Dermatology

1. MCG Criteria Used

Clinical Criteria: MCG Care Guidelines, 30th Edition

- Psoriasis, Referral Management (MCG ORG: R-0125 AC, 30th Edition)

Applicable CPT / HCPCS Codes:

CPT / HCPCS Code	Description
Referral and consultation services	Ambulatory dermatology, rheumatology, cardiology, gastroenterology, ophthalmology, gynecology, and behavioral health referral and consultation services for psoriasis and its comorbidities
Evaluation and management codes	Office and outpatient evaluation and management associated with psoriasis referral and comorbidity assessment
ICD-10 Diagnosis: L40.0-L40.9	Psoriasis diagnostic codes, including psoriasis vulgaris, generalized pustular psoriasis, arthropathic psoriasis, and other and unspecified psoriasis

2. Statement of Rationale

Akido Labs uses the criteria in MCG Care Guidelines (30th Edition) to supplement the general Medicare criteria regarding dermatology services, specifically the timing and routing of specialty referral for psoriasis and its comorbidities, where Medicare coverage criteria are not fully established or require additional clinical specificity. MCG criteria are used to ensure consistency in reviewing the conditions to be met for coverage of psoriasis referral services and to determine when such referral is medically necessary.

Psoriasis is a chronic immune-mediated disease that, in the Medicare Advantage population, is frequently accompanied by serious comorbidities including psoriatic arthritis, cardiovascular disease, inflammatory bowel disease, ocular inflammation, and depression. Timely, appropriately routed specialty referral supports management of severe disease flares and of these comorbidities. Absent consistent, evidence-based criteria, there is material risk of both inappropriate denial of medically necessary specialty referral and inappropriate delay that allows preventable progression of disease and comorbid conditions.

Potential Clinical Harms:

Psoriasis referral: Inappropriate denial or delay of emergent referral for acute generalized pustular or erythrodermic psoriasis could allow progression of a potentially life-threatening dermatologic emergency with risks of sepsis, fluid and electrolyte derangement, and high-output cardiac failure. Inappropriate delay of rheumatology referral for coincident psoriatic arthritis could allow irreversible joint damage, while delay of cardiology referral for cardiovascular risk, gastroenterology referral for inflammatory bowel disease, ophthalmology referral for ocular inflammation, or behavioral health referral for depression could leave serious comorbidities unmanaged. Delayed dermatology referral for disease not controlled in primary care can prolong morbidity and impair quality of life.

Clinical Benefits:

Psoriasis referral: MCG criteria provide validated referral indications drawn from specialty society guidelines and published evidence, identifying the specific clinical circumstances that warrant emergent, dermatology, rheumatology, cardiology, gastroenterology, ophthalmology, gynecology, and behavioral health referral. By tying referral to these specific triggers, including expert consensus guidance on psoriatic arthritis and its comorbidities, the criteria directly counter the harms of untreated dermatologic emergency, progressive joint damage, and unmanaged comorbidity identified above. A scoping review of triage approaches for referral of patients with suspected inflammatory arthritis from primary to rheumatology care supports structured, criteria-based referral to ensure timely specialty evaluation.

Reduction of unwarranted variation and overutilization: MCG criteria identify the specific clinical findings under which each type of referral is appropriate, limiting unnecessary differences in practice, such as variable criteria for emergent or subspecialist referral, and promoting equal access to specialty care for similar patients regardless of location or clinician. The clinical benefits of using MCG Care Guidelines are highly likely to outweigh any clinical harms, including delayed or decreased access to services. The criteria are unlikely to lead to inappropriate denials because they incorporate indications drawn directly from current dermatology and rheumatology specialty society guidelines and high-quality evidence. Use of these criteria ensures patients receive timely, appropriately routed specialty care, and decreases inappropriate denials by applying a consistent, objective, evidence-based set of review criteria across the Medicare Advantage population.

3. Explanation of Supplementation

Basis for Use:

Original Medicare clinical criteria are not fully established and require supplementation to ensure consistent medical necessity determinations for psoriasis specialty referral. While Medicare statutes establish the general 'reasonable and necessary' standard, they do not specify the clinical triggers (e.g., acute generalized pustular or erythrodermic psoriasis warranting emergent referral, coincident psoriatic arthritis warranting rheumatology referral, or cardiovascular, gastrointestinal, ocular, and psychosocial comorbidities warranting the corresponding specialty referral) required to distinguish indicated from nonindicated referral.

