

## DOCUMENTATION TIPS

## AAD QCDR #2 – Psoriasis: Screening for Psoriatic Arthritis

Electronic health records (EHRs) collect and organize notes, medication lists, and patient information using various formats. With providers also documenting this information in unique ways, this can potentially cause confusion and an increased timeline for measure mapping with DataDerm. This tip sheet can help you manage reporting requirements for performance measures and streamline standard documentation practices to allow seamless data pull into DataDerm. AAD QCDR measures are only available for reporting in DataDerm.

The DataDerm team will work with you to connect DataDerm with your EHR to extract data. To make that as smooth as possible, it helps to document key elements of patient care. DataDerm cannot read scanned images of any kind, including scanned images for labs, letters to physicians, pathology reports, follow-up plans, and dates. If you have scanned images with information needed for your measures, please add a note in your chart with the date and required patient information for this data to be accurately collected.

This tip sheet can assist paper-based practices in standardizing documentation practices. Keeping notes in the patient's paper chart of all documentation requirements will assist you when reporting for this measure.

### AAD QCDR #2 – Psoriasis: Screening for Psoriatic Arthritis

For all patients age 18 and older, document the following in your notes:

- Diagnosis of psoriasis
  - ICD-10 code (696.1, L40.0, L40.1, L40.2, L40.3, L40.4, L40.8, L40.9)
  - CPT codes for the patient encounter during measurement period (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215)
- Date of patient screening for psoriatic arthritis
- Results of screening for psoriatic arthritis (document all that apply):
  - 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:
    - PASE (Psoriatic Arthritis Screening and Evaluation)
    - ToPAS (Toronto Psoriatic Arthritis Screening)
    - PEST (Psoriasis Epidemiology Screening Tool)
- Document if patient has existing diagnosis of psoriatic arthritis (696.0, L40.50, L40.51, L40.52, L40.53, L40.54, L40.59)

Additional Tips:

- Collect **once per reporting period** for patients seen with plaque psoriasis during the performance period.

For more information, contact the American Academy of Dermatology:  
WEBSITE: [aad.org](http://aad.org)

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