

Diagnostic Evaluation

*This measure is to be reported for all patients aged 18 years and older with MDD — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period

What will you need to report for each patient with MDD for this measure?

If you select this measure for reporting, you will report:

- Whether or not you documented DSM-IV criteria for major depressive disorder, during the visit in which the new diagnosis or recurrent episode was identified¹

DSM-IV criteria includes presence of at least 5 of the following symptoms during the same two week period (must include symptom 1 or 2):

- 1) depressed mood
- 2) marked diminished interest/pleasure
- 3) significant weight loss or weight gain
- 4) insomnia or hypersomnia
- 5) psychomotor agitation or retardation
- 6) fatigue or loss of energy
- 7) feelings of worthlessness
- 8) diminished ability to concentrate
- 9) recurrent suicidal ideation

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or eligible health professional to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

¹This measure is to be reported a minimum of **once per reporting period** for patients seen during the reporting period with a new diagnosis or recurrent episode of MDD. For patients whose episode of MDD began prior to the current reporting period, the clinician will need to report, once during the current reporting period, whether or not DSM-IV criteria was documented during the visit in which the new diagnosis or recurrent episode was identified.

Major Depressive Disorder (MDD)

Diagnostic Evaluation

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?

	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of new or recurrent episode of MDD.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient meet the measure?

DSM-IV Criteria for Major Depressive Disorder	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
During the visit in which the new diagnosis or recurrent episode was identified, ¹ at least 5 of the following symptoms have been documented as present during the same two week period (must include symptom 1 or 2): 1) depressed mood 2) marked diminished interest/pleasure 3) significant weight loss or weight gain 4) insomnia or hypersomnia 5) psychomotor agitation or retardation 6) fatigue or loss of energy 7) feelings of worthlessness 8) diminished ability to concentrate 9) recurrent suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	1040F
			If No is checked for the above, report 1040F-8P (DSM-IV criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has MDD and a visit occurred:

A line item ICD-9-CM diagnosis code for MDD and a CPT service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

MDD line item ICD-9-CM diagnosis codes

- 296.20, 296.21, 296.22, 296.23, 296.24 (major depressive disorder, single episode),
- 296.30, 296.31, 296.32, 296.33, 296.34 (major depressive disorder, recurrent episode)

AND

CPT service codes

- 90801 (psychiatric diagnostic interview examination),
- 90802 (interactive psychiatric diagnostic interview examination),
- 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815 (individual psychotherapy),
- 90845 (psychoanalysis),
- 90862 (pharmacologic management)
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 1040F:** DSM-IV criteria for major depressive disorder documented at the initial evaluation
- **CPT II 1040F-8P:** DSM-IV criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified

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