

MSSP ACO Measure



Screening for Clinical Depression & Follow-Up Plan

- ◆ **Domain: Preventive Care and Screening**
- ◆ ACO 18
- ◆ PREV- 12
- ◆ PQRS - 134
- ◆ NQF 0418
- ◆ Measure Steward: CMS
- ◆ ACO submits data to CMS
- ◆ **CPT II coding required: YES**

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Tracking Performance for Quality Improvement

Screening for Clinical Depression and Follow-Up Plan

This measure looks at the percentage of patients aged **12 years and older** screened for clinical depression on the date of the encounter using **an age appropriate standardized depression screening tool** AND if positive, a follow-up plan is documented on the date of the positive screen.

Key:

Performance Met
Performance Not Met
Excluded from Performance Measurement

A higher score indicates better quality.

RATIONALE: The World Health Organization (WHO) found that major depression was the leading cause of disability worldwide. Depression causes suffering, decreases quality of life, and causes impairment in social and occupational functioning. It is associated with increased health care costs as well as with higher rates of many chronic medical conditions. Studies have shown that a higher number of depression symptoms are associated with poor health and impaired functioning, whether or not the criteria for a diagnosis of major depression are met. The negative outcomes associated with early onset depression, make it crucial to identify and treat depression in its early stages.

CLINICAL RECOMMENDATION STATEMENTS:

Adolescent Recommendation (12-18 years): The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up

Adult Recommendation (18 years and older): The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

Target Population	Procedure Codes & Code Descriptors
ELIGIBLE POPULATION	Choose one of the codes below:
All patients aged 12 years and older + Seen for a visit during the measurement year NUMERATOR: Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen EXCLUSIONS <ul style="list-style-type: none"> ■ PATIENT REASON: Patient refuses to participate ■ MEDICAL REASON: 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. For example: certain court appointed cases or cases of delirium ■ Patient has an active diagnosis of Depression ■ Patient has a diagnosed Bipolar Disorder 	Screening for Clinical Depression Documented as Positive, AND Follow-Up Plan Documented: HCPCS Code G8431
	Screening for Clinical Depression Documented as Negative, Follow-Up Plan not Required: HCPCS Code G8510
	Screening for Clinical Depression not Documented, Documentation States Patient not Eligible: HCPCS Code G8433
	Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible: HCPCS Code G8940
	Screening for Clinical Depression not Documented, Reason not Given: HCPCS Code G8432
	Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given: HCPCS Code G8511

To Determine the Denominator

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator.

Step 1: Identify all patients

aged 12 years and older

and

Patient encounter during the reporting period (CPT and HCPCS):


Screening for Clinical Depression and Follow-Up Plan: Eligible Cases

<p>Patients aged ≥ 12 years</p> <p>+</p> <p>Encounter during the measurement period</p> <p>Exclusions: Documentation of Medical / Patient Exclusions listed above</p>	<p>AND</p>	<p>Patient encounter during the reporting period (CPT or HCPCS)</p>
		<p>CPT</p>
		<p>90791, 90792, 90832, 90834, 90837, 90839, 92625, 96116, 96118, 96150, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215</p>
		<p>or</p> <p>HCPCS</p>
		<p>HCPCS G Code: G0101, G0402, G0438, G0439, G0444</p>

To Determine the Numerator

Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen

Numerator Instructions: The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record. The depression screening must be reviewed and addressed in the office of the provider filing the code on the date of the encounter.

 Quality data **HCPCS G codes** are used to report the numerator of the measure.


To Determine if patient is not eligible

See documentation of **Medical/Patient Exclusions**.




STRATEGIES TO IMPROVE AND ENHANCE YOUR PERFORMANCE

FREQUENCY: Screen Annually

 **REPORTING FREQUENCY:** This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period.

Measure Reporting via Claims:

- ★ CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator.
 -  Use correct diagnosis and procedure codes.
- ★ Quality data coding is used to identify the patients who pass the measure. Use **HCPCS G codes** to report compliance with the measure.
- ★ All measure-specific coding should be reported on the claim(s) representing the eligible encounter.
- ★ **Submit claims and encounter data in a timely manner.**
- ★ Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen
- ★ The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record. The depression screening must be reviewed and addressed in the office of the provider filing the code on the date of the encounter.
- ★ Screen all patients 12 years and older for depression using an age appropriate standardized depression screening tool
- ★ Screening should be completed in the office of the provider filing the code (Depression screening for this measure cannot be performed over the phone)

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

★ **Follow-up for a positive depression screening.**

- The follow up plan must be documented on the date of the positive screen.
- The follow up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening."
- Follow-up must include one or more of the following:
 - Additional evaluation for depression
 - 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

