

# Major Depressive Disorder (MDD)

## Patients who have Major Depression Disorder who are Assessed for Suicide Risks

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a new diagnosis or recurrent episode of major depressive disorder.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is patient undergoing active treatment for a new diagnosis or recurrent episode of Major Depressive Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> (ie, patient is in remission), report only 3092F and STOP. If <b>Yes</b> , report 3093F and proceed to Step 3.
Step 3 Does patient meet the measure?			
Suicide Risk	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Assessed	<input type="checkbox"/>	<input type="checkbox"/>	3085F
			If <b>No</b> is checked for the above, report 3085F-8P (Suicide risk not assessed, reason not otherwise specified.)