Major Depressive Disorder (MDD)

Diagnostic Evaluation

PQRI Data Collection Sheet

		/ /	☐ Male ☐ Female
Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)	Gender
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 on date of encounter.	☐	☐	Verify date of birth on claim form.
Patient has a line item diagnosis of new or recurrent episode of MDD.	☐	☐	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.
There is a CPT Code for this visit.	☐	☐	
If **No** is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient meet the measure?

DSM-IV Criteria for Major Depressive Disorder	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (or Service Line 24 of Electronic Claim Form)
During the visit in which the new diagnosis or recurrent episode was identified,[1] at least 5 of the following symptoms have been documented as present during the same two week period (must include symptom 1 or 2): 1) depressed mood 2) marked diminished interest/pleasure 3) significant weight loss or weight gain 4) insomnia or hypersomnia 5) psychomotor agitation or retardation 6) fatigue or loss of energy 7) feelings of worthlessness 8) diminished ability to concentrate 9) recurrent suicidal ideation	☐	☐	1040F
			If **No** is checked for the above, report 1040F–8P (DSM-IV criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified.)

[1]This measure is to be reported a minimum of **once per reporting period** for patients seen during the reporting period with a new diagnosis 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 criteria was documented during the visit in which the new diagnosis or recurrent episode was identified.