- ★ **Documentation from the provider that the patient does not have depression is not sufficient evidence of screening.** Screening component of the measure is looking at whether or not an age appropriate standardized screening tool was used.
- ★ If there is an indication that treatment by a mental health professional for depression or bipolar disorder began or a diagnosis was made prior to the first day of the measurement period, then the patient will be excluded from this measure. The diagnosis of depression needs to occur before Jan 1 of the measurement year.
- ★ If the diagnosis of depression occurred on or after Jan 1, there needs to be an evidence of a depression screen in the measurement period, Jan 1 to Dec 31.
- ★ Use most recent screening for depression
- ★ Although the patient may have access to the depression screening tool in advance of the appointment, the depression screening results must be documented on the date of the encounter (date of appointment). The results must be reviewed/verified and documented by the eligible professional in the medical record on the date of the encounter to meet the screening portion of this measure.
- ★ To exclude a patient for medical reasons, the provider needs to document it in the medical record as a medical reason for excluding.
- ★ If the patient has an active diagnosis of depression or bipolar disorder prior to the first day of the measurement period, select "No - Medical Reasons".
- ★ You need to have documentation that the age appropriate standardized depression screening tool was used, but the actual screening tool does not need to be present in its entirety, just the result of whether it revealed the patient to have depression.
- ★ If a patient was screened for depression and found positive for depression there must be a follow-up plan documented. There is not a patient exclusion reason available to exclude a patient from the required follow-up plan for a positive depression screening.
- ★ A patient is considered to have an active diagnosis of depression as long as they are currently being medically treated for depression. In order to medically exclude the patient with an active diagnosis of depression, the diagnosis is required to have occurred prior to the first day of the measurement period.

PREV 12: Depression Screening and Follow-up Plan

Summary

Description:

Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

Denominator Exclusions: Active diagnosis of depression or bipolar disorder

Denominator Exceptions: Medical reasons or patient reasons

What is the Quality Action?

Completion of a depression screening using an age appropriate standardized depression screening tool. If the screening is positive, a follow-up plan is also required.

A follow-up plan for a positive screen must contain one or more of the following:

- Additional evaluation for depression
- 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

Where may the Quality Action take place?

May take place in any setting. The patient may have access to the screening tool prior to the visit, but the results of the screening must be discussed during the visit.

Who may perform the Quality Action?

A qualified healthcare professional must administer the screening tool.

When must the Quality Action be performed?

The depression screening must be performed during the measurement period. If a follow-up plan is required, it must be documented on the date of the positive screen.

What are the documentation requirements relative to the Quality Action?

The patient's medical record must contain:

- The date and results of an age appropriate standardized depression screening tool;
- If a follow-up plan is required, documentation of discussion of the plan. The follow-up plan must be specified as an intervention that pertains to depression; or
- Documentation of the reason why the Quality Action is not performed due to an exception (see Data Guidance for specific medical or patient reason exceptions); or documentation of exclusion criteria.

2015 MSSP Reporting

Data Collection Form

Screening for Clinical Depression and Follow-Up Plan

Target Population Age: Patients aged **12 years and older**

Patient Name: _____ (First) (M.I.) (Last) DOB: _____ mm / dd / yyyy

Gender: M F Medical Record Number: _____ Date of Service : _____ mm / dd / yyyy

Step 1 ⇨ **Determine if the patient is eligible for this measure?**

Q1: Is the patient 12 years of age or older?

Yes
Continue to **Q2**

No
Stop

Q2: Was the patient was seen for a visit in the measurement year?

Yes
Continue to **Q3**

No
Stop

Q3: Are there any exclusions for patient disqualification from the measure?

No
Continue to **Q4**

Yes
Go to **Q5** to specify reason

Step 2 ⇨ **Did you meet the measure?**

Q4: Determine if the patient was screened for clinical depression using an age appropriate standardized tool during the measurement period and screening was performed in the office of the provider.

Note: Use most recent screening for depression

Yes
Continue to **Q6**

No
If, go to **Q5**

Q5: Determine if there is documented medical or patient reason(s) for not screening the patient for clinical depression

(a) Medical Reasons: Select this option if the patient was not screened for clinical depression using a standardized tool due to medical reasons and the reason is documented.

(b) Patient Reasons: Select this option if the patient was not screened for clinical depression using a standardized tool due to patient reasons and the reason is documented

(c) No Reason Documented

If (a) or (b) or (c) are checked, Stop.

Q6: Determine if the patient's screen was positive for clinical depression using a standardized tool

Not Positive <input type="checkbox"/> If selected - do not answer Follow-Up Plan	Positive <input type="checkbox"/> If selected – Go To Q7 for Follow-Up Plan
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Q7: If the patient had a positive screen for clinical depression, determine if a follow-up plan for depression was documented during the measurement period. Note: The follow up plan must be documented on the date of the positive screen

Yes - Documented <input type="checkbox"/>	No – Not Documented <input type="checkbox"/>
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Step 3 → Reporting Options

Check One:

Screening for clinical depression is documented as being positive AND a follow-up plan is documented	<input type="checkbox"/>	HCPCS Code G8431
Screening for clinical depression is documented as negative , a follow-up plan is not required	<input type="checkbox"/>	HCPCS Code G8510
Screening for clinical depression not documented , documentation stating the patient is not eligible	<input type="checkbox"/>	HCPCS Code G8433
Screening for clinical depression documented as positive, a follow-up plan not documented , documentation stating the patient is not eligible	<input type="checkbox"/>	HCPCS Code G8940
Clinical depression screening not documented , Reason not given	<input type="checkbox"/>	HCPCS Code G8432
Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented , Reason not Given	<input type="checkbox"/>	HCPCS Code G8511

For Practice Use: Form Completed by: _____

Date: _____