

Quality ID #485: Psoriasis – Improvement in Patient-Reported Itch Severity

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (COM)

MEASURE TYPE:

Patient-Reported Outcome-based Performance Measure – High Priority

DESCRIPTION:

The percentage of patients aged 8 years and older, with a diagnosis of psoriasis where at an initial (index) visit have a patient-reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 3 or more points at a follow-up visit.

INSTRUCTIONS:

Reporting Frequency:

This outcome measure is to be submitted at each denominator eligible visit for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients with psoriasis. 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 Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this visit measure is submitted each time a patient has a denominator eligible encounter during the performance period.

Telehealth:

TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients aged 8 years and older, with a diagnosis of psoriasis with an initial (index) visit Numeric Rating Scale (NRS),

Visual Rating Scale (VRS), or ItchyQuant assessment score of greater than or equal to 4 who are returning for a follow-up visit.

Definitions:

Numeric Rating Scale (NRS) for Pruritis – The “NRS” is comprised of one item and represents the numbers 0 (“no itch”) to 10 (“worst imaginable itch”). Patients are asked to rate the intensity of their itch over the last 24 hours.

Visual Rating Scale (VRS) for Pruritis – The “VRS” is comprised of one item and represents the numbers 0 (“no itch”) to 10 (“worst imaginable itch”). Patients are asked to rate the intensity of their itch over the last 24 hours.

Note: This scale is intended for patients 18 years and older.

ItchyQuant – An illustrated numeric rating scale for itch severity and represent the numbers 0 (“no itch”) to 10 (“worst itch imaginable”). Patients are asked to rate itch severity over the past 7 days.

DENOMINATOR NOTE:

The initial (index) visit assessment and the follow-up visit for assessment must occur during the performance period. The initial (index) visit is the first encounter with the patient during the performance period. Every visit after the initial (index) visit during the performance period is a follow-up visit. An assessment should be completed at each visit.

**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):

Patients aged ≥ 8 years on the date of the encounter

AND

Diagnosis of psoriasis on the date of the encounter (ICD-10-CM): L40.0, L40.1, L40.2, L40.3, L40.4, L40.8, L40.9

AND

At least two patient encounters during the performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*

AND

Initial (index visit) Numeric Rating Scale (NRS), Visual Rating Scale (VRS), or ItchyQuant assessment score of greater than or equal to 4: M1196

NUMERATOR:

Patients who achieve an assessment score that is reduced by 3 or more points (minimal clinically important difference) from the initial (index) assessment score.

Numerator Instructions:

To successfully report this measure, the physician(s) and/or provider(s) of the same clinical practice must use the same assessment tool for both the initial (index) AND follow-up assessments using one of the validated tools (NRS, VRS, or ItchyQuant). Eligible clinicians who develop the care plan for the patient at the initial (index) visit will be eligible to report this measure.

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

Table 1: Initial Assessment Score Difference

Initial (Index) Visit Assessment Score	Minimal Clinically Important Difference (3pts)
10	Score of 7 or lower
9	Score of 6 or lower
8	Score of 5 or lower
7	Score of 4 or lower

6	Score of 3 or lower
5	Score of 2 or lower
4	Score of 1 or lower

Numerator Options:

Performance Met:

Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score **(M1197)**

OR

Performance Not Met:

Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter **(M1198)**

RATIONALE:

Psoriasis is a chronic inflammatory disease in which pruritus is a frequent symptom. Approximately 7.4 million people in the United States have psoriasis. Direct costs of the disease are estimated between \$51.7 and \$63.2 billion, with the total economic burden estimated to be between \$112 and \$135 billion (Brezinski, 2015).

Chronic inflammatory skin diseases, such as psoriasis, are pruritic and tremendously burdensome; with more than 70 percent of psoriasis patients suffering from itch (Reich, 2016). Itch has profound effects on patients, especially in geriatric populations, where there is increased incidence of pruritus (Yalçin, 2006; Cohen, 2012). For those over 65 years old, itch is the most common skin complaint (Berger, 2011). The number of patients with pruritus is expected to increase as the elderly population grows – becoming 25 percent of the US population by 2025 (Grozdev, 2011). Pruritus is a frequent and onerous symptom of psoriasis and, on its own, has significant effects on patients' quality of life. In a study, investigators quantified pruritic burden in a cross-sectional analysis investigating chronic pruritus and pain. They demonstrated that the quality of life impact was due to the severity of the symptom, rather than whether the symptom was pain or pruritus. Moreover, they elucidated a mean health utility score of 0.87 from chronic pruritus (CP) patients, meaning that on average, a patient would give up 13 percent of their life expectancy to live without pruritus (Kini, 2011).

