

**Major Depressive Disorder**  
***Physician Performance Measurement Set***

***Approved by the PCPI***  
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Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement® (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

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**Purpose of Measures:**

These clinical performance measures, developed by the Physician Consortium for Performance Improvement® (Consortium), and are designed for individual quality improvement. Unless otherwise indicated, the measures are also appropriate for accountability if appropriate methodological, statistical, and implementation rules are achieved.

**Accountability Measures:**

Measure #1: Diagnostic Evaluation

Measure #2: Suicide Risk Assessment

**Intended Audience and Patient Population:**

These measures are designed for use by physicians and for calculating reporting or performance measurement at the individual physician level. When existing hospital-level or plan-level measures are available for the same measurement topics, the Consortium attempts to harmonize the measures to the extent feasible.

These measures are designed for physicians who manage the ongoing care of patients (aged 18 years and older) with a diagnosis of major depressive disorder.

The Consortium also encourages the use of these measures by other health care professionals, where appropriate.

**Measure Specifications**

The Consortium seeks to specify measures for implementation using multiple data sources, including paper medical record, administrative (claims) data, and particular emphasis on Electronic Health Record Systems (EHRS). Draft specifications to report on these measures for major depressive disorder using administrative (claims) data are included in this document. We have identified codes for these measures, including ICD-9 and CPT (Evaluation & Management Codes, Category I and where Category II codes would apply). Specifications for additional data sources, including EHRS, will be fully developed at a later date. We welcome comments on the draft specifications included in addition to the measure language.

**Measure Exclusions:**

For process measures, the Consortium provides three categories of reasons for which a patient may be excluded from the denominator of an individual measure:

**1. Medical reasons**

Includes:

- not indicated (absence of organ/limb, already received/performed, other)
- contraindicated (patient allergic history, potential adverse drug interaction, other)
- intolerant

**2. Patient reasons**

Includes:

- patient declined
- economic, social, or religious reasons
- other patient reasons

**3. System reasons**

Includes:

- resources to perform the services not available
- insurance coverage/payor-related limitations
- other reasons attributable to health care delivery system

These measure exclusion categories are not available uniformly across all measures; for each measure, there must be a clear rationale to permit an exclusion for a medical, patient, or system reason. The exclusion of a patient may be reported by appending the appropriate modifier to the CPT Category II code designated for the measure:

- **Medical reasons**: modifier 1P
- **Patient reasons**: modifier 2P
- **System reasons**: modifier 3P

Although this methodology does not require the external reporting of more detailed exclusion data, the Consortium recommends that physicians document the *specific* reasons for exclusion in patients' medical records for purposes of optimal patient management and audit-readiness. The Consortium also advocates the systematic review and analysis of each physician's exclusions data to identify practice patterns and opportunities for quality improvement. For example, it is possible for implementers to calculate the percentage of patients that physicians have identified as meeting the criteria for exclusion.

Please refer to documentation for each individual measure for information on the acceptable exclusion categories and the codes and modifiers to be used for reporting.

Measures #1-2 in the Major Depressive Disorder measurement set are process measures.

For **outcome measures**, the Consortium specifically identifies all acceptable reasons for which a patient may be excluded from the denominator. Each specified reason is reportable with a CPT Category II code designated for that purpose.

There are no outcome measures in the Major Depressive Disorder measurement set.

The Consortium continues to evaluate and likely will evolve its methodology for handling exclusions as it gains experience in the use of the measures. The Consortium welcomes comments on its exclusions methodology.

### **Data Capture and Measure Calculation**

The Consortium intends for physicians to collect data on each patient eligible for a measure. Feedback on measures should be available to physicians by patient to facilitate patient management and in aggregate to identify opportunities for improvement across a physician's patient population.

Measure calculations will differ depending on whether a rate is being calculated for performance or reporting purposes.

The method of calculation for performance follows these steps: first, identify the patients (or reports) who meet the eligibility criteria for the denominator (PD); second, identify which of those patients (or reports) meet the numerator criteria (A); and third, for those patients (or reports) who do not meet the numerator criteria, determine whether an appropriate exclusion applies and subtract those patients from the denominator (C). (see examples below)

The methodology also enables implementers to calculate the rates of exclusions and to further analyze both low and high rates, as appropriate (see examples below).

