

Quality ID #410: Psoriasis: Clinical Response to Systemic Medications
– National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes
– Meaningful Measure Area: Management of Chronic Conditions

2021 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Outcome – High Priority

DESCRIPTION:

Percentage of psoriasis vulgaris patients receiving systemic medication who meet minimal physician-or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician-and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for all patients during the performance period. The most recent denominator eligible encounter in which the numerator action was performed should be used. 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.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

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 with a diagnosis of psoriasis vulgaris and treated with a systemic medication

DENOMINATOR NOTE: For this measure, the patient must ONLY be diagnosed with psoriasis vulgaris (L40.0) and no other concurrent psoriasis diagnosis. Therefore, patients meet criteria when they have been diagnosed with psoriasis vulgaris AND are on a systemic medication 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.

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Diagnosis for psoriasis vulgaris (ICD-10-CM): L40.0

AND

Patient encounter during the performance period (CPT or HCPCS): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439

AND

Patient has been treated with a systemic medication for psoriasis vulgaris: G9764

Examples of Applicable Medications			
Brand Name	Chemical Name	Mechanism Action/ Type of Systemic	Indication
Stelara	ustekinumab	IL-12 and IL-23 inhibitors	Psoriasis, Psoriatic arthritis
Cosentyx	secukinumab	IL-17 inhibitors	Psoriasis, Psoriatic arthritis
Siliq	brodalumab	IL-17 inhibitors	Psoriasis
Taltz	ixekizumab	IL-17 inhibitors	Psoriasis, Psoriatic arthritis
Tremfya	guselkumab	IL-23 inhibitors	Psoriasis
Skyrizi	risankizumab-rzaa	IL-23 inhibitors	Psoriasis
Amjevita	adalimumab-atto	TNF-alpha inhibitors	Psoriasis, Psoriatic arthritis
Cimzia	certolizumab	TNF-alpha inhibitors	Psoriatic arthritis
Cyltezo	adalimumab-adbm	TNF-alpha inhibitors	Psoriasis, Psoriatic arthritis
Enbrel	etanercept	TNF-alpha inhibitors	Psoriasis, Psoriatic arthritis
Erelzi	etanercept-szsz	TNF-alpha inhibitors	Psoriasis, Psoriatic arthritis
Humira	adalimumab	TNF-alpha inhibitors	Psoriasis, Psoriatic arthritis
Inflectra	infliximab-dyyb	TNF-alpha inhibitors	Psoriasis, Psoriatic arthritis
Remicade	infliximab	TNF-alpha inhibitors	Psoriasis, Psoriatic arthritis
Renflexis	infliximab-abda	TNF-alpha inhibitors	Psoriasis, Psoriatic arthritis
Simponi and Simponi Aria	golimumab	TNF-alpha inhibitors	Psoriatic arthritis
Rheumatrex	methotrexate	Blocks dihydrofolate reductase	Psoriasis
Trexall	methotrexate	Blocks dihydrofolate reductase	Psoriasis
Xatmep	methotrexate	Blocks dihydrofolate reductase	Psoriasis
Otrexup	methotrexate	Inhibits dihydrofolic acid reductase	Psoriasis
Rasuvo	methotrexate	Inhibits dihydrofolic acid reductase	Psoriasis
Gengraf	cyclosporine, modified	Blocks lymphocytes (T cells) and lymphokines	Psoriasis
Neoral	cyclosporine, modified	Blocks lymphocytes (T cells) and lymphokines	Psoriasis
Sandimmune	cyclosporine	Blocks lymphocytes (T cells) and lymphokines	Psoriasis
Otezla	apremilast	Blocks phosphodiesterase-4 (PDE4)	Psoriasis, Psoriatic arthritis
Soriatane	acitretin	Unknown; activates retinoid receptors	Psoriasis
Ilumya	Tildrakizumab	Selective (IL)-23p19 inhibitor	Psoriasis

NUMERATOR:

Patients who have a documented physician global assessment (PGA; 5-point OR 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI) that meet any one of the below specified benchmarks

Definition:

Consecutive Months - The consecutive treatment allows gaps in the medication treatment up to a total of 4 weeks during the 6 month period. Gaps can include periods in which the patient is changing or refilling medication, but regardless of the number of gaps, the total cannot be for more than 4 weeks.

