

## Screening for Clinical Depression

*To be collected on all patients aged 18 years and older at least one time in the reporting period.*

### Measure Description

Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool.

### Reporting Instructions

This measure is to be reported a minimum of once for each patient age 18 years and older seen during the reporting period. The performance period for this measure is 12 months. This measure may be reported by MD/DO clinicians who perform the quality actions described in the measure based on the services provided.

This measure can be reported using G-codes.

### What will you need to report for each patient?

If you select this measure for reporting, you will report:

- Patients that have been screened for clinical depression using a standardized tool or patients that have documentation that they were unable to be screened.

### What if the patient is unable to be screened for clinical depression?

There may be times when a patient is unable to be screened for clinical depression. These include:

- Patient refuses screening.
- 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 motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court-appointed cases.
- Patient was referred with a diagnosis of depression.
- Patient has been participating in ongoing treatment with screening of clinical depression in a preceding reporting period.
- Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases such as delirium or severe cognitive impairment, where depression cannot be accurately assessed through use of nationally recognized standardized depression assessment tools.

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code that represents these valid reasons (also called exclusions).

## Screening for Clinical Depression

### 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 Visit	

### Clinical Information

### Billing Information

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

	Yes	No	Code Required on Claim Form
Patient is aged 18 years or older	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form
There is a CPT Service Code for this evaluation	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes

\*If **No** is checked for any of the above, STOP. Do not report a G code.

#### Step 2 Does patient meet or have an acceptable reason for not meeting the measure?

	Yes	No	Code Required on Claim Form
<b>YES should only be checked <u>ONE</u> time when choosing a statement below.</b>			If Yes, Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Documentation of clinical depression screening using a standardized tool.	<input type="checkbox"/>	<input type="checkbox"/>	<b>G8431</b>
No documentation of clinical depression screening using a standardized tool. <b>(Reason not specified)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>G8432</b>
Patient refuses screening.	<input type="checkbox"/>	<input type="checkbox"/>	<b>G8433</b>
Patient is in an urgent/emergent situation.	<input type="checkbox"/>	<input type="checkbox"/>	<b>G8433</b>
Patient's motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools.	<input type="checkbox"/>	<input type="checkbox"/>	<b>G8433</b>
Patient was referred with a diagnosis of depression.	<input type="checkbox"/>	<input type="checkbox"/>	<b>G8433</b>
Patient has been participating in ongoing treatment with screening of clinical depression in a preceding reporting period	<input type="checkbox"/>	<input type="checkbox"/>	<b>G8433</b>
Patient suffers severe mental and/or physical incapacity and is unable to express himself/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<b>G8433</b>

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### Coding Specifications

Codes required to report patients that were screened for clinical depression using a standardized tool.

A CPT Service Code is required to identify patients to be included in this measure.

#### CPT Service Codes:

- 90801
- 90802
- 90804-90809
- 97003

Quality codes to be reported (At least one of the following for every eligible patient):

- **G8431:** Documentation of clinical depression screening using a standardized tool.
- **G8432:** No documentation of clinical depression screening using a standardized tool.
- **G8433:** Patient not eligible/not appropriate for clinical depression screening.