

Quality ID #486: Dermatitis – 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 dermatitis 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 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 dermatitis. 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 dermatitis 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 \geq 8 years on the date of the encounter

AND

Diagnosis for Atopic Dermatitis on the date of the encounter (ICD-10-CM): L20.82, L20.84, L20.89, L20.9

OR

Diagnosis of Irritant Contact Dermatitis on the date of the encounter (ICD-10-CM): L24.0, L24.1, L24.2, L24.3, L24.4, L24.5, L24.6, L24.7, L24.81, L24.89, L24.9

OR

Diagnosis of Allergic Contact Dermatitis on the date of the encounter (ICD-10-CM): L23.0, L23.1, L23.2, L23.3, L23.4, L23.5, L23.6, L23.7, L23.81, L23.89, L23.9, L25.0, L25.1, L25.2, L25.3, L25.4, L25.5, L25.8, L25.9, L56.0, L56.1, L56.2

OR

Diagnosis for Nummular Dermatitis on the date of the encounter (ICD-10-CM): L30.0

OR

Diagnosis for Other/Unspecified Dermatitis on the date of the encounter (ICD-10-CM): L30.1, L30.2, L30.3, L30.8, L30.9

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: M1204

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 assessment 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 (**M1205**)

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 (**M1206**)

RATIONALE:

Various types of dermatitis are chronically pruritic and are tremendously burdensome. Atopic dermatitis (AD) is a chronic skin disease in which pruritus is responsible for much of the disease burden and morbidity borne by patients (Eichenfield, 2014). It is estimated that in the U.S. alone, 31.6 million people have symptoms of AD, with 17.8 million meeting the criteria for AD. The effects of this disease are substantial; with direct costs estimated to be between \$1 and \$4 billion (Hanifin, 2007).

Other types of dermatitis, such as contact dermatitis and seborrheic dermatitis (SD) are also chronic, pruritic conditions which greatly affect patients. Approximately 6 million people in the U.S. have SD with direct and indirect costs estimated to be \$230 million (Goldenberg, 2013).

These various forms of dermatitis also greatly impact the quality-of-life patients have. In one study looking at the patient burden in adults with moderate to severe AD, 85% reported problems with the frequency of their itch and 41.5 percent reported itching for 18 hours or more a day. With this persistence of itching, 55 percent of patients showed AD-related sleep disturbance 5 days a week or more and 21.8 percent showed clinically relevant anxiety or depression (Simpson, 2016).

In another 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 CP patients, meaning that on average, a patient would give up 13 percent of their life expectancy to live without pruritus (Kini, 2011). Additionally, studies of CP have shown patients to have a 17 percent higher mortality risk as well as being strongly associated with poorer general health (Ständer, 2013).

Moreover, data from the National Ambulatory Medical Care Survey (1999-2009) found that a total of 77 million patient visits for itch were made during the 11-year time period. This was an average of 7 million visits per year, which represented approximately 1 percent of all outpatient visits. Also, further analysis showed that although the majority visits (58.6 percent) were for new instances of itch, almost a third (32 percent) were for chronic pruritus (Shive, 2013).

This measure aims to improve pruritus in patients who carry a large burden with this disease; by assessing itch and aiming to make the symptom more manageable.

CLINICAL RECOMMENDATION STATEMENTS:

Evidence-based guideline: Guidelines of care for the management of atopic dermatitis.

Recommendation: It is recommended that clinicians ask general questions about itch, sleep, impact on daily activity, and persistence of disease, and currently available scales be used mainly when practical.

This measure enhances compliance of the guideline by routinely assessing pruritus in dermatitis 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).

Peak Pruritus Numerical Rating Scale: psychometric validation and responder definition for assessing itch in moderate-to-severe atopic dermatitis (Yosipovitch, 2019) 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:

Eichenfield LF, Tom WL, Chamlin SL, et al. Guidelines of care for the management of atopic dermatitis: section 1. Diagnosis and assessment of atopic dermatitis. *J Am Acad Dermatol.* 2014 Feb;70(2):338-51.

Hanifin JM, Reed ML; Eczema Prevalence and Impact Working Group. A population-based survey of eczema prevalence in the United States. *Dermatitis.* 2007 Jun;18(2):82-91

Goldenberg G. Optimizing treatment approaches in seborrheic dermatitis. *J Clin Aesthet Dermatol.* 2013 Feb;6(2):44-9.

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.

Kong HE, Francois S, Smith S, et al. Tools to study the severity of itch in 8- to 17-year-old children: Validation of TweenItchyQoL and ItchyQuant. *Pediatr Dermatol.* 2021;38(5):1118-1126.

Ständer S, Augustin M, Reich A, et al. Pruritus assessment in clinical trials: consensus recommendations from the International Forum for the Study of Itch (IFSI) Special Interest Group Scoring Itch in Clinical Trials. *Acta Derm Venereol.* 2013 Sep 4;93(5):509-14.