The method of calculation for reporting differs. One program which currently focuses on reporting rates is the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI). Currently, under that program design, there will be a reporting denominator determined solely from claims data (CPT and ICD-9), which in some cases result in a reporting denominator that is much larger than the eligible population for the performance denominator. Additional components of the reporting denominator are explained below.

The components that make up the numerator for reporting include all patients/reports from the eligible population for which the physician has reported, including: the number of patients/reports who meet the numerator criteria (A), the number of patients/reports for whom valid exclusions apply (C) and also the number of patients/reports who do not meet the numerator criteria (D). These components, where applicable, are summed together to make up the inclusive reporting numerator. The calculation for reporting will be the reporting numerator divided by the reporting denominator. (see examples below).

Examples of calculations for reporting and performance are provided for each measure.

#### **Calculation for Performance**

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

#### **Numerator (A) Includes:**

Number of patients/reports meeting numerator criteria

**Performance Denominator (PD) Includes:**

Number of patients/reports meeting criteria for denominator inclusion

**Denominator Exclusions (C) Include:**

Number of patients/reports with valid medical, patient or system exclusions (where applicable; will differ by measure)

**Performance Calculation**

$$\frac{A \text{ (# of patients meeting numerator criteria)}}{\text{PD (# patients in denominator)} - C \text{ (# patients with valid denominator exclusions)}}$$

It is also possible to calculate the percentage of patients excluded overall, or excluded by medical, patient, or system reason where applicable:

**Overall Exclusion Calculation**

$$\frac{C \text{ (# of patients with any valid exclusion)}}{\text{PD (# patients in denominator)}}$$

OR

**Exclusion Calculation by Type**

$$\frac{C_1 \text{ (# patients with medical reason)}}{\text{PD (# patients in denominator)}}$$

$$\frac{C_2 \text{ (# patients with patient reason)}}{\text{PD (# patients in denominator)}}$$

$$\frac{C_3 \text{ (# patients with system reason)}}{\text{PD (# patients in denominator)}}$$

**Calculation for Reporting**

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

**Reporting Numerator includes each of the following components, where applicable. (There may be instances where there are no patients to include in A, C, D, or E).**

**A.** Number of patients/reports meeting additional denominator criteria (for measures where true denominator cannot be determined through ICD-9 and CPT Category I coding alone) AND numerator criteria

**C.** Number of patients/reports with valid medical, patient or system exclusions (where applicable; will differ by measure)

**D.** Number of patients/reports not meeting numerator criteria and without a valid exclusion

**E.** All other patients/reports not meeting additional denominator criteria (for measures where true denominator cannot be determined through ICD-9 and CPT Category I coding alone)

**Reporting Denominator (RD) Includes:**

**RD.** Denominator criteria (identifiable through ICD-9 and CPT Category I coding)

**Reporting Calculation**

$$\frac{A \text{ (# of patients meeting additional denominator criteria AND numerator criteria)} + C \text{ (# of patients with valid exclusions)} + D \text{ (# of patients meeting additional denominator criteria NOT meeting numerator criteria)} + E \text{ (# of patients not meeting additional denominator criteria)}}{\text{RD (# of patients in denominator)}}$$

**Major Depressive Disorder (MDD)  
Measure #1: Diagnostic Evaluation**

This measure may be used as an Accountability measure.

