Quality ID #337: Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis on a Biological Immune Response Modifier

– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Preventive Care

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients, regardless of age, with psoriasis, psoriatic arthritis and rheumatoid arthritis on a biological immune response modifier whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient’s history to determine if they have had appropriate management for a recent or prior positive test

INSTRUCTIONS:
This measure is to be submitted a minimum of once per performance period for patients with psoriasis and/or psoriatic arthritis and/or rheumatoid arthritis seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients, regardless of age, with a diagnosis of psoriasis and/or psoriatic arthritis and/or rheumatoid arthritis who are on a biologic immune response modifier

Definition:
Biologic Immune Response Modifier –
1. TNF-alpha inhibitors, to include, but not limited to Infliximab (Remicade), Adalimumab (Humira), Etanercept (Enbrel), or Golimumab (Simponi), Certolizumab (Cimzia).
2. Inhibitors of IL-12 and/or IL-23 or their receptors to include but not limited to Ustekinumab (Stelara).
3. B7 inhibitors, to include but not limited to Abatacept (Orencia).
4. Inhibitors of IL-17 family members or their receptors.

DENOMINATOR NOTE: A patient would be considered denominator eligible for Measure #337 for submission purposes, if the patient meets the denominator criteria with diagnosis of psoriasis or psoriatic arthritis or rheumatoid arthritis AND is on a biologic immune response modifier PRESCRIBED BY THE PROVIDER BEING EVALUATED FOR THE MEASURE.

*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.
<table>
<thead>
<tr>
<th>Examples of Applicable Medications</th>
<th>Brand Name</th>
<th>Chemical Name</th>
<th>Mechanism of Action/Type of Biologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orenica</td>
<td>abatacept</td>
<td></td>
<td>Blocks T cell activation</td>
</tr>
<tr>
<td>Rituxan</td>
<td>rituximab</td>
<td></td>
<td>CD 20 directed antibody</td>
</tr>
<tr>
<td>Kineret</td>
<td>anakinra</td>
<td></td>
<td>Interleukin (IL)-1 inhibitors</td>
</tr>
<tr>
<td>Actemra</td>
<td>tocilizumab</td>
<td></td>
<td>IL-6 inhibitor</td>
</tr>
<tr>
<td>Kevzara</td>
<td>Sarilumab</td>
<td></td>
<td>IL-6 inhibitor</td>
</tr>
<tr>
<td>Stelara</td>
<td>ustekinumab</td>
<td></td>
<td>IL-12 and IL-23 inhibitors</td>
</tr>
<tr>
<td>Cosentyx</td>
<td>secukinumab</td>
<td></td>
<td>IL-17 inhibitors</td>
</tr>
<tr>
<td>Siliq</td>
<td>brodalumab</td>
<td></td>
<td>IL-17 inhibitors</td>
</tr>
<tr>
<td>Taltz</td>
<td>ixezumab</td>
<td></td>
<td>IL-17 inhibitors</td>
</tr>
<tr>
<td>Tremfya</td>
<td>guselkumab</td>
<td></td>
<td>IL-23 inhibitors</td>
</tr>
<tr>
<td>Ilumya</td>
<td>Tildrakizumab</td>
<td></td>
<td>Selective (IL)-23p19 inhibitor</td>
</tr>
<tr>
<td>Amjevita</td>
<td>adalimumab-atto</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Cimzia</td>
<td>certolizumab</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Cyltezo</td>
<td>adalimumab-adbm</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Enbrel</td>
<td>etanercept</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Erelzi</td>
<td>etanercept-szzs</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Humira</td>
<td>adalimumab</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Inflectra</td>
<td>infliximab-dyyb</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Remicade</td>
<td>infliximab</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Renfleix</td>
<td>infliximab-abda</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
<tr>
<td>Simponi and Simponi Aria</td>
<td>golimumab</td>
<td></td>
<td>TNF-alpha inhibitors</td>
</tr>
</tbody>
</table>

