Measure #134 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan – National Quality Strategy Domain: Community/Population Health

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The follow-up plan must be related to a positive depression screening, example: “Patient referred for psychiatric evaluation due to positive depression screening”.

Measure Reporting via Claims:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
CPT 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 aged 12 years and older

Denominator Criteria (Eligible Cases):
- Patients aged ≥ 12 years on date of encounter
- Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 92625, 96116, 96118, 96150, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0101, G0402, G0438, G0439, G0444

NUMERATOR:
Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen.

Numerator Instructions: The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record. The depression screening must be reviewed and addressed in the office of the provider filing the code on the date of the encounter.

Definitions:
**Screening** – Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

**Standardized Depression Screening Tool** – A normalized and validated depression screening tool developed for the patient population in which it is being utilized. The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record.

Examples of depression screening tools include but are not limited to:

- **Adolescent Screening Tools (12-17 years)**
  Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D), and PRIME MD-PHQ2

- **Adult Screening Tools (18 years and older)**
  Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale Screening, and PRIME MD-PHQ2

**Follow-Up Plan** – Documented follow-up for a positive depression screening **must** include one or more of the following:

- Additional evaluation for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

**Not Eligible** – A patient is not eligible if one or more of the following conditions are documented:

- Patient refuses to participate
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status
- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium
- Patient has an active diagnosis of Depression
- Patient has a diagnosed Bipolar Disorder

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Screening for Clinical Depression Documented as Positive, AND Follow-Up Plan Documented**

(One quality-data code [G8431 or G8510] is required on the claim form to submit this numerator option)

**Performance Met: G8431:**
Screening for clinical depression is documented as being positive AND a follow-up plan is documented

**Performance Met: G8510:**
Screening for clinical depression is documented as negative, a follow-up plan is not required

**OR**

**Screening for Clinical Depression not Documented, Patient not Eligible**

(One quality-data code [G8433 or G8940] is required on the claim form to submit this numerator option)

**Other Performance Exclusion: G8433:**
Screening for clinical depression not documented, documentation stating the patient is not eligible

**OR**

**Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible**
Other Performance Exclusion: G8940: Screening for clinical depression documented as positive, a follow-up plan not documented, documentation stating the patient is not eligible

OR

Screening for Clinical Depression not Documented, Reason not Given

(One quality-data code [G8432 or G8511] is required on the claim form to submit this numerator option)

Performance Not Met: G8432: Clinical depression screening not documented, reason not given

OR

Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given

Performance Not Met: G8511: Screening for clinical depression documented as positive, follow-up plan not documented, reason not given

RATIONALE:
The World Health Organization (WHO), as seen in Pratt & Brody (2008), found that major depression was the leading cause of disability worldwide. Depression causes suffering, decreases quality of life, and causes impairment in social and occupational functioning. It is associated with increased health care costs as well as with higher rates of many chronic medical conditions. Studies have shown that a higher number of depression symptoms are associated with poor health and impaired functioning, whether or not the criteria for a diagnosis of major depression are met. Persons 40-59 years of age had higher rates of depression than any other age group. Persons 12-17, 18-39 and 60 years of age and older had similar rates of depression. Depression was more common in females than in males. Non-Hispanic black persons had higher rates of depression than non-Hispanic white persons. In the 18-39 and 40-59 age groups, those with income below the federal poverty level had higher rates of depression than those with higher income. Among persons 12-17 and 60 years of age and older, raters of depression did not vary significantly by poverty status.

Overall, approximately 80% of persons with depression reported some level of difficulty in functioning because of their depressive symptoms. In addition, 35% of males and 22% of females with depression reported that their depressive symptoms make it very or extremely difficult for them to work, get things done at home, or get along with other people. More than one-half of all persons with mild depressive symptoms also reported some difficulty in daily functioning attributable to their symptoms.