CLINICAL RECOMMENDATION STATEMENTS:

Evidence-based guideline: Joint AAD - NPF Guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures.

Recommendation: Pruritus is a significant symptom of psoriasis. An itch severity assessment is recommended to appropriately assess the degree of pruritus when present.

This measure enhances compliance of the guideline by routinely assessing pruritus in psoriasis patients. For patients with moderate and severe pruritus symptoms, the measure looks to reduce pruritus burden by a minimal clinically important difference (3 or more points).

Evidence-based literature: The experience of itch in children with psoriasis: A qualitative exploration of the Itch Numeric Rating Scale (Mannix, 2021) and Tools to study the severity of itch in 8- to 17-year-old children: Validation of TweenItchyQoL and ItchyQuant (Kong, 2021).

Both the NRS and ItchyQuant are validated severity tools for pediatric patients aged 8 and older. This measure assesses pruritus in both pediatric and adult populations.

REFERENCES:

Brezinski EA, Dhillon JS, Armstrong AW. Economic Burden of Psoriasis in the United States: A Systematic Review.

JAMA Dermatol. 2015 Jun;151(6):651-8.

Berger TG, Steinhoff M. Pruritus in elderly patients--eruptions of senescence. Semin Cutan Med Surg. 2011

Jun;30(2):113-7.

Cohen KR, Frank J, Salbu RL, Israel I. Pruritus in the elderly: clinical approaches to the improvement of quality of life. P T. 2012 Apr;37(4):227-39.

Grozdev IS, Van Voorhees AS, Gottlieb AB, et al. Psoriasis in the elderly: from the Medical Board of the National Psoriasis Foundation. J Am Acad Dermatol. 2011 Sep;65(3):537-45.

Kini, SP, DeLong, LK, Veledar, E, et al. The impact of pruritus on quality of life: the skin equivalent of pain. Arch Dermatol. 2011; 147: 1153–6.

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Reich A, Mędrek K, Szepietowski JC. Interplay of Itch and Psyche in Psoriasis: An Update. Acta Derm Venereol. 2016 Jun 9.

Menter A, Gottlieb A, Feldman SR, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 1. Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics. J Am Acad Dermatol. 2008 May;58(5):826-50.

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Yalçın B, Tamer E, Toy GG, et al. The prevalence of skin diseases in the elderly: analysis of 4099 geriatric patients. Int J Dermatol. 2006 Jun;45(6):672-6.

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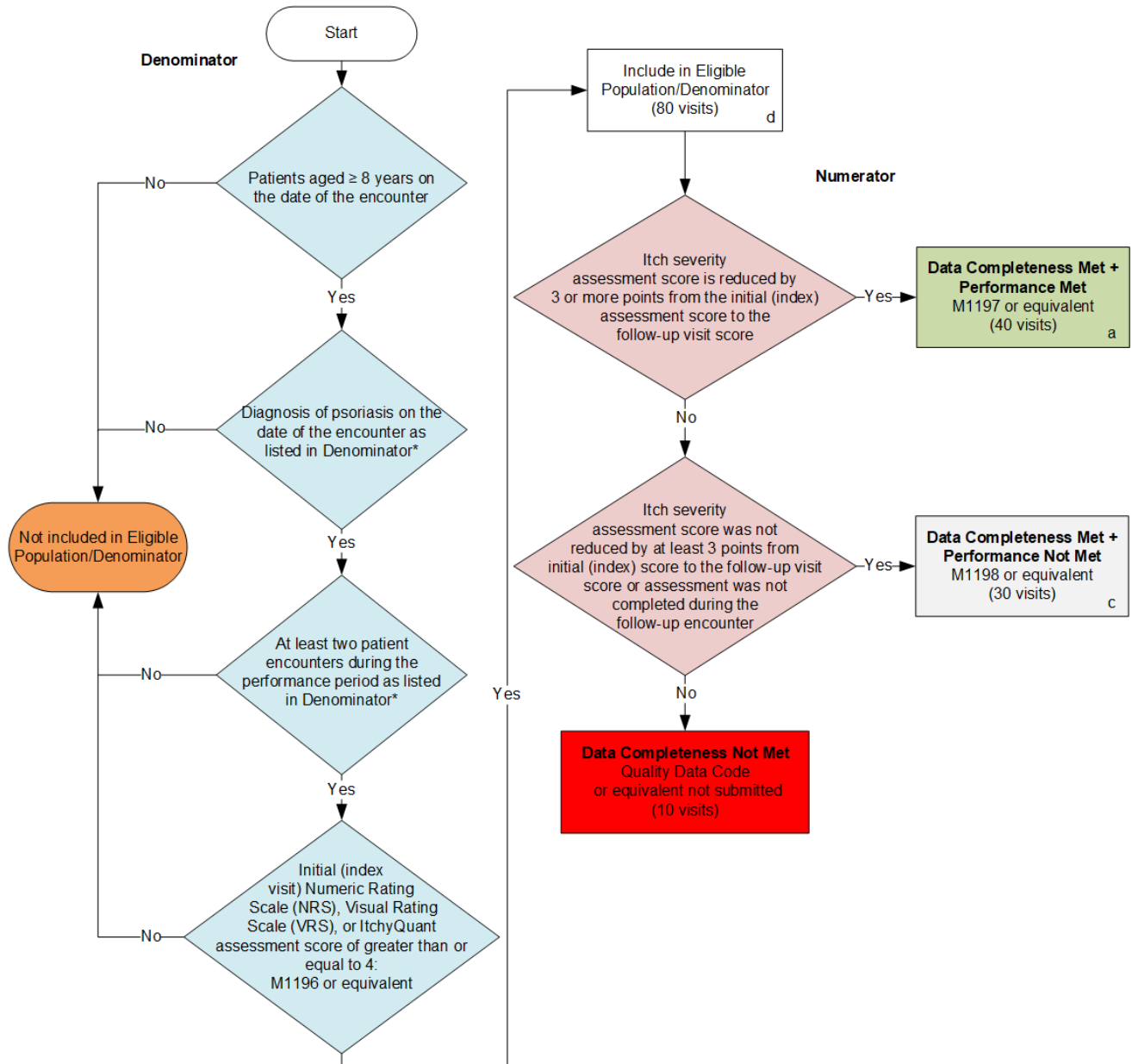
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2026 Clinical Quality Measure Flow for Quality ID #485: Psoriasis – Improvement in Patient-Reported Itch Severity