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

**Diagnosis for psoriasis (ICD-10-CM):** L40.0, L40.1, L40.2, L40.3, L40.4, L40.8, L40.9

**OR**

**Diagnosis for psoriatic arthritis (ICD-10-CM):** L40.50, L40.51, L40.52, L40.53, L40.54, L40.59

**OR**

**Diagnosis for rheumatoid arthritis (ICD-10-CM):** M05.10, M05.11, 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, M05.629, 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, 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,
AND
Patient encounter during performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, G0402

WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
AND
Biologic immune response modifier prescribed: G9506

**NUMERATOR:**
Patients who have a documented negative annual TB screening or have documentation of the management of a positive TB screening test with no evidence of active tuberculosis, confirmed through use of radiographic imaging (i.e., chest x-ray, CT)

**Definition:**
Documentation – To satisfy this measure, documentation will incorporate the following:
- Initials of the clinician that prescribed the biologic
- Initials of clinician that administered the TB test
- Initials of the clinician that performed the skin test evaluating the results note in the medical record that results are negative OR that results are positive and is confirmed via results from radiographic imaging (chest x-ray, CT)

If TB test is administered by a provider other than the biologic prescriber, confirmation of the above mentioned must be obtained via letter or other written means from the administering provider.

**NUMERATOR NOTE:** For Denominator Exception(s): patients are ineligible for this measure if at the time of follow-up there are patient reason(s) for not documenting TB test results (e.g. patient did not return for Mantoux (PPD) skin test evaluation).

**Numerator Options:**
*Performance Met:* Documentation of negative or managed positive TB screen with further evidence that TB is not active within one year of patient visit (G9359)

*OR*
*Denominator Exception:* Documentation of patient reasons(s) for not having records of negative or managed positive TB screen (e.g., patient does not return for Mantoux (PPD) skin test evaluation) (G9932)

*OR*
*Performance Not Met:* No documentation of negative or managed positive TB screen (G9360)

**RATIONALE:**
The safety of biologics in terms of their long-term adverse events and their use in different types of psoriasis and in different patient populations is important for clinicians to understand and monitor. Biologics have been associated with a
variety of serious and "routine" opportunistic infections, particularly tuberculosis. For this reason, anti-tuberculosis testing both prior to the initiation of a biologic therapy and annually during treatment is pertinent.

**CLINICAL RECOMMENDATION STATEMENTS:**

When planning to initiate treatment of a patient with psoriasis with a biologic it is important to obtain an age appropriate history and physical examination along with an updated medication list. In addition, it is also important to obtain a reliable set of baseline laboratory studies that will allow the clinician to detect and be aware of any underlying conditions or risk factors. This is particularly important because after patients have been initiated on a biologic treatment, they are likely to be treated with other biologics or systemic therapies and it may be useful to have reliable baseline laboratory studies. Tuberculosis testing (PPD) should be performed on all patients who will be treated with TNF inhibitors as there are reports of tuberculosis reactivation in patients treated with this class of drug. (AAD)

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2019 Registry Flow for Quality ID #337:
Tuberculosis (TB) Prevention for Patients With Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier

Denominator

Start

All Patients Regardless of Age

Diagnosis of Psoriasis*

Diagnosis of Psoriatic Arthritis*

Diagnosis of Rheumatoid Arthritis*

No

No

Yes

Yes

Yes

No

Not Included in Eligible Population/Denominator

Encounter as Listed in the Denominator (1/1/2019 thru 12/31/2019)*

Telehealth Modifier: GQ, GT, 95, POS 02

Biologic Immune Response Modifier Prescribed: G9506 or equivalent

Include in Eligible Population/Denominator (80 patients)

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*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-process
SAMPLE CALCULATIONS:

Data Completeness = 
Performance Met (a=40 visits) + Denominator Exception (b=10 visits) + Performance Not Met (c=20 visits) 
Eligible Population / Denominator (d=80 visits) 
= 70 visits 
= 87.50% 

Performance Rate = 
Performance Met (a=40 visits) 
= 40 visits 
= 66.67% 

Data Completeness Numerator (70 visits) − Denominator Exception (b=10 visits) 
= 60 visits
2019 Clinical Quality Measure Flow for Quality ID #337:
Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis on a Biological Immune Response Modifier

