ICD-10 Codes: M05 Seropositive Rheumatoid Arthritis (M05.0-M05.9); M06 Other Rheumatoid Arthritis (M06.0-M06.9), including *Inflammatory polarthropathy (M06.4)*; M07 Psoriatic and enteropathic arthropathies (M07.0-M07.6), M08 Juvenile arthritis (M08.0-M08.9), M09 Juvenile arthritis in diseases classified elsewhere (M09.0-M09.8); M10 Gout (M010-M10.9); M11 Other crystal arthropathies (M11.0-M11.9); M12 Other specific arthropathies (M12.0-M12.8); M13 Other arthritis (M13.0-M13.9); M14 Arthropathies in other diseases classified elsewhere (M14.0-M14.8).[2]

HCC/RAF V28 mapping: M05-M09 (Inflammatory polyarthropathies) map to **HCC 93 with RAF 0.617**. **M010-M014** do not map to an HCC.

Prevalence: ~53.2M (21.2%) US adults have arthritis (includes non-inflammatory arthritis);[3] Annual incidence of inflammatory arthritis ranges from 115 to 271 per 100,000 adults in the US[4]; ~Cost of arthritis ranged from $1862 to $14,021 per member per year (includes non-inflammatory arthritis).[5]

No US data on prevalence or cost burden of polyinflammatory arthritis alone.

2. RECOGNITION & DIAGNOSIS

Medicare Screening/Diagnostic Workup[6–8]

There are **no routine screening requirements** for inflammatory polyarthritis.

Evaluation is initiated when a patient presents with **persistent joint swelling**, **inflammatory stiffness**, or **polyarticular pain**.[6]

Step 1: Confirm Inflammatory Pattern → History + Physical Examination

- Morning stiffness >30-60 minutes
- Visible synovitis
- Symmetric or small-joint involvement
- Five different joints involved
- Functional limitation

If inflammatory arthritis is suspected → proceed with laboratory evaluation.

Step 2: Laboratory Evaluation by Symptom Duration

Acute Presentation (≤6 Weeks)

Recommended Tests	Rationale
CBC	Assess anemia, leukocytosis
CRP, ESR	Identify systemic inflammation

Avoid broad serologic panels early unless clinical suspicion for systemic autoimmune disease is high. Many early inflammatory arthritides are seronegative in the initial weeks.

Chronic Symptoms (>6 Weeks)

Core Laboratory Panel	Purpose
CBC	Baseline hematologic assessment
CRP, ESR	Inflammatory activity
RF	Supports RA diagnosis
Anti-CCP	High specificity for RA
ANA	Screens for connective tissue disease

If ANA is positive, proceed selectively based on clinical features

Step 3: Targeted Autoimmune Evaluation (If ANA Positive or Systemic Features Present)

Antibody	Clinical Association
Anti-dsDNA	Strongly associated with SLE (high titers significant)
Anti-Sm	Highly specific for SLE
Anti-RNP	Mixed Connective Tissue Disease; may overlap with SLE
Anti-SSA/Ro, Anti-SSB/La	SLE and Sjögren's overlap
Anti-Scl-70	Systemic Sclerosis
Anti-Jo-1	Idiopathic Inflammatory Myopathies
ANCA (if vasculitis suspected)	Small-vessel vasculitis syndromes

Important: Order extended panels only when supported by systemic findings (rash, Raynaud, serositis, pulmonary symptoms, myositis, etc.). Broad untargeted testing increases false positives and diagnostic confusion.