Applicable Medicare References:

- Social Security Act Section 1862(a)(1): 'Reasonable and necessary' standard
- Medicare Benefit Policy Manual, Chapter 15: Covered Medical and Other Health Services (CMS IOM Publication 100-02)
- Medicare Program Integrity Manual, Chapter 6, Section 6.5: Medical Review of Inpatient Hospital Claims for Part A Payment (CMS IOM Publication 100-08)
- Code of Federal Regulations: 42 CFR 422.101 (Requirements relating to basic benefits)
- National Coverage Determinations: For psoriasis referral management, the MCG guideline indicates no specific CMS coverage guidance is applicable to the referral determination itself; Original Medicare criteria are not fully established for these referral decisions, requiring supplementation.
- Medicare Coverage Database: https://www.cms.gov/medicare-coverage-database/search.aspx

Within the above statutes and regulations, coverage criteria for psoriasis specialty referral are not fully established, and the use of MCG Care Guidelines is necessary to provide additional clinical specificity. Specifically, MCG criteria assist in determining:

- Medical necessity and appropriateness of emergent referral for acute generalized pustular or erythrodermic psoriasis;
- Medical necessity and appropriateness of dermatology referral for disease evaluation and management not controlled in the primary care setting;
- Medical necessity and appropriateness of rheumatology, cardiology, gastroenterology, ophthalmology, gynecology, and behavioral health referral for the specific psoriasis comorbidities named in the guideline;
- Appropriate timing and routing of specialty referral matched to the patient's clinical presentation.

The use of MCG Care Guidelines ensures consistency in reviewing the conditions to be met for coverage of psoriasis referral services. Use of these criteria to supplement the coverage criteria noted above provides clinical benefits by helping ensure specialty referral is not incorrectly denied when medically appropriate for a particular patient, nor incorrectly approved when not reasonable and necessary. The clinical benefits of using these criteria are highly likely to outweigh any clinical harms, including from inappropriate denials, because the criteria are unlikely to lead to inappropriate denials. The added criteria will provide numerous clinical benefits in helping ensure patients receive the appropriate level of care. In addition, use of the criteria may decrease inappropriate denials by creating a consistent set of evidence-based review criteria.

4. Summary of Clinical Evidence

Background

Psoriasis, Referral Management (MCG ORG: R-0125 AC)

Psoriasis referral management addresses the clinical circumstances under which a patient with psoriasis should be referred for specialty evaluation. Indications include emergent referral for acute generalized pustular or erythrodermic psoriasis; dermatology referral for disease evaluation and management; and referral to behavioral health, cardiology, gastroenterology, gynecology, ophthalmology, and rheumatology for the recognized comorbidities of psoriasis, including depression, cardiovascular disease, inflammatory bowel disease, contraception counseling for systemic therapy, ocular inflammation, and coincident psoriatic arthritis. Timely, appropriately routed referral supports management of severe disease and its comorbidities.

Evidence Summary

Psoriasis, Referral Management (MCG ORG: R-0125 AC)

The evidence for the clinical indications in this guideline includes 42 published peer-reviewed articles, 7 specialty society or other evidence-based guidelines, and 1 book section. Key evidence includes:

- For coincident psoriatic arthritis, expert consensus and specialty society guidance, including recommendations for enhancing current guidance on psoriatic arthritis and its comorbidities, support timely rheumatology referral to prevent irreversible joint damage.
- A scoping review of triage approaches for referral of patients with suspected inflammatory arthritis from primary to rheumatology care supports structured, criteria-based referral pathways to ensure timely specialty evaluation.
- For cardiovascular, gastrointestinal, ocular, and psychosocial comorbidities, specialty society guidance supports referral to the corresponding specialties to manage the elevated comorbidity burden associated with psoriasis.
- For acute generalized pustular or erythrodermic psoriasis, the criteria support emergent referral, reflecting the potentially life-threatening nature of these presentations.

Rationale (from MCG)

Use of this MCG care guideline helps the clinician identify the specific complex factors of a patient's psoriasis that may need specialist consultation. It provides evidence-based clinical criteria to help decide when a patient should be referred to a specialist, ensuring timely specialty care. The guideline can help limit unnecessary differences in treatment, such as variable criteria for emergency or subspecialist referral, thereby promoting equal access and quality of care for similar patients, regardless of location, facility, or clinician. Use of these evidence-based clinical criteria ensures patients receive the most appropriate care for their specific condition, reduces unnecessary risks, promotes recovery, and provides a standard that can reduce disparities in care. Appropriate use of the evidence-based clinical criteria ensures Medicare patients receive full access to Medicare benefits without risk of delay or decreased access. These guidelines supplement but do not replace, modify, or supersede existing Medicare regulations or applicable National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs).

Related CMS Coverage Guidance (as cited in MCG 30th Edition):

- For Psoriasis, Referral Management (R-0125 AC), the MCG guideline indicates no specific CMS coverage guidance is applicable to the referral determination itself.
- Code of Federal Regulations (CFR): 42 CFR 422.101 (Requirements relating to basic benefits)
- CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15 (Covered Medical and Other Health Services)
- Medicare Coverage Determinations: Medicare Coverage Database: https://www.cms.gov/medicare-coverage-database/search.aspx

References with Citation Summary -- Psoriasis, Referral Management (MCG ORG: R-0125 AC, 30th Edition)

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5. Public Accessibility

Transparency Tool URL:

https://akido.access.mcg.com/index

Coverage Summaries URL:

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Navigation Instructions:

To access these coverage summaries, navigate to the UM Criteria page, scroll to the bottom of the page, and click the Medical Necessity Supplementation Criteria link. All summaries are organized alphabetically by category.