<b>Clinical Performance Measure</b>
<p><b>Numerator:</b> Patients with documented evidence that they met the DSM-IV™ criteria [At least 5 elements (must include: 1) depressed mood or 2) loss of interest or pleasure) with symptom duration of 2 weeks or longer] during the visit in which the new diagnosis or recurrent episode was identified.</p> <p><b>Definitions:</b> DSM-IV™ criteria includes presence of depressed mood, marked diminished interest/pleasure, significant weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness, diminished ability to concentrate and recurrent suicidal ideation.</p> <p>Patient is considered to be in remission if he/she no longer meets DSM-IV™ criteria.</p> <p><b>Denominator:</b> All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD</p> <p><b>Denominator Exclusions:</b> None</p> <p><b>Measure:</b> Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) who met the DSM-IV™ criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period</p>
<p><b>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</b></p> <p>Patients with major depressive disorder symptoms should receive a thorough diagnostic evaluation to 1) confirm the diagnosis of a major depressive disorder and 2) reveal the presence of other psychiatric or general medical conditions. (APA)</p> <p>Patients with major depressive disorder symptoms should receive a thorough diagnostic evaluation both to determine whether a diagnosis of depression is warranted and to reveal the presence of other psychiatric or general medical conditions. The general principles and components of a complete psychiatric evaluation have been outlined in the American Psychiatric Association's <i>Practice Guideline for Psychiatric Evaluation of Adults</i>. These should include a history of the present illness and current symptoms; a psychiatric history, including symptoms of mania as well as a treatment history that particularly notes current treatments and responses to previous treatments; a general medical history and history of substance use disorders; a personal history (e.g., psychological development, response to life transitions, and major life events); a social, occupational, and family history; a review of the patient's medications; a review of systems; a mental status examination; a physical examination; and diagnostic tests as indicated. (APA)</p> <p>The criteria for a major depressive disorder includes five (or more) of nine specific symptoms which have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure. In addition, the symptoms do not meet criteria for a mixed episode (e.g., criteria for both a manic episode and for a major depressive disorder are exhibited nearly daily). The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms are not due to the direct physiological effects of a substance or a general medical condition. The symptoms are not due to bereavement and they persist longer than two months. The symptoms may be characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation. (DSM-IV)</p>
<p><b>Rationale for the Measure:</b> Thorough assessment of depressive symptoms sets the basis for accurate diagnosis and treatment of major depressive disorder.</p>

**Data Capture and Calculations:**

**Calculation for Performance**

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.

**Numerator (A) Includes:**

- Patients with documented evidence that they met the DSM-IVTM criteria

**Denominator (PD) Includes:**

- All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD

**Performance Calculation**

$$\frac{\text{A (\# of patients meeting measure criteria)}}{\text{PD (\# of patients in denominator)}}$$

Components for this measure are defined as:

<b>A</b>	# of patients with documented evidence that they met the DSM-IVTM criteria
<b>PD</b>	# of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD

**Calculation for Reporting**

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

**Reporting Numerator includes each of the following instances:**

- A. Patients with documented evidence that they met the DSM-IVTM criteria
- D. Patients with no documented evidence that they met the DSM-IVTM criteria
- E. Patients with MDD in remission

**Reporting Denominator (RD) Includes:**

- All patients aged 18 years and older with a diagnosis of MDD

**Reporting Calculation**

$$\frac{\text{A(\# of patients meeting additional denominator criteria AND numerator criteria) + D(\# of patients NOT meeting numerator criteria) + E(\# of patients not meeting additional denominator criteria)}}{\text{RD (\# of patients in denominator)}}$$

Components for this measure are defined as:

<b>A</b>	# of patients with documented evidence that they met the DSM-IVTM criteria
<b>D</b>	# of patients with <u>no</u> documented evidence that they met the DSM-IVTM criteria
<b>E</b>	# of patients with MDD in remission
<b>RD</b>	# of patients aged 18 years and older with a diagnosis of MDD

**Measure Specifications – Measure #1: Diagnostic Evaluation**

Measure specifications will be provided for multiple data sources.

**A. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD

**ICD-9 diagnosis codes**: 296.20, 296.21, 296.22, 296.23, 296.24, 296.30, 296.31, 296.32, 296.33, 296.34

**AND**

**CPT service codes**: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 9935, 99355, 99385, 99386, 99387, 99401, 99402, 99403, 99404, 90801, 90802

**AND**

**CPT Category II code**: 3093F - Documentation of a new diagnosis or recurrent episode of MDD

Numerator: Patients with documented evidence that they met the DSM-IVTM criteria

- **Report the CPT Category II code designated for this numerator:**
  - 1040F: DSM-IV™ criteria for MDD documented

Denominator Exclusion: None

**B. Electronic Health Record System (in development)**

**C. Paper Medical Record (in development)**

**Major Depressive Disorder (MDD)  
Measure #2: Suicide Risk Assessment**

This measure may be used as an Accountability measure.

