

# CMS Measure ID 134: Preventative Care and Screening: Screening for Depression and Follow-Up Plan

07/08/2024 7:50 pm EDT



You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data in multiple places. Please see our [article](#) on all the areas in DrChrono where you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

## My Measures

Select, review, and change the measures you will be reporting.

### Notifications

-  You have met the measure selection requirements
-  You may now proceed with entering patient visits

[Select Measures](#) [Checklist](#)

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#134 **Preventative Care and Screening: Screening for Depression and Follow-Up Plan** ✕

Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

[View details](#)

## Description

Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days before the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

## Instructions

This measure is to be submitted a minimum of once per measurement period for patients seen during the measurement period. The most recent screening submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The follow-up plan must be related to a positive depression screening, for example: "Patient referred for psychiatric evaluation due to positive depression screening."

**NOTE:** Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or

POS 02 modifiers) are allowable.

## Measure Submission Type

Measure data may be submitted by individual MIPS-eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS-eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding the Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

## Denominator

All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period.

### Definition

Not Eligible for Depression Screening or Follow-Up Plan (Denominator Exclusion)

- Patients who have been diagnosed with depression: F01.51, F32.A, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340, O99.341, O99.342, O99.343, O99.345
- Patients who have been diagnosed with bipolar disorder: F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9

**DENOMINATOR NOTE:** The measure intends to screen for depression in patients who have never had a diagnosis of depression or bipolar disorder before the eligible encounter used to evaluate the numerator. Patients who have ever been diagnosed with depression or bipolar disorder will be excluded from the measure.

### Denominator Criteria

Patients aged  $\geq 12$  years on the date of the encounter.

Date of birth information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient's Date of Birth**.

The screenshot displays a patient chart for Jenny (Jen) Harris. The left sidebar contains a navigation menu with the following items: '+ Add new patient', 'Demographics', 'Appointments', 'Clinical Dashboard', 'Documents', 'Eligibility', 'Tasks', 'Problem List', 'Medication List', 'Send eRx', 'Allergy List', and 'Demographics'. The 'Demographics' tab is selected and highlighted. The main content area shows the patient's profile with the following information:

- Patient Name:** Jenny (Jen) Harris (Female | 43 years old | Feb. 11, 1980)
- Phone:** (443) 555-5555
- Email:** sample@sample.com
- Date Added:** Oct. 13, 2021
- Address:** 328 Gibraltar Dr, Sunnyvale, CA 94089
- Last Scheduled Appt:** Wed Feb 15, 2023
- Next Scheduled Appt:**
- CDS:** Adult Immunization Schedule Age: 27-49

Below the profile information, there are buttons for 'New Referral', 'Fax Demographics', and 'Print Demographics'. There is also a button for 'Apple Health App Data' and a 'Vitals' icon. The 'Demographics' tab is active, and the 'Patient Date of Birth' field is highlighted with a black arrow. The field contains the date '02/11/1980' and a placeholder 'e.g. 8/8/1979'. The 'Patient SSN' field contains '111-11-1111'. There are also several status indicators: 'Sufficient patient demographics to bill insurance.', 'Fall Risk', 'Gestational Diabetes', and 'Likes Cats'.

**AND**

A relevant **CPT or HCPCS** code: 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96105, 96110\*, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 98966, 98967, 98968, 99078, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401\*, 99402\*, 99403\*, 99424, 99441, 99442, 99443, 99483, 99484, 99491, 99492, 99493, 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, G0101, G0402, G0438, G0439, G0444

\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Institutional Claim Patient SuperBill Clinical Note Billing Details Other Forms

**Billing Status**

ICD Version

Patient Payment \$  Copay: \$20

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile

Billing Pick List

Diagnosis Pick List

Credit Card Payment

**HCFA Box 10 - Is patient's condition related to:**

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$145.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

**ICD-10 Codes**

#	Code	Description

**ICD-9 Codes to Convert**

#	Code	Description

**NDC Codes**

NDC Code	Quantity	Units	Line Item

**Custom Codes**

Code	Description	Price (\$)