15–20 percent of adults older than age 65 in the United States have experienced depression (Geriatric Mental Health Foundation, 2008). 7 million adults aged 65 years and older are affected by depression (Steinman, 2007). Chronically ill Medicare beneficiaries with accompanying depression have significantly higher health care costs than those with chronic diseases alone (Unützer, 2009). People aged 65 years and older accounted for 16 percent of suicide deaths in 2004 (Centers for Disease Control and Prevention, 2007).

The negative outcomes associated with early onset depression, make it crucial to identify and treat depression in its early stages. As reported in Borner (2010), a study conducted by the World Health Organization (WHO) concluded that in North America, primary care and family physicians are likely to provide the first line of treatment for depressive disorders. Others consistently report a 10% prevalence rate of depression in primary care patients. But studies have shown that primary care physicians fail to recognize up to 50% of depressed patients, purportedly because of time constraints and a lack of brief, sensitive, easy-to-administer psychiatric screening instruments. Coyle et al. (2003), suggested that the picture is more grim for adolescents, and that more than 70% of children and adolescents suffering from serious mood disorders go unrecognized or inadequately treated. Healthy People 2020 recommends routine screening for mental health problems as a part of primary care for both children and adults (U.S. Department of Health and Human Services, 2014).
Major depressive disorder (MDD) is a debilitating condition that has been increasingly recognized among youth, particularly adolescents. The prevalence of current or recent depression among children is 3% and among adolescents is 6%. The lifetime prevalence of MDD among adolescents may be as high as 20%. Adolescent-onset MDD is associated with an increased risk of death by suicide, suicide attempts, and recurrence of major depression by young adulthood. MDD is also associated with early pregnancy, decreased school performance, and impaired work, social, and family functioning during young adulthood (Williams et al., 2009). Every fifth adolescent may have a history of depression by age 18. The increase in the onset of depression occurs around puberty. According to Zalsman et al., (2006) as reported in Borner et al. (2010), depression ranks among the most commonly reported mental health problems in adolescent girls.

The economic burden of depression is substantial for individuals as well as society. Costs to an individual may include suffering, possible side effects from treatment, fees for mental health and medical visits and medications, time away from work and lost wages, transportation, and reduced quality of personal relationships. Costs to society may include loss of life, reduced productivity (because of both diminished capacity while at work and absenteeism from work), and increased costs of mental health and medical care. In 2000, the United States spent an estimated $83.1 billion in direct and indirect costs of depression (USPSTF, 2009).

**CLINICAL RECOMMENDATION STATEMENTS:**

**Adolescent Recommendation (12-18 years)**
The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up (AHRQ, 2010, p.141).

Clinicians and health care systems should try to consistently screen adolescents ages 12-18 for major depressive disorder, but only when systems are in place to ensure accurate diagnosis, careful selection of treatment, and close follow-up (ICSI, 2013, p.16).

**Adult Recommendation (18 years and older)**
The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up (AHRQ, 2010, p.136).

A system that has embedded the elements of best practice and has capacity to effectively manage the volume should consider routine screening of all patients, based on the recommendations of the U.S. Preventive Services Task Force (ICSI, 2013, p.7). Clinicians should use a standardized instrument to screen for depression if it is suspected based on risk factors or presentation. Clinicians should assess and treat for depression in patients with some comorbidities. Clinicians should acknowledge the impact of culture and cultural differences on physician and mental health. Clinicians should screen and monitor depression in pregnant and post-partum women (ICSI, 2013, p.4).

**COPYRIGHT:**
These measures were developed by Quality Insights of Pennsylvania as a special project under the Quality Insights’ Medicare Quality Improvement Organization (QIO) contract HHSM-500-2005-PA001C with the Centers for Medicare & Medicaid Services. These measures are in the public domain.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. Quality Insights of Pennsylvania disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT [R]) or other coding contained in the specifications. CPT® contained in the Measures specifications is copyright 2004-2015 American Medical Association. All Rights Reserved. These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

**THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.**
2016 Claims/Registry Individual Measure Flow
PQRS #134 NQF #0418: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