Numerator Instructions:

To satisfy this measure, a patient must achieve any ONE of the following:

- PGA (5-point OR 6-point scale) \leq 2 (clear to mild skin disease)
- BSA < 3% (mild disease)
- PASI < 3 (no or minimal disease)
- DLQI \leq 5 (no effect or small effect on patient's quality of life)

NUMERATOR NOTE: For Denominator Exception(s), patients are ineligible for this measure if at the time of encounter there are patient or medical reason(s) for not meeting specified benchmarks (e.g. patient declined change in medication, patient experience adverse effects, etc.) as further specified below.

Numerator Options:

Performance Met:

Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 5-point OR 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI)) (**G9649**)

OR

Denominator Exception:

Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI (**G9765**)

OR

Performance Not Met:

Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 5-point OR 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI)) or psoriasis assessment tool not documented (**G9651**)

RATIONALE:

A significant proportion of psoriasis patients who are receiving treatment remain unsatisfied with their therapies due to various reasons including lack of or loss of efficacy, side effects, and inconvenience, among others. Treatment dissatisfaction also contributes to patients discontinuing their medication. This measure evaluates the proportion of psoriasis vulgaris patients receiving systemic medication who meet minimal physician or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment.

CLINICAL RECOMMENDATION STATEMENTS:

1. Treatment goals (assessment after 10 to 16 weeks, and every 8 weeks thereafter): PASI 75 or PGA of 'clear' or 'almost clear'; or DLQI of 0 or 1 (Pathirana, 2009).
2. Minimum efficiency ('lowest hurdle'): PASI 50; DLQI<5 or improvement by at least 5 points (Pathirana, 2009).

3. Continue therapy if PASI 75 response (or if PASI 50 response and DLQI≤5) (Mrowietz, 2011).
4. Adequate response to treatment is defined as either:
 - a. PASI 50 response (or ≥50% improvement in BSA) and ≥5-point improvement in DLQI; or
 - b. PASI 75 response (Smith, 2009).
5. Treatment 'success' defined as PASI 75 response (or PASI 50 response and DLQI≤5) (Baker, 2013).