**CPT Codes**

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	145.00
Modifiers: --- --- --- ---		
Quantity/Minutes: 1.00		
Diagnosis Pointers: 1:0:0:0		

**HCPCS Codes**

Code	Description	Price (\$)
1 G0438	Ppps initial visit	0.00
Modifiers: --- --- --- ---		

**WITHOUT**

Place of Service (POS): 12

**AND NOT**

**DENOMINATOR EXCLUSION:**

Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder: (G9717)

## Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

**Billing Status**

ICD Version

Patient Payment \$  Copay: \$20

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile

Billing Pick List

Diagnosis Pick List

Credit Card Payment

**HCFA Box 10 - Is patient's condition related to:**

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

**ICD-10 Codes**

#	Code	Description
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**ICD-9 Codes to Convert**

#	Code	Description
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**NDC Codes**

NDC Code	Quantity	Units	Line Item
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**Custom Codes**

Code	Description	Price (\$)
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**CPT Codes**

Code	Description	Price (\$)
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**HCPCS Codes**

Code	Description	Price (\$)
1 G9717	Doc pt dx depbp fu nt req	0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

## Numerator

Patients screened for depression on the date of the encounter or up to 14 days before the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

### Definitions:

**Screening** – Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

**Standardized Depression Screening Tool** – A normalized and validated depression screening tool developed for the patient population in which it is being utilized.

The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record.

Examples of depression screening tools include but are not limited to:

### Adolescent Screening Tools (12-17 years)

- Patient Health Questionnaire for Adolescents (PHQ-A)
- Beck Depression Inventory-Primary Care Version (BDI-PC)
- Mood Feeling Questionnaire (MFQ)

- Center for Epidemiologic Studies Depression Scale (CES-D)
- Patient Health Questionnaire (PHQ-9)
- Pediatric Symptom Checklist (PSC-17)
- PRIME MD-PHQ2

#### **Adult Screening Tools (18 years and older)**

- Patient Health Questionnaire (PHQ-9)
- Beck Depression Inventory (BDI or BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Depression Scale (DEPS)
- Duke Anxiety Depression Scale (DADS)
- Geriatric Depression Scale (GDS)
- Cornell Scale for Depression in Dementia (CSDD)
- PRIME MD-PHQ-2
- Hamilton Rating Scale for Depression (HAM-D)
- Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
- Computerized Adaptive Testing Depression Inventory (CAT-DI)
- Computerized Adaptive Diagnostic Screener (CAD-MDD)

#### **Perinatal Screening Tools**

- Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale
- Patient Health Questionnaire 9 (PHQ-9)
- Beck Depression Inventory, Beck Depression Inventory-II
- Center for Epidemiologic Studies Depression Scale
- Zung Self-rating Depression Scale

**Follow-Up Plan** – Documented follow-up for a positive depression screening **must** include one or more of the following:

- Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen
- Pharmacological interventions
- Other interventions or follow-ups for the diagnosis or treatment of depression

Examples of a follow-up plan include but are not limited to:

- Referral to a provider or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health services such as family or group therapy, support group, depression management program, or other services for treatment of depression
- Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options

**Patients with a Documented Reason for not Screening for Depression (Denominator Exception)** – One or more of the following conditions are documented:

- The patient refuses to participate

**OR**

- Medical Reason(s): Documentation of medical reason for not screening the patient for depression (e.g., cognitive, functional, or motivational limitations that may impact the accuracy of results; the 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)

#### **Numerator Instructions**

A depression screen is completed on the date of the encounter or up to 14 calendar days before the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan must be documented on the date of or up to two calendar days after the date of the encounter, such as referral to a provider for additional evaluation, pharmacological interventions, or other interventions for the treatment of depression. An example to illustrate the follow-up plan documentation timing: if the encounter is on a Monday from 3-4 pm (day 0) and the patient screens positive, the clinician has any time on Wednesday (day 2) to complete follow-up plan documentation.

