

Quality ID #486: Dermatitis – Improvement in Patient-Reported Itch Severity

2023 COLLECTION TYPE: MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Patient-Reported Outcome-based Performance Measure – High Priority

DESCRIPTION:
The percentage of patients, aged 18 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 2 or more points at a follow up visit.

INSTRUCTIONS:
This outcome measure is to be submitted **each denominator eligible visit** for patients with a diagnosis of dermatitis 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.

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 aged 18 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.
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) assessment and the follow-up encounter for assessment must occur during the measurement period.

**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 ≥ 18 years on the date of the encounter

AND

Diagnosis for Atopic Dermatitis (ICD-10-CM): L20.82, L20.84, L20.89, L20.9

OR

Diagnosis of Irritant Contact Dermatitis (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 (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 (ICD-10-CM): L30.0

OR

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

AND

At least two patient encounters during the performance period (CPT): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99441, 99442, 99443

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 2 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). If a patient has multiple follow-up visits within the measurement period, the last (most recent) visit should be used. Eligible providers 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 (2pts)
10	8 or lower
9	7 or lower
8	6 or lower
7	5 or lower
6	4 or lower
5	3 or lower
4	2 or lower

Numerator Options:

Performance Met:

Itch severity assessment score is reduced by 2 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 2 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: 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: Clinicians ask general questions about itch and currently available scales be used mainly when practical.

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 (2 or more points).