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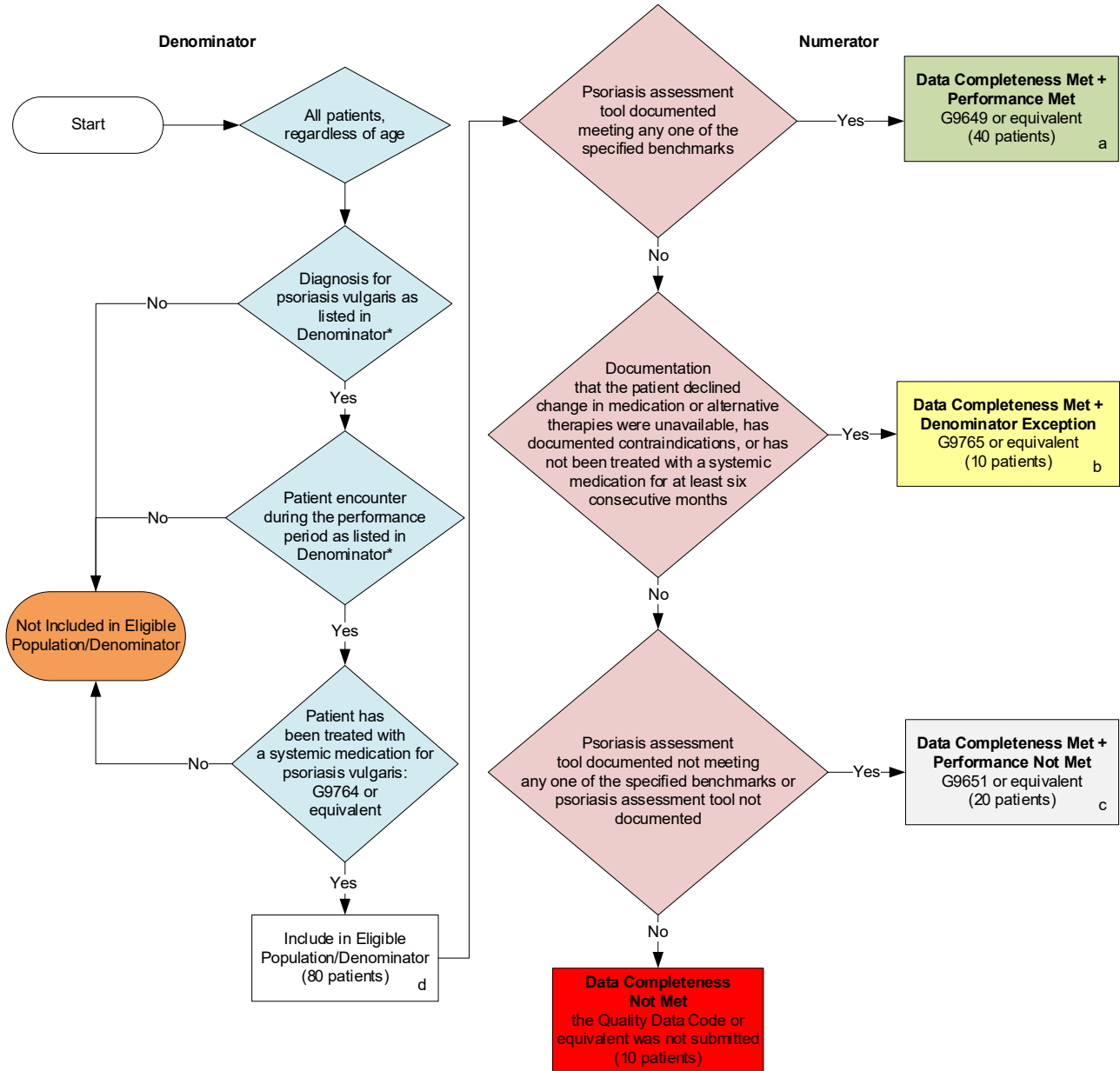
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2021 Clinical Quality Measure Flow for Quality ID #410: Psoriasis: Clinical Response to Systemic Medications

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Process

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**2021 Clinical Quality Measure Flow Narrative for Quality ID #410:
Psoriasis: Clinical Response to Systemic Medications**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. All patients, regardless of age
3. Check *Diagnosis for psoriasis vulgaris as listed in Denominator**:
 - a. If *Diagnosis for psoriasis vulgaris as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop Processing.
 - b. If *Diagnosis for psoriasis vulgaris as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop Processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Patient has been treated with a systemic medication for psoriasis vulgaris*.
5. Check *Patient has been treated with a systemic medication for psoriasis vulgaris*:
 - a. If *Patient has been treated with a systemic medication for psoriasis vulgaris* equals No, do not include in *Eligible Population/Denominator*. Stop Processing.
 - b. If *Patient has been treated with a systemic medication for psoriasis vulgaris* equals Yes, include in *Eligible Population/Denominator*.
6. Denominator Population:
 - a. Denominator Population 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.
7. Start Numerator
8. Check *Psoriasis assessment tool documented meeting any one of the specified benchmarks*:
 - a. If *Psoriasis assessment tool documented meeting any one of the specified benchmarks* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *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.
 - b. If *Psoriasis assessment tool documented meeting any one of the specified benchmarks* equals No, proceed to check *Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months*.

9. Check *Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months*:
 - a. If *Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *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.
 - b. If *Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months* equals No, proceed to check *Psoriasis assessment tool documented not meeting any one of the specified benchmarks or psoriasis assessment tool not documented*.
10. Check *Psoriasis assessment tool documented not meeting any one of the specified benchmarks or psoriasis assessment tool not documented*:
 - a. If *Psoriasis assessment tool documented not meeting any one of the specified benchmarks or psoriasis assessment tool not documented* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *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.
 - b. If *Psoriasis assessment tool documented not meeting any one of the specified benchmarks or psoriasis assessment tool not documented* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
 - 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:

Data Completeness equals Performance Met (a equals 40 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.