Screening for Clinical Depression and Follow-Up Plan

This measure is to be reported a minimum of once per reporting period for all patients aged 12 years and older seen by the clinician during the reporting period.

Measure description
Percentage of patients aged 12 years and older screened\(^1\) for clinical depression on the date of encounter using an age appropriate standardized depression screening tool\(^2\) AND, if positive, a follow-up plan\(^3\) is documented on the date of the positive screen

What will you need to report for each patient aged 12 and older?
If you select this measure for reporting, you will report:
- Whether or not the patient was screened for depression using a standardized depression screening tool\(^2\) AND documentation of a follow-up plan\(^3\), if appropriate

What if this process or outcome of care is not appropriate for your patient?
There may be times when it is not appropriate to screen for depression, due to:
- Documented reasons (e.g., 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 screening tools (i.e., certain court appointed cases or cases of delirium), patient has an active diagnosis of Depression or Bipolar Disorder)

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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\(^1\)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.

\(^2\)Standardized Depression Screening Tool — A normalized and validated depression screening tool developed for the patient population in which it is being utilized. 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

\(^3\)Follow-Up Plan — Proposed outline of treatment to be conducted as a result of positive clinical depression screening. Follow-up for a positive depression screening must include one (1) or more of the following: additional evaluation, 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.

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(Disclaimer, Copyright and other Notices indicated on the Coding Specifications document are incorporated by reference)
Screening for Clinical Depression and Follow-Up Plan

**Coding Specifications**

Codes required to document a visit occurred:

A CPT or HCPCS code is 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.

**CPT or HCPCS codes**

- 90791, 90792
- 90832, 90834, 90837, 90839
- 92557
- 92567
- 92568
- 92625, 92626
- 96150, 96151
- 97003
- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215
- G0101
- G0402
- G0438, G0439
- G0444

**Quality codes for this measure:**

**G-code descriptors**

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

- **G8431**: Positive screen for clinical depression with a documented follow-up plan
- **G8510**: Negative screen for clinical depression, follow-up not required
- **G8433**: Screening for clinical depression not documented, patient not eligible/appropriate
- **G8940**: Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate
- **G8432**: Clinical depression screening not documented, reason not given
- **G8511**: Positive screen for clinical depression documented, follow-up plan not documented, reason not given

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®) or other coding contained in the specifications. CPT contained in the Measure specifications is copyright 2004–2012 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.

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Physician Quality Reporting System 2013 Measure 134, Effective Date 01/01/2013

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## Screening for Clinical Depression and Follow-Up Plan

### Clinical Information

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

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<th>No</th>
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<tbody>
<tr>
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<td>Verify date of birth on claim form.</td>
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<table>
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<tbody>
<tr>
<td></td>
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<td>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.</td>
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#### Step 2  Does patient meet or have an acceptable reason for not meeting the measure?

**Clinical Depression Screening¹ Using a Standardized Depression Screening Tool² AND Follow-Up Plan³**

<table>
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<tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>G8433</td>
</tr>
</tbody>
</table>

- Document reason here and in medical chart.

If **No** is checked for **all** of the above, report G8432 (Clinical depression screening not documented, reason not given)

**OR**

G8511 (Positive screen for clinical depression documented, follow-up plan not documented, reason not given)

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*continued on next page*
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Follow-Up Plan — Proposed outline of treatment to be conducted as a result of positive clinical depression screening. Follow-up for a positive depression screening must include one (1) or more of the following: additional evaluation, 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/Not Appropriate — A patient is not eligible if one or more of the following conditions exist: 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 (i.e. certain court appointed cases or cases of delirium), patient has an active diagnosis of Depression or Bipolar Disorder.