Antidepressant Medication During Acute Phase for Patients with MDD

This measure is to be reported for each occurrence of MDD during the reporting period for all patients aged 18 years and older.

Measure description
Percentage of patients aged 18 years and older diagnosed with new episode\(^1\) of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase

What will you need to report for each occurrence of MDD for this measure?
If you select this measure for reporting, you will need to determine:
- Whether or not the patient is being seen for a new episode\(^1\) of MDD

If the patient is being seen for a new episode of MDD, you will then need to report:
- Whether or not you prescribed (or the patient completed) an 84-day (12-week) acute treatment of antidepressant medication

What if this process or outcome of care is not appropriate for your patient?
There may be times when it is not appropriate to complete an 84-day (12-week) acute treatment of antidepressant medication, due to:
- Documented reasons (eg, patient with a new episode of MDD was not an eligible candidate for antidepressant medication treatment)

In these cases, you will need to indicate that a documented reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exceptions).

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\(^1\)New Episode — Patient with major depression who has not been seen or treated for major depression by any practitioner in the prior 4 months. A new episode can either be a recurrence for a patient with prior major depression or a patient with a new onset of major depression.
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Coding Specifications
Codes required to document patient has MDD and a visit occurred:

An ICD-9-CM diagnosis code for MDD and a CPT or HCPCS code are required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

MDD ICD-9-CM diagnosis codes
- 296.20, 296.21, 296.22, 296.24, 296.25 (major depressive disorder, single episode)
- 296.30, 296.31, 296.32, 296.33, 296.34, 296.35 (major depressive disorder, recurrent episode)
- 298.0 (other nonorganic psychoses)
- 300.4 (dysthymic disorder)
- 309.0 (adjustment disorder with depressed mood)
- 309.1 (prolonged depressive reaction)
- 311 (major depression)
AND

CPT or HCPCS codes
- 90791, 90792
- 90832, 90834, 90837, 90839
- 90845
- 90849, 90853, 90857
- 99078
- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
- G0402

Quality codes for this measure:

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

- **G8126**: Patient with new episode of MDD documented as being treated with antidepressant medication during the entire 12 week acute treatment phase
- **G8128**: Clinician documented that patient with a new episode of MDD was not an eligible candidate for antidepressant medication treatment or patient did not have a new episode of MDD
- **G8127**: Patient with new episode of MDD not documented as being treated with antidepressant medication during the entire 12 week acute treatment phase

ICD-10-CM diagnosis codes can be found in the 2013 Physician Quality Reporting System Specifications Manual, which is located on the CMS website at http://www.cms.hhs.gov/pqrs. Because these codes are not reportable until 2014, they have not been included in the participation tools for PQRS 2013.

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# Antidepressant Medication During Acute Phase for Patients with MDD

## Physician Quality Reporting System Data Collection Sheet

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Practice Medical Record Number (MRN)</th>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Provider Identifier (NPI)</th>
<th>Date of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Clinical Information

**Step 1** Is patient eligible for this measure?

<table>
<thead>
<tr>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify date of birth on claim form.</td>
</tr>
</tbody>
</table>

**Step 2** Does patient also have the other requirements for this measure?

<table>
<thead>
<tr>
<th>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If <strong>No</strong>, report G8128 and STOP. If <strong>Yes</strong>, proceed to Step 3.</td>
</tr>
</tbody>
</table>

**Step 3** Does patient meet or have an acceptable reason for not meeting the measure?

<table>
<thead>
<tr>
<th>Code to be Reported on Line 24D of Paper Claim Form, if <strong>Yes</strong> (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8126</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code to be Reported on Line 24D of Paper Claim Form, if <strong>Yes</strong> (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8128</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document reason here and in medical chart.</th>
</tr>
</thead>
</table>

1New Episode — Patient with major depression who has not been seen or treated for major depression by any practitioner in the prior 4 months. A new episode can either be a recurrence for a patient with prior major depression or a patient with a new onset of major depression.