Simpson EL, Bieber T, Eckert L, et al. Patient burden of moderate to severe atopic dermatitis (AD): Insights from a phase 2b clinical trial of dupilumab in adults. *J Am Acad Dermatol.* 2016 Mar;74(3):491-8.

Shive M, Linos E, Berger T, et al. Itch as a patient-reported symptom in ambulatory care visits in the United States. *J Am Acad Dermatol.* 2013 Oct;69(4):550-6.

Yosipovitch G, Reaney M, Mastey V, et al. Peak Pruritus Numerical Rating Scale: psychometric validation and responder definition for assessing itch in moderate-to-severe atopic dermatitis. *Br J Dermatol.* 2019;181(4):761-769.

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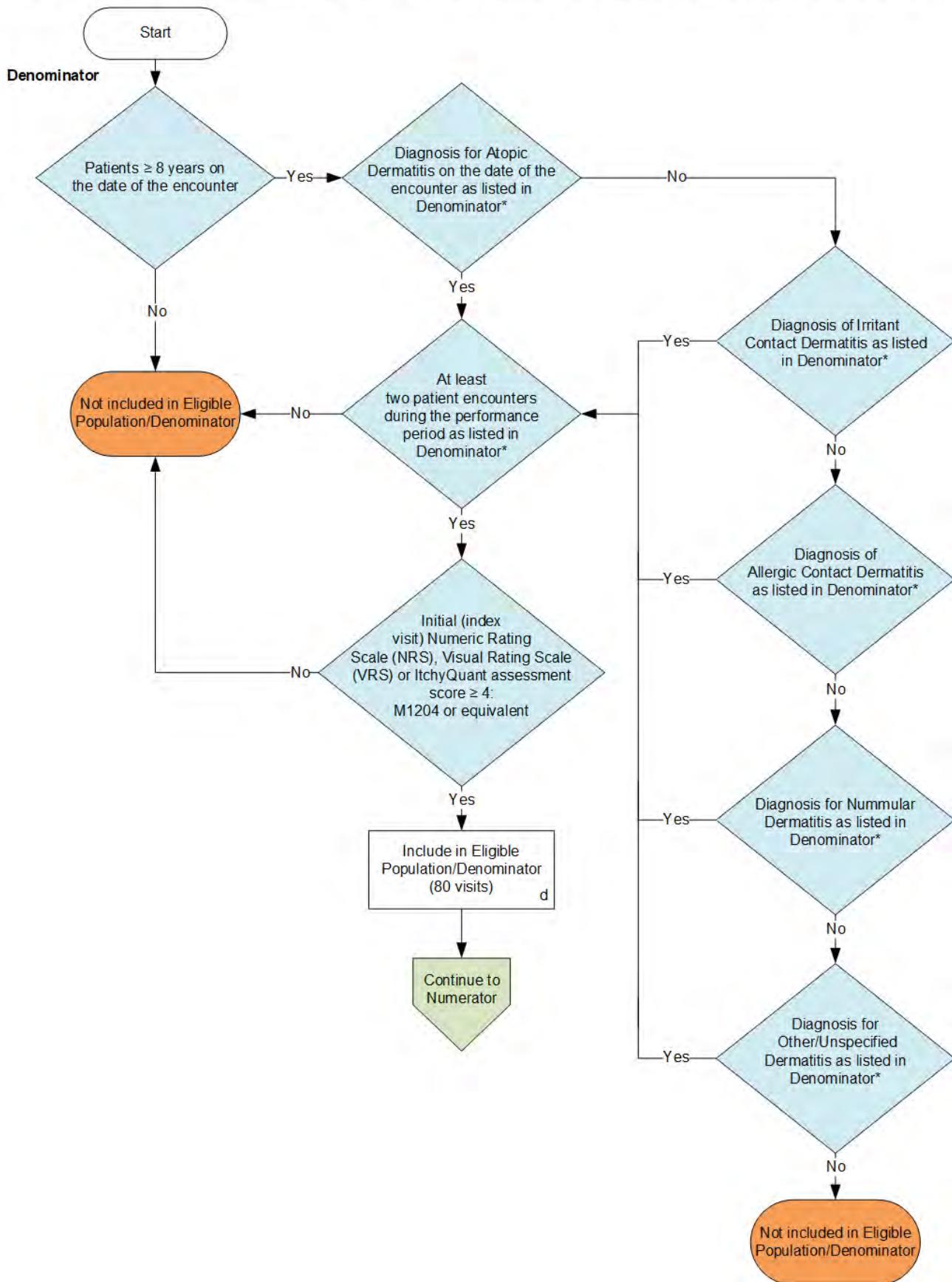
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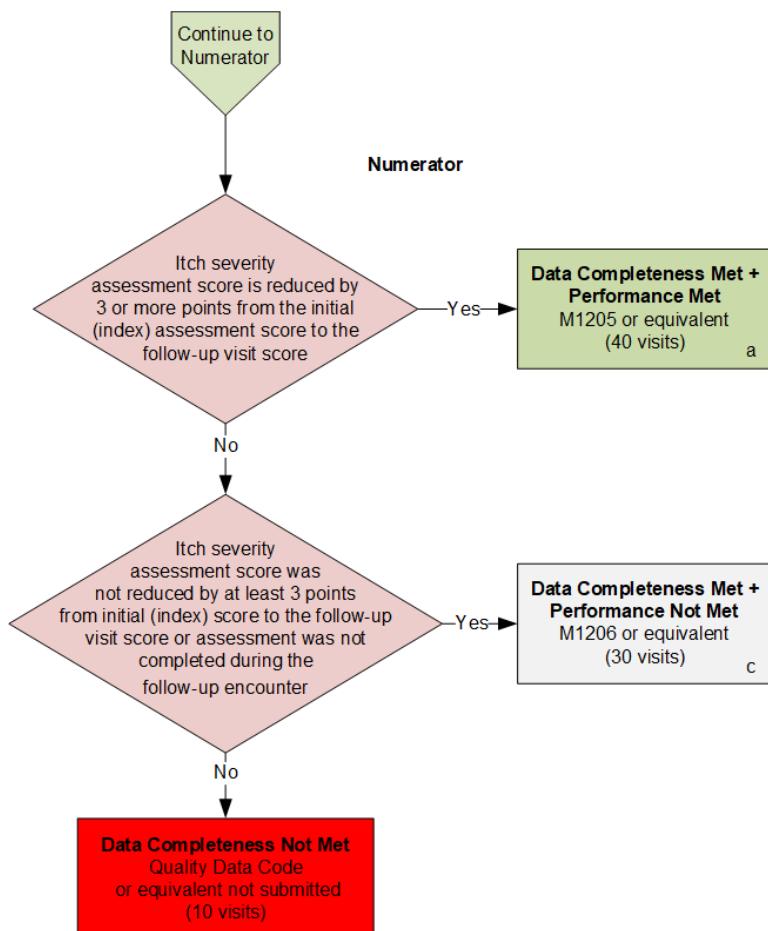
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2026 Clinical Quality Measure Flow for Quality ID #486: Dermatitis – Improvement in Patient-Reported Itch Severity