This is a patient-based measure. Depression screening is required once per measurement period, not at all encounters. An age-appropriate, standardized, and validated depression screening tool must be used for numerator compliance. The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record. This measure does not require documentation of a specific score, just whether the results of the normalized and validated depression screening tool used are considered positive or negative. Each standardized screening tool guides whether a particular score is considered positive for depression. The depression screening must be reviewed and addressed by the provider on the date of the encounter. Positive pre-screening results indicating a patient is at high risk for self-harm should receive more urgent intervention as determined by the provider practice. The screening should occur during a qualifying encounter or up to 14 calendar days before the date of the qualifying encounter.

The measure assesses the most recent depression screening completed either during the qualifying encounter or within the 14 calendar days before that encounter. Therefore, a clinician would not be able to complete another screening at the time of the encounter to count towards a follow-up, because that would serve as the most recent screening. To satisfy the follow-up requirement for a patient screening positively, the eligible clinician would need to provide one of the aforementioned follow-up actions, which does not include the use of a standardized depression screening tool.

The follow-up plan MUST still be provided for and discussed with the patient during the qualifying encounter used to evaluate the numerator. However, documentation of the follow-up plan can occur up to two calendar days after the qualifying encounter, per the policies of an eligible clinician or provider's practice or health system. All services should be documented during, or as soon as practicable, after the qualifying encounter to maintain an accurate medical record.

Should a patient screen positive for depression, a clinician should:

- Only order pharmacological intervention when appropriate and after sufficient diagnostic evaluation. However, for this measure, additional screening and assessment during the qualifying encounter will not qualify as a follow-up plan.
- Opt to complete a suicide risk assessment when appropriate and based on individual patient characteristics. However, for this measure, a suicide risk assessment or additional screening using a standardized tool, will not qualify as a follow-up plan.

### **Numerator Options**

The following codes can be entered in the **HCPCS** code section for the visit.

Screening for depression is documented as being positive AND a follow-up plan is documented (**G8431**)

**OR**

### **Performance Met:**

Screening for depression is documented as negative, a follow-up plan is not required (**G8510**)

OR

Denominator Exception:

Screening for depression not completed, documented reason (G8433)

**Schedule Appointment**

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status ICD Version ICD-10 Patient Payment \$ 0 Copay: \$20 Pre Authorization Approval Referral # Payment Profile Cash Billing Profile Billing Pick List Choose Codes from Pick List Diagnosis Pick List Choose Codes from Pt Problems Credit Card Payment Process Credit Card

**HCFA Box 10 - Is patient's condition related to:**

Employment No Auto Accident No Other Accident No Onset Date Type Onset of Current Symptoms Onset Date Other Date Type - Other Date Type - Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes

#	Code	Description
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ICD-9 Codes to Convert Find Diagnosis codes

#	Code	Description
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NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes

Code	Description	Price (\$)
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CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
------	-------------	------------

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
1 G8431	Pos clin depres scrn fu doc	0

Modifiers: Quantity/Minutes: 1 Diagnosis Pointers: 1:0:0:0

OR

Performance Not Met:

Depression screening not documented, reason not given (G8432)

OR

Performance Not Met:

Screening for depression documented as positive, follow-up plan not documented, reason not given (G8511)

## Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status  
 ICD Version ICD-10  
 Patient Payment \$ 0 Copay: \$20 +  
 Pre Authorization Approval   
 Referral #   
 Payment Profile Cash  
 Billing Profile  +  
 Billing Pick List Choose Codes from Pick List  
 Diagnosis Pick List Choose Codes from Pt Problems  
 Credit Card Payment

**HCFA Box 10 - Is patient's condition related to:**

Employment No  
 Auto Accident No  
 Other Accident No  
 Onset Date Type Onset of Current Symptoms o  
 Onset Date   
 Other Date Type - Other Date Type -  
 Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes

#	Code	Description
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ICD-9 Codes to Convert Find Diagnosis codes

#	Code	Description
---	------	-------------

NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes

Code	Description	Price (\$)
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CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
------	-------------	------------

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
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1 G8432 Dep scr not doc rng 0

Modifiers: --- --- --- ---

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0