

★ **AAD 2: Psoriasis: Screening for Psoriatic Arthritis – National Quality Strategy**
Domain: Person and Caregiver – Centered Experience and Outcomes

DESCRIPTION:

Percentage of patients with diagnosis of psoriasis who are screened for psoriatic arthritis at least once during the measurement period.

High Priority Measure: Yes

Meaningful Measure Area: Management of Chronic Conditions

Risk-Adjusted: No

Inverse Measure: No

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for all patients during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry

ICD-10-CM diagnosis codes, CPT codes or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients with a diagnosis of psoriasis

Denominator Criteria (Eligible Cases):

Patients who meet each of the following criteria are included in the population:

- Patient aged 18 years or older at the start of the measurement period.
- Patient had an outpatient face to face encounter
- Patient had diagnosis of psoriasis

CPT Codes for Identifying Eligible Face to Face Encounters: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215

Diagnosis Codes for Identifying Patients with Psoriasis: 696.1, L40.0, L40.1, L40.2, L40.3, L40.4, L40.8, L40.9

NUMERATOR:

Patients with psoriasis (any type) are “screened”^{**} for psoriatic arthritis by documenting in the medical record the presence or absence of joint symptoms at least once during the measurement period.

^{**}Screening” for psoriatic arthritis is defined as any one of the following:

- Documentation of inquiry about the presence or absence of joint symptoms including any of the following: morning stiffness, pain, redness, and/or swelling of joints.
- Documentation of a physical examination (e.g. visualization of joints, surrounding structures (entheses) and fingers/toes for dactylitis)
- Documentation of the use of a validated psoriatic arthritis screening instrument such as the PASE (Psoriatic Arthritis Screening and Evaluation), ToPAS (Toronto Psoriatic Arthritis Screening), or PEST (Psoriasis Epidemiology Screening Tool).

Exclusions:

Patients with existing diagnosis of psoriatic arthritis

Diagnosis Codes for Identifying Patients with Psoriatic Arthritis

ICD-9 and 10 Codes 696.0, L40.50, L40.51, L40.52, L40.53, L40.54, L40.59

Code Description Psoriatic arthropathy

Potential Benchmarks:

Year 1 of reporting: $\geq 70\%$

Year 2 of reporting: $\geq 80\%$

Subsequent years: $\geq 90\%$

RATIONALE:

The prevalence of psoriatic arthritis (PsA) in the general population of the United States has been estimated to be between 0.1% to 0.25%. Among those with psoriasis, the prevalence of PsA is approximately 10%.³ Dermatologists are strongly encouraged to actively seek signs and symptoms of PsA at each visit. If PsA is diagnosed, treatment should be initiated to alleviate signs and symptoms of PsA, prevent structural damage, and maximize quality of life (QOL). Dermatologists uncomfortable or untrained in evaluating or treating patients with PsA should refer such patients to rheumatologists.

CLINICAL RECOMMENDATION STATEMENTS:

Patients with psoriasis are at an increased risk of having psoriatic arthritis. This measure seeks for dermatologists to actively assess for psoriatic arthritis as to relieve symptoms, prevent structural damage, and improve quality of life.

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