<table>
<thead>
<tr>
<th><strong>Measure Description</strong></th>
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<tbody>
<tr>
<td>Percentage of patients aged 12 years and older with MS who were screened for clinical depression using an age appropriate standardized depression screening tool* at least once in past 12 months.</td>
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<table>
<thead>
<tr>
<th><strong>Measure Components</strong></th>
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<tbody>
<tr>
<td><strong>Numerator Statement</strong></td>
<td>Patients aged 12 years and older with MS who were screened for clinical depression using an age appropriate standardized depression screening tool* at least once in past 12 months.</td>
</tr>
</tbody>
</table>

*Depression screening tool: Clinicians should consider use of validated instruments such as the:  
- Beck Depression Inventory (BDI) or BDI II,  
- Patient Health Questionnaire (PHQ-9), (PHQ-A), or (PHQ-2),  
- MS Depression Rating Scale,  
- Center for Epidemiological Studies-Depression Revised (CESD-R),  
- Hospital Anxiety and Depression Scale (HADS),  
- General Health Questionnaire (GHQ),  
- 2 Question Screen,  
- Neuro QOL Depression Bank.¹-⁶  
Note: Currently no validated depression screening tools based on caregiver report are known. |

| **Denominator Statement** | All patients aged 12 years or older with a diagnosis of MS. |

| **Denominator Exceptions** | Patients who are unable or decline to complete screening instrument. |

| **Supporting Guideline & Other References** | Following evidence statements are quoted verbatim from the referenced clinical guidelines:  
- “Clinicians may consider the Beck Depression Inventory and a 2-question tool to screen for depressive disorders and the General Health Questionnaire to screen for broadly defined emotional disturbances (Level C).”¹  
- “Evidence is insufficient to support/refute the use of other screening tools, the possibility that somatic/neurovegetative symptoms affect these tools’ accuracy, or the use of diagnostic instruments or clinical evaluation procedures for identifying psychiatric disorders in MS (Level U).”¹  
- “Ensure all people with MS have a comprehensive review of all aspects of their care at least once a year.”²  
- “Tailor the comprehensive review to the needs of the person with MS assessing: MS symptoms: …depression and anxiety…”²  
- “Mood Dysregulation: Nurses should work with the patient, care partner, and other members of the interdisciplinary team to manage depression appropriately (Level 2). Other roles are to assist patients and care partners to adjust to changes involved in living with MS (Level 2); identify the physical, emotional, spiritual, and educational needs of the patient and family (Level 2); reinforce the importance of medication regimen and be aware of medication side effects (Level 2); be alert to cues related to mood changes and treatment outcomes (Level 2); and encourage participation in a regular pattern of exercise to improve mood (Level 1).”³  

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### Measure Importance

**Relationship to Desired Outcome**
Screening is the first step to improved recognition and treatment of depression in MS patients, and to decrease rates of affective symptoms in the MS patient population.

**Opportunity for Improvement**
MS is frequently associated with depression, and is currently under diagnosed and treated. Evidence of under diagnosis of depression in MS patients makes screening vital to identifying those in need of treatment.

### National Quality Strategy Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Selection</th>
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<tbody>
<tr>
<td>Patient and Family Engagement</td>
<td>☐</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>☐</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>☒</td>
</tr>
<tr>
<td>Population/Public Health</td>
<td>☐</td>
</tr>
<tr>
<td>Efficient Use of Healthcare Resources</td>
<td>☐</td>
</tr>
<tr>
<td>Clinical Process/Effectiveness</td>
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### Exception Justification
Patients need to be willing to complete the screening tool for the screening scores to be valid.

### Harmonization with Existing Measures
Several NQF endorsed measures exist that address depression and treatment adherence. These measures include Antidepressant Medication Management, Child and Adolescent Major Depressive Disorders: Diagnostic Evaluation, Adult Major Depressive Disorder: Suicide Risk Assessment, and Depression Response at Twelve Months – Progress Towards Remission. It was determined a separate measure assessing screening rates was required specific to the MS population given the existing gap in care, as well as the need to use validated screening tools specific to the MS population.

### Measure Designation

**Measure Purpose (Check all that apply)**
- ☒ Quality improvement
- ☒ Accountability

**Type of Measure (Check all that apply)**
- ☒ Process
- ☐ Outcome
- ☐ Structure

**Level of Measurement (Check all that apply)**
- ☒ Individual Provider
- ☒ Practice
  - ☒ System or Health Plan

**Care Setting (Check all that apply)**
- ☒ Outpatient
- ☐ Inpatient
- ☐ Emergency Departments and Urgent Care

**Data Source (Check all that apply)**
- ☒ Electronic health record (EHR) data
- ☒ Administrative Data/Claims
- ☐ Chart Review
- ☒ Registry

### References

### Technical Specifications: Electronic Health Record (EHR) Data

The AAN is in the process of creating code value sets and the logic required for electronic capture of the quality measures with EHRs. A listing of the quality data model elements, code value sets, and measure logic (through the CMS Measure Authoring Tool) for each of the MS measures will be made available at a later date.

### Technical Specifications: Administrative Data (Claims)

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

<table>
<thead>
<tr>
<th>Denominator (Eligible Population)</th>
<th>ICD-9 Code</th>
<th>ICD-10 Code</th>
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<tbody>
<tr>
<td></td>
<td>340 Multiple Sclerosis</td>
<td>G35 Multiple Sclerosis</td>
</tr>
<tr>
<td></td>
<td>Disseminated multiple sclerosis</td>
<td>Generalized multiple sclerosis</td>
</tr>
<tr>
<td></td>
<td>Multiple sclerosis NOS</td>
<td>Multiple sclerosis of brain stem</td>
</tr>
<tr>
<td></td>
<td>Multiple sclerosis of cord</td>
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<tr>
<td>AND</td>
<td>CPT E/M Service Code:</td>
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<tr>
<td></td>
<td>99201, 99202, 99203, 99204, 99205 (Office or other outpatient visit-New Patient); 99211, 99212, 99213, 99214, 99215 (Office or other outpatient visit-Established Patient); 99241, 99242, 99243, 99244, 99245 (Office or Other Outpatient Consultation-New or Established Patient); 97001 (Physical therapy evaluation); 97002 (Physical therapy re-evaluation); 97003 (Occupational therapy evaluation); 97004 (Occupational therapy re-evaluation)</td>
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