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. All Patients, Regardless of Age
3. Check Diagnosis of Psoriasis:
   a. If Diagnosis of Psoriasis equals No, proceed to check Diagnosis of Psoriatic Arthritis.
   b. If Diagnosis of Psoriasis equals Yes, proceed to check Encounter.
4. Check Diagnosis of Psoriatic Arthritis:
   a. If Diagnosis of Psoriatic Arthritis equals No, proceed to check Diagnosis of Rheumatoid Arthritis.
   b. If Diagnosis of Psoriatic Arthritis equals Yes, proceed to check Encounter.
5. Check Diagnosis of Rheumatoid Arthritis:
   a. If Diagnosis of Rheumatoid Arthritis equals No, do not include in Eligible Population. Stop Processing.
   b. If Diagnosis of Rheumatoid Arthritis equals Yes, proceed to check Encounter.
6. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
7. Check Telehealth Modifier:
   a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing
   b. If Telehealth Modifier equals No, proceed to check Biologic Immune Response Modifier Prescribed.
8. Check Biologic Immune Response Modifier Prescribed:
   a. If Biologic Immune Response Modifier Prescribed equals No, do not include in Eligible Population. Stop Processing.
   b. If Biologic Immune Response Modifier Prescribed equals Yes, include in Eligible Population.
9. Denominator Population:
   a. Eligible population or Denominator is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
10. Start Numerator
11. Check Documentation of Negative or Managed Positive TB Screen With Further Evidence that TB is Not Active Within One Year of Patient Visit:
   a. If Documentation of Negative or Managed Positive TB Screen With Further Evidence that TB is Not Active Within One Year of Patient Visit equals Yes, include in Data Completeness Met and Performance Met.
   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
   c. If Documentation of Negative or Managed Positive TB Screen With Further Evidence that TB is Not Active Within One Year of Patient Visit equals No, proceed to check Documentation of Patient Reasons(s) for Not Having Records of Negative or Managed Positive TB Screen (e.g., Patient Does Not Return for Mantoux (PPD) Skin Test Evaluation).

12. Check Documentation of Patient Reasons(s) for Not Having Records of Negative or Managed Positive TB Screen (e.g., Patient Does Not Return for Mantoux (PPD) Skin Test Evaluation):
   a. If Documentation of Patient Reasons(s) for Not Having Records of Negative or Managed Positive TB Screen (e.g., Patient Does Not Return for Mantoux (PPD) Skin Test Evaluation) equals Yes, include in Data Completeness Met and Denominator Exception.
   b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
   c. If Documentation of Patient Reasons(s) for Not Having Records of Negative or Managed Positive TB Screen (e.g., Patient Does Not Return for Mantoux (PPD) Skin Test Evaluation) equals No, proceed to check No Documentation of Negative or Managed Positive TB Screen.

13. Check No Documentation of Negative or Managed Positive TB Screen:
   a. If No Documentation of Negative or Managed Positive TB Screen equals Yes, include in Data Completeness Met and Performance Not Met.
   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.
   c. If No Documentation of Negative or Managed Positive TB Screen equals No, proceed to check Data Completeness Not Met.

14. Check Data Completeness Not Met:
   a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

\[
\text{Data Completeness} = \frac{\text{Performance Met (a=40 visits)} + \text{Denominator Exception (b=10 visits)} + \text{Performance Not Met (c=20 visits)}}{\text{Eligible Population / Denominator (d=60 visits)}} = \frac{70 \text{ visits}}{80 \text{ visits}} = 87.50\%
\]

\[
\text{Performance Rate} = \frac{\text{Performance Met (a=40 visits)}}{\text{Eligible Population / Denominator (d=60 visits)}} = \frac{40 \text{ visits}}{80 \text{ visits}} = 50.00\%
\]

\[
\text{Data Completeness Numerator} = 70 \text{ visits} - \text{Denominator Exception (b=10 visits)} = 60 \text{ visits}
\]

\[
\text{Data Completeness Rate} = \frac{60 \text{ visits}}{80 \text{ visits}} = 75.00\%
\]