

▲Measure #106: Patients who have Major Depression Disorder who meet DSM IV Criteria

DESCRIPTION:

Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) who met the DSM-IV™ criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period

INSTRUCTIONS:

This measure is to be reported once for each occurrence of a new diagnosis or recurrent episode of MDD occurring prior to or during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. An occurrence of a new diagnosis or recurrent episode of MDD and DSM-IV™ diagnostic evaluation will be identified through the submission of CPT II code 1040F and G-code G8467 for an individual patient. The CPT II code for diagnostic evaluation should be reported once until remission occurs. At the time of remission, G-code G8466 should be reported to indicate the current occurrence of MDD has been resolved.

This measure is reported using CPT Category II codes and/or G-codes:

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes and/or G-codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes and the appropriate CPT Category II code **AND/OR** G-code **OR** the CPT Category II code **with** the modifier **AND** G-code. The reporting modifier allowed for this measure is: 8P- reasons not otherwise specified. There are no allowable performance exclusions for this measure.

NUMERATOR:

Patients with documented evidence that they met the DSM-IV™ criteria [At least 5 elements (must include: 1) depressed mood or 2) loss of interest or pleasure) with symptom duration of 2 weeks or longer] during the visit in which the new diagnosis or recurrent episode was identified.

Definitions:

- DSM-IV™ criteria includes presence of depressed mood, marked diminished interest/pleasure, significant weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness, diminished ability to concentrate and recurrent suicidal ideation.
- Patient is considered to be in remission if he/she no longer meets DSM-IV™ criteria.

NUMERATOR NOTE: *The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes. This includes patients whose occurrences of MDD began prior to the reporting period and are still receiving treatment for an occurrence of MDD.*

Numerator Coding:

DSM-IV™ Criteria for Major Depressive Disorder Documented

(One CPT II code & one G-code [1040F & G8467] are required on the claim form to submit this category)

CPT II 1040F: DSM-IV™ criteria for major depressive disorder documented at the initial evaluation

AND

G8467: Documentation of new diagnosis of initial or recurrent episode of major depressive disorder

OR

G8466: Report if patient is not eligible for this measure because their MDD is in remission.

OR

DSM-IV™ Criteria for Major Depressive Disorder not Documented, Reason not Specified

(One CPT II code & one G-code [1040F-8P & G8467] are required on the claim form to submit this category)

Append a reporting modifier (8P) to CPT Category II code 1040F to allow the reporting of circumstances when an action described in a measure's numerator is not performed and the reason is not otherwise specified.

- **1040F with 8P:** DSM-IV™ criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified

AND

G8467: Documentation of new diagnosis of initial or recurrent episode of major depressive disorder

DENOMINATOR:

All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD

Denominator Coding:

An ICD-9 diagnosis code for major depressive disorder and a CPT E/M service code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 296.20, 296.21, 296.22, 296.23, 296.24, 296.30, 296.31, 296.32, 296.33, 296.34

AND

CPT E/M service codes: 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

RATIONALE:

Thorough assessment of depressive symptoms sets the basis for accurate diagnosis and treatment of major depressive disorder.

CLINICAL RECOMMENDATION STATEMENTS:

Successful treatment of patients with major depressive disorder is promoted by a thorough assessment of the patient. (APA; Level I Recommendation)

Diagnostic criteria for 296.20-296.24- Major Depressive Disorder, Single Episode

- A. Presence of a single Major Depressive Episode.
- B. The Major Depressive Episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
- C. There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode.
Note: This exclusion does not apply if all of the manic-like, mixed-like, or hypomanic-like episodes are substance or treatment induced or are due to the direct physiological effects of a general medical condition. (DSM IV)

Diagnostic criteria for 296.30-296.34- Major Depressive Disorder, Recurrent

- A. Presence of two or more Major Depressive Episodes.
Note: To be considered separate episodes, there must be an interval of at least 2 consecutive months in which criteria are not met for a Major Depressive Episode.
- B. The Major Depressive Episodes are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
- C. There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode.
Note: This exclusion does not apply if all of the manic-like, mixed-like, or hypomanic-like episodes are substance or treatment induced or are due to the direct physiological effects of a general medical condition. (DSM IV)

A. At least five of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure (do not include symptoms that are clearly due to general medical condition or mood-incongruent delusions or hallucinations).

- 1) Depressed mood most of the day, nearly every day as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)
- 2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
- 3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% body weight in a month), or decrease in appetite nearly every day
- 1) Insomnia or hypersomnia nearly every day
- 2) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- 3) Fatigue or loss of energy nearly every day
- 4) Feelings of worthlessness or excessive inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

- 5) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or observed by others)
 - 6) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide
- B. The symptoms do not meet criteria for a mixed episode
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism)
- E. The symptoms are not better accounted for by bereavement, i.e., 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. (DSM-IV)