**SAMPLE CALCULATIONS:**

**Reporting Rate**

\[
\text{Performance Met (a^4 + a^2 = 4 patients) + Performance Exclusion (b^3 + c^2 = 1 patient)} + \text{Performance Not Met (c^1 + c = 2 patients)} = 7 \text{ patients} = \frac{87.5\%}{8 \text{ patients}}
\]

\[
\text{Eligible Population / Denominator (d=8 patients) = d \text{ patients}} = 8 \text{ patients}
\]

Performance Rate =

\[
\frac{\text{Performance Met (a^4 + a^2 = 4 patients)}}{\text{Reporting Numerator (d patients) - Performance Exclusion (b^3 + c^2 = 1 patient}}} = \frac{d \text{ patients}}{6 \text{ patients}} = 66.67\%
\]

*See the posted Measure Specification for specific coding and instruction to report this measure.

NOTE: Reporting Frequency: Patient-process

CPT only copyright 2015 American Medical Association. All rights reserved.
2016 Claims/Registry Individual Measure Flow
PQRS #134 NQF #0418: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 12 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 12 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Encounter.

3. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

4. Denominator Population:
   a. 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 8 patients in the sample calculation.

5. Start Numerator

6. Check Screening for Clinical Depression Documented as Positive, And Follow-up Plan Documented:
   a. If Screening for Clinical Depression Documented as Positive, And Follow-up Plan Documented equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a1 equals 1 patient in Sample Calculation.
   c. If Screening for Clinical Depression Documented as Positive, And Follow-up Plan Documented equals No, proceed to Screening for Clinical Depression Documented as Negative, Follow-up Plan Not Required.

7. Check Screening for Clinical Depression Documented as Negative, Follow-up Plan Not Required:
   a. If Screening for Clinical Depression Documented as Negative, Follow-up Plan Not Required equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 3 patients in the Sample Calculation.
c. If Screening for Clinical Depression Documented as Negative, Follow-up Plan Not Required equals No, proceed to Screening for Clinical Depression Not Documented, Patient Not Eligible.

8. Check Screening for Clinical Depression Not Documented, Patient Not Eligible:

a. If Screening for Clinical Depression Not Documented, Patient Not Eligible equals Yes, include in the Reporting Met and Performance Exclusion.

b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.

c. If Screening for Clinical Depression Not Documented, Patient Not Eligible equals No, proceed to Screening for Clinical Depression Documented as Positive, No Follow-Up Plan Documented, Patient Not Eligible.

9. Check Screening for Clinical Depression Documented as Positive, No Follow-Up Plan Documented, Patient Not Eligible:

a. If Screening for Clinical Depression Documented as Positive, No Follow-Up Plan Documented, Patient Not Eligible equals Yes, include in the Reporting Met and Performance Exclusion.

b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 0 patients in the Sample Calculation.

c. If Screening for Clinical Depression Documented as Positive, No Follow-Up Plan Documented, Patient Not Eligible equals No, proceed to Screening for Clinical Depression Not Documented, Reason Not Given.

10. Check Screening for Clinical Depression Not Documented, Reason Not Given:

a. If Screening for Clinical Depression Not Documented, Reason Not Given equals Yes, include in the Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c1 equals 2 patients in the Sample Calculation.

c. If Screening for Clinical Depression Not Documented, Reason Not Given equals No, proceed to Screening for Clinical Depression Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given.

11. Check Screening for Clinical Depression Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given:

a. If Screening for Clinical Depression Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given equals Yes, include in the Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c2 equals 0 patients in the Sample Calculation.

c. If Screening for Clinical Depression Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given equals No, proceed to Reporting Not Met.

12. Check Reporting Not Met:
a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

\[
\text{Reporting Rate} = \frac{\text{Performance Met (a + b = 4 patients)} + \text{Performance Exclusion (b + c = 1 patient)} + \text{Performance Not Met (c + d = 2 patients)}}{\text{Eligible Population / Denominator (d = 8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%
\]

\[
\text{Performance Rate} = \frac{\text{Performance Met (a + b = 4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b + c = 1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%
\]