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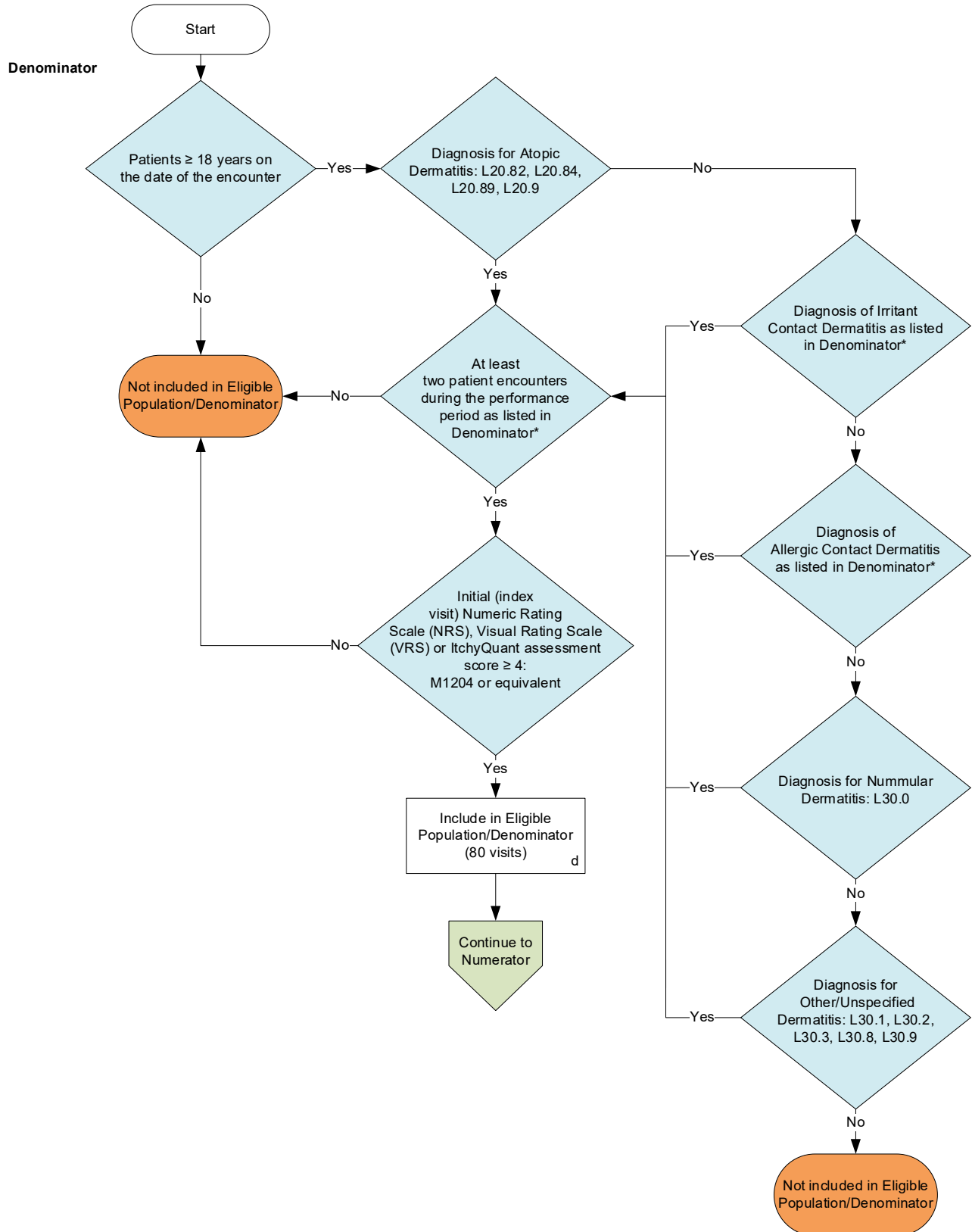
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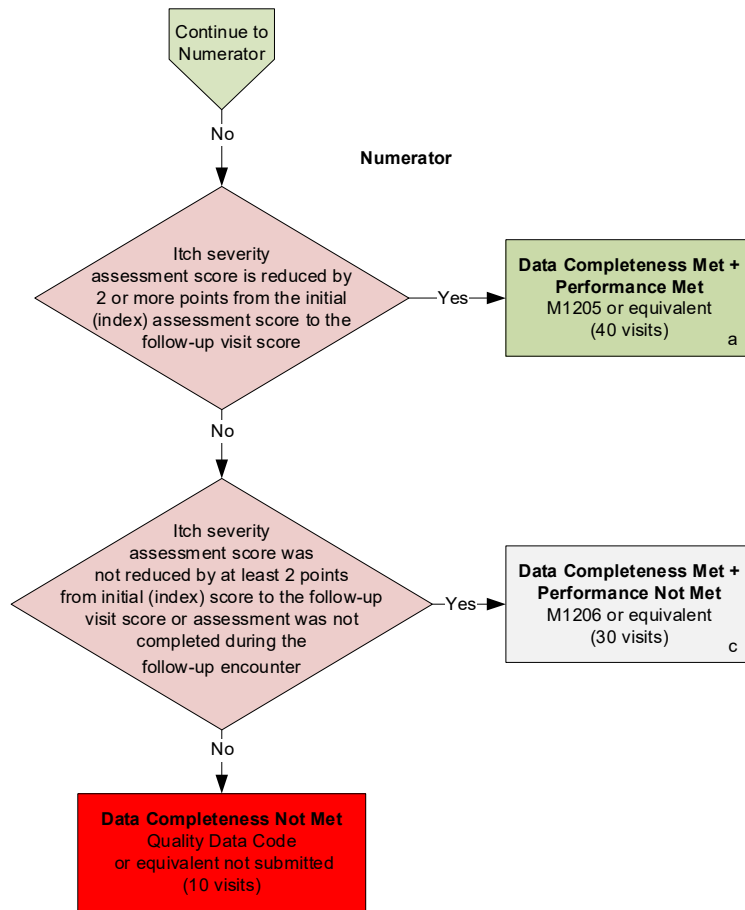
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2023 Clinical Quality Measure Flow for Quality ID #486: Dermatitis – Improvement in Patient-Reported Itch Severity

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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 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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**2023 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 18 years and older on the date of the encounter*:
 - a. If *Patients aged 18 years and older on the date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 18 years and older on the date of the encounter* equals Yes, proceed to *Diagnosis for Atopic Dermatitis*.
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:

- 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*.

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 2 or more points from the initial (index) assessment score to the follow-up visit score*:

- a. If *Itch severity assessment score is reduced by 2 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.
- b. If *Itch severity assessment score is reduced by 2 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 2 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 2 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 2 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.
- b. 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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