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



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 visits) + Performance Not Met (c=30 visits)}}{\text{Eligible Population / Denominator (d=80 visits)}} = \frac{70 \text{ visits}}{80 \text{ visits}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 visits)}}{\text{Data Completeness Numerator (70 visits)}} = \frac{40 \text{ visits}}{70 \text{ visits}} = 57.14\%$$

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

NOTE: Submission Frequency: Visit

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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.
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2026 Clinical Quality Measure Flow Narrative for Quality ID #485: Psoriasis – Improvement in Patient-Reported Itch Severity

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

1. Start with Denominator
2. Check *Patients aged 8 years and older on the date of the encounter*.
 - a. If *Patients aged 8 years and older on the date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 8 years and older on the date of the encounter* equals Yes, proceed to check *Diagnosis of psoriasis on the date of the encounter as listed in Denominator**.
3. Check *Diagnosis of psoriasis as listed in Denominator**:
 - a. If *Diagnosis of psoriasis as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of psoriasis as listed in Denominator** equals Yes, proceed to check *At least two patient encounters during the performance period as listed in Denominator**.
4. Check *At least two patient encounters during the performance period as listed in Denominator**:
 - a. If *At least two patient encounters during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *At least two patient encounters during the performance period as listed in Denominator** equals Yes, proceed to check *Initial (index visit) Numeric Rating Scale (NRS), Visual Rating Scale (VRS), or ItchyQuant assessment score of greater than or equal to 4*.
5. Check *Initial (index visit) Numeric Rating Scale (NRS), Visual Rating Scale (VRS), or ItchyQuant assessment score of greater than or equal to 4*:
 - a. If *Initial (index visit) Numeric Rating Scale (NRS), Visual Rating Scale (VRS), or ItchyQuant assessment score of greater than or equal to 4* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Initial (index visit) Numeric Rating Scale (NRS), Visual Rating Scale (VRS), or ItchyQuant assessment score of greater than or equal to 4* equals Yes, include in *Eligible Population/Denominator*.
6. Denominator Population:
 - 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 *Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score*:
 - a. If *Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment*

score to the follow-up visit score 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 *Itch severity assessment score is reduced by 3 or more points from the initial (index) assessment score to the follow-up visit score* equals No, proceed to check *Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter*.
9. Check *Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter*:
- a. If *Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter* equals Yes, include in *Data Completeness Met and Performance Not Met*.
- *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 visits in the Sample Calculation.
- b. If *Itch severity assessment score was not reduced by at least 3 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter* equals No, proceed to check *Data Completeness Not Met*.
10. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 visits) plus Performance Not Met (c equals 30 visits) divided by Eligible Population / Denominator (d equals 80 visits). All equals 70 visits divided by 80 visits. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 visits) divided by Data Completeness Numerator (70 visits). All equals 40 visits divided by 70 visits. All equals 57.14 percent.

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

NOTE: Submission Frequency: Visit

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