

◆ **Measure #9 (NQF 0105): Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD**

2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:

Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase

INSTRUCTIONS:

This measure is to be reported for **each occurrence** of MDD 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.

Measure Reporting via Claims:

ICD-9-CM diagnosis codes, CPT or HCPCS codes, and patient demographics are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-9-CM diagnosis codes, CPT or HCPCS codes, and the appropriate numerator G-code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

ICD-9-CM diagnosis codes, CPT or HCPCS codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

Patients 18 years and older diagnosed with a new episode of MDD (major depression) and treated with antidepressant medication

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for MDD (ICD-9-CM): 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 298.0, 300.4, 309.0, 309.1, 311

Diagnosis for MDD (ICD-10-CM) [REFERENCE ONLY/Not Reportable]: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.8, F33.9, F34.1

AND

Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 90845, 90849, 90853, 99078, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402

NUMERATOR:

Patients with an 84-day (12-week) acute treatment of antidepressant medication

Numerator Instructions: Report **G8126:** 1) For all patients with a diagnosis of Major Depression, New Episode who were prescribed a full 12-week course of antidepressant medication OR 2) At the completion of a 12-week course of antidepressant medication.

Definition:

New Episode – Patient with major depression who has not been seen or treated for major depression by any practitioner in the prior 4 months. A new episode can either be a recurrence for a patient with prior major depression or a patient with a new onset of major depression.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Acute Treatment with Antidepressant Medication

G8126: Patient with new episode of MDD documented as being treated with antidepressant medication during the entire 12 week acute treatment phase

OR

Acute Treatment with Antidepressant Medication not Completed for Documented Reasons

G8128: Clinician documented that patient with a new episode of MDD was not an eligible candidate for antidepressant medication treatment or patient did not have a new episode of MDD

OR

Acute Treatment with Antidepressant Medication not Completed, Reason not Given

G8127: Patient with new episode of MDD **not** documented as being treated with antidepressant medication during the entire 12 week acute treatment phase

RATIONALE:

Affecting more than 26 percent of the U.S. adult population, depression is the most common type of mental illness (Kessler, 2005) and can be debilitating. However, medication has been shown to bring depressive moods under control and prevent relapse once a patient's mood has been stabilized. Despite this, more than 50 percent of patients discontinue antidepressant medications during the maintenance phase (i.e. between one and six months after starting treatment). Premature discontinuation of treatment is associated with higher rates of depression relapse and major depressive episodes (Melartin, 2005). Continuation of treatment is important to curb health and economic strains on society.

Clinical guidelines for depression stress the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness, and identifying and managing side effects. If pharmacological treatment is initiated, appropriate dosing and continuation of therapy through the acute and continuation phases decrease recurrence of depression. Thus, evaluation of length of treatment serves as an important indicator of success in promoting patient compliance with the establishment and maintenance of an effective medication regimen.

CLINICAL RECOMMENDATION STATEMENTS:

Depression affects nearly 15 million adults in the U.S. (NAMI, 2009) and is estimated to affect nearly a quarter of adults in their lifetime. (Borcusa, 2007) Symptoms of depression include appetite and sleep disturbances, anxiety, irritability and decreased concentration. (Charbonneau, 2005) The American Psychiatric Association recommends use of antidepressant medication and behavioral therapies, such as psychotherapy, to treat depression. (APA, 2010)

For the past 50 years, antidepressant medication has proven to be effective—especially for patients with more severe symptoms. (Fournier, 2010) Among patients who initiate antidepressant treatment, one in three discontinues treatment within one month, before the effect of medication can be assessed, and nearly one in two discontinues treatment within three months. (Simon, 2002)

Date: 12/19/2012

Version 7.2

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