

Measure #9 (NQF 0105): Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD (patients 18 years and older)

To report this measure

IF the claim includes one of the following ICD-9-CM diagnoses:

296.20, 296.21, 296.22, 296.33, 296.34, 296.35, 298.0, 300.4, 309.0, 309.1, 311

AND

ALSO INCLUDES one of the following CPT codes: 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

The provider may use the following code to satisfy the reporting requirement:

G8126 - Acute Treatment with Antidepressant Medication

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

This reporting measure may be utilized for all patients with a diagnosis of MDD, New Episode either (i) when they are first prescribed a medication intended to be tried for at least 12 weeks or (ii) at the completion of a 12-week course of antidepressant medication. Therefore, this reporting measure may be utilized either at the beginning of the 12-week period or at the completion of the 12-week period and may be reported in connection with both new patient codes (e.g., 90792 and 99201-99205) as well as established patient codes.

Definition of 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.

Measure #247: Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence

To report this measure

Patients aged 18 years and older with a diagnosis of current alcohol dependence, counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period.

AND

Claim form includes one of the following ICD-9-CM codes: 303.90, 303.91, 303.92

AND

Also includes one of the following CPT codes: 90791, 90792, 90832, 90834, 90837, 90839, 90845, 96150, 96152, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

The provider may include the following code on the claim form to satisfy the reporting requirement:

4320F: Patient counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence

Measure #130 (NQF 0419): Documentation of Current Medications in the Medical Record (patients 18 years and older)

To report this measure

Patients must be aged 18 years and older. Provider attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals and vitamin/mineral/dietary supplements AND must contain the medications' name, dosage, frequency and route of administration.

AND

Claim form includes one of the following CPT codes: 90791, 90792, 90832, 90834, 90837, 90839, 90957, 90958, 90959, 90960, 90962, 90965, 90966, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 92541, 92542, 92543, 92544, 92545, 92547, 92548, 92557, 92567, 92568, 92570, 92585, 92588, 92626, 96116, 96150, 96152, 97001, 97002, 97003, 97004, 97532, 97802, 97803, 97804, 98960, 98961, 98962, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0270, G0402, G0438, G0439

The provider may include the following code on the claim form to satisfy the reporting requirement:

G8427: Eligible professional attests to documenting the patient's current medications to the best of his/her knowledge and ability

Measure #47: Advance Care Plan

To report this measure

Patients aged 65 years and older

AND

Includes one of the following CPT codes: **99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G402**

The provider may include one of the following codes on the claim form to satisfy the reporting requirement:

1123F: Advance Care Planning discussed and documented in the medical record; advance care plan or surrogate decision maker documented in the medical record

OR

1124F: Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

A full listing of the 2013 Quality Measures can be found on the CMS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>