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





SAMPLE CALCULATIONS

Data Completeness=

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

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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2026 Clinical Quality Measure Flow Narrative Quality ID #486:
Dermatitis – Improvement in Patient-Reported Itch Severity

Disclaimer: Refer to the measure specification for specific coding and instructions 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 *Diagnosis for Atopic Dermatitis on the date of the encounter*.
3. Check *Diagnosis for Atopic Dermatitis*:
 - a. If *Diagnosis for Atopic Dermatitis* equals No, proceed to *Diagnosis of Irritant Contact Dermatitis as listed in Denominator**.
 - b. If *Diagnosis for Atopic Dermatitis* equals Yes, proceed to *At least two patient encounters during the performance period as listed in Denominator**.
4. Check *Diagnosis of Irritant Contact Dermatitis as listed in Denominator**:
 - a. If *Diagnosis of Irritant Contact Dermatitis as listed in Denominator** equals No, proceed to *Diagnosis of Allergic Contact Dermatitis as listed in Denominator**.
 - b. If *Diagnosis of Irritant Contact Dermatitis as listed in Denominator** equals Yes, proceed to *At least two patient encounters during the performance period as listed in Denominator**.
5. Check *Diagnosis of Allergic Contact Dermatitis as listed in Denominator**:
 - a. If *Diagnosis of Allergic Contact Dermatitis as listed in Denominator** equals No, proceed to *Diagnosis for Nummular Dermatitis*.
 - b. If *Diagnosis of Allergic Contact Dermatitis as listed in Denominator** equals Yes, proceed to *At least two patient encounters during the performance period as listed in Denominator**.
6. Check *Diagnosis for Nummular Dermatitis*:
 - a. If *Diagnosis for Nummular Dermatitis* equals No, proceed to *Diagnosis for Other/Unspecified Dermatitis*.
 - b. If *Diagnosis for Nummular Dermatitis* equals Yes, proceed to *At least two patient encounters during the performance period as listed in Denominator**.
7. Check *Diagnosis for Other/Unspecified Dermatitis*:
 - a. If *Diagnosis for Other/Unspecified Dermatitis* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for Other/Unspecified Dermatitis* equals Yes, proceed to *At least two patient encounters during the performance period as listed in Denominator**.
8. 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 *Initial (index visit) Numeric Rating Scale (NRS), Visual Rating Scale (VRS) or ItchyQuant assessment score of greater than or equal to 4*.

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

- 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.
- 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*.

10. 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 visits in the Sample Calculation.

11. Start Numerator

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

- 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 as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 visits in the Sample Calculation.
- 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 *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*.

13. 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*:

- 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 the *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
- If *Itch severity assessment score was not reduced by at least 2 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 *Data Completeness Not Met*.

14. 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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