Measure description

Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with evidence that they met the DSM-IV-TR criteria\textsuperscript{1} for MDD AND for whom there is an assessment of depression severity\textsuperscript{2} during the visit in which a new diagnosis or recurrent episode was identified.

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-TR criteria for major depressive disorder and assessed the severity of MDD during the visit in which the new diagnosis or recurrent episode was identified\textsuperscript{3}

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.

This measure is to be reported for all patients aged 18 years and older with an active diagnosis of MDD, including episodes of MDD that began prior to the reporting period — a minimum of once per reporting period.

---

\textsuperscript{1}MDD diagnosis (DSM-IV-TR) — For a diagnosis of MDD a patient must endorse five of nine symptoms, with one of those five being either 1) depressed mood or 2) loss of interest or pleasure. The other symptoms include significant weight loss or gain; decrease or increase in appetite nearly every day; insomnia or hypersomnia nearly every day; psychomotor agitation or retardation nearly every day; feelings of worthlessness or guilt nearly every day; diminished ability to think or concentrate, or indecisiveness, nearly every day; and recurrent thoughts of death or suicidal ideation.

These symptoms must be present for a duration of 2 weeks or longer and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

These symptoms must: not meet criteria for a mixed episode; not be due to the direct physiological effects of a substance (eg, a drug of abuse, a medication) or a general medical condition (eg, hypothyroidism); OR not be better accounted for by bereavement, ie, after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

\textsuperscript{2}Severity — According to DSM-IV-TR, severity is judged to be mild, moderate, or severe based on the number of criteria symptoms, the severity of the symptoms, and the degree of functional disability and distress.

\textsuperscript{3}This measure is intended to capture either an initial or recurrent episode. 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-TR criteria and severity was assessed during the visit in which the new diagnosis or recurrent episode was identified.
Coding Specifications

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

An ICD-9-CM diagnosis code for MDD and a CPT 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, 296.23, 296.24
- 296.30, 296.31, 296.32, 296.33, 296.34

AND

CPT codes

- 90791, 90792
- 90832, 90834, 90837, 90839
- 90845
- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215

Quality codes for this measure:

CPT II code G-code descriptors

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

- **CPT II 1040F**: DSM-IV-TR criteria for major depressive disorder documented at the initial evaluation
- **CPT II 1040F–8P**: DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified
- **G8930**: Assessment of depression severity at the initial evaluation
- **G8931**: Assessment of depression severity not documented, reason not given
### Physician Quality Reporting System Data Collection Sheet

**Clinical Information**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Is patient eligible for this measure?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Patient is aged 18 years and older on date of encounter.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Patient has a diagnosis of new or recurrent episode of MDD.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>There is a CPT code for this visit.</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

If **No** is checked for any of the above, STOP. Do not report a CPT category II code or G-code.

**Step 2 | Does patient meet the measure?**

<table>
<thead>
<tr>
<th>DSM-IV-TR Criteria for Major Depressive Disorder</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the visit in which the new diagnosis or recurrent episode was identified, at least 5 of the following symptoms have been documented as present nearly every day during the same two week period (must include symptom 1 or 2): 1) depressed mood 2) loss of interest or pleasure 3) significant weight loss or gain 4) decrease or increase in appetite 5) insomnia or hypersomnia 6) psychomotor agitation or retardation 7) feelings of worthlessness or guilt 8) diminished ability to think or concentrate, or indecisiveness 9) recurrent thoughts of death or suicidal ideation</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Severity Assessed</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If **Yes**, report G8930
If **No**, report G8931 (Assessment of depression severity not documented, reason not given)

---

1This measure is intended to capture either an initial 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-TR criteria and severity was assessed during the visit in which the new diagnosis or recurrent episode was identified.