Clinical Performance Measure
<p><b>Numerator:</b> Patients who had suicide risk assessment completed at each visit</p> <p><b>Denominator:</b> All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD</p> <p><b>Denominator Exclusions:</b> None</p> <p><b>Measure:</b> Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) who had a suicide risk assessment completed at each visit during the measurement period</p>
<p><b>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</b></p> <p>A careful assessment of the patient's risk for suicide is crucial. An assessment of the presence of suicidal ideation is essential, including the degree to which the patient intends to act on any suicidal ideation and the extent to which the patient has made plans for or begun to prepare for suicide. (APA)</p> <p>The components of an evaluation for suicide risk should include:</p> <ol style="list-style-type: none"><li>1) An assessment of the presence of suicidal or homicidal ideation, intent, or plans</li><li>2) Access to means for suicide and the lethality of those means</li><li>3) Presence of psychotic symptoms, command hallucinations, or severe anxiety</li><li>4) Presence of alcohol or substance abuse</li><li>5) History of seriousness of previous attempts</li><li>6) Family history or recent exposure to suicide (APA)</li></ol>
<p><b>Rationale for the measure:</b></p> <p>Research has shown that patients with major depressive disorder are at a high risk for suicide, which makes this assessment an important aspect of care that should be assessed at each visit.</p>
<p><b>Data Capture and Calculations:</b></p> <p><b>Calculation for Performance</b></p> <p>For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.</p> <p><b>Numerator (A) Includes:</b></p> <ul style="list-style-type: none"><li>• Patients who had suicide risk assessment completed at each visit</li></ul> <p><b>Denominator (PD) Includes:</b></p> <ul style="list-style-type: none"><li>• All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD</li></ul>

### Performance Calculation

$\frac{A \text{ (# of patients meeting measure criteria)}}{PD \text{ (# of patients in denominator)}}$
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Components for this measure are defined as:

<b>A</b>	# of patients who had suicide risk assessment completed at each visit
<b>PD</b>	# of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD

#### Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

**Reporting Numerator** includes each of the following instances:

- A. Patients who had suicide risk assessment completed at each visit
  
- D. Patients who did not have a suicide risk assessment completed at each visit
  
- E. Patients with MDD in remission

**Reporting Denominator (RD) Includes:**

- All patients aged 18 years and older with a diagnosis of MDD

### Reporting Calculation

$\frac{A(\text{\# of patients meeting additional denominator criteria AND numerator criteria}) + D(\text{\# of patients NOT meeting numerator criteria}) + E(\text{\# of patients not meeting additional denominator criteria})}{RD \text{ (\# of patients in denominator)}}$
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Components for this measure are defined as:

<b>A</b>	# of patients who had suicide risk assessment completed at each visit
<b>D</b>	# of patients who did <u>not</u> have a suicide risk assessment completed at each visit
<b>E</b>	# of patients with MDD in remission
<b>RD</b>	# of patients aged 18 years and older with a diagnosis of MDD

**Measure Specifications** – Measure #2: Suicide Risk Assessment

Measure specifications will be provided for multiple data sources.

**D. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD

**ICD-9 diagnosis codes:** 296.20, 296.21, 296.22, 296.23, 296.24, 296.30, 296.31, 296.32, 296.33, 296.34

**AND**

**CPT service codes:** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 9935, 99355, 99385, 99386, 99387, 99401, 99402, 99403, 99404, 90801, 90802, 90805, 90807, 90809, 90811, 90813, 90815, 90804, 90806, 90808, 90810, 90812, 90814, 90845, 90847, 90849, 90853, 90857, 90862

**AND**

**CPT Category II code:** 3093F - Documentation of a new diagnosis or recurrent episode of MDD

Numerator: Patient who had suicide risk assessment completed at each visit

- **Report the CPT Category II code designated for this numerator:**
  - 3085F: Suicide risk assessed

Denominator Exclusion: None

**E. Electronic Health Record System** (*in development*)

**F. Paper Medical Record** (*in development*)

## References

American Psychiatric Association. Practice guidelines for the treatment of patients with major depressive disorder (revision). *Am J Psychiatry*. 2000;157(suppl 4): 1-45.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. American Psychiatric Association. 1994.