

CMS Measure ID 134: Preventative Care and Screening: Screening for Depression and Follow-Up Plan (CMS2v11)

07/24/2024 12:50 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

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

Selected Measures

#134	Preventive 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 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 the eligible encounter
	View details

Description:

Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 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 the eligible encounter.

Instructions

This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. The most recent quality-data code 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 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 intent of the measure is to screen for depression in patients who have never had a diagnosis of depression or bipolar disorder prior to 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 ≥ 12 years on the date of the encounter. This information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**.

+ Add new patient

Demographics ←

Appointments

Clinical Dashboard

Documents

Eligibility

Tasks 0

Problem List 12

Medication List 6

Send eRx

Allergy List 4

Drug Interactions 6

CQMs

Jenny (Jen) Harris (Female | 40 years old | Feb. 11, 1980)

Phone: (844) 569-8628 Email: Missing Date Added: Nov. 3, 2020

Address: 1001 N Rengstorff Ave Last Scheduled Appt: Fri Jan 22, 2021
Mountain View, CA 94040 Next Scheduled Appt:

CDS: Adult Immunization Schedule Age: 27-49

✔ onpatient access enabled

Primary Provider: James Smith

New Referral
Fax Demographics
Print Demographics

Important
Demographics
Insurances
Authorizations
Smoking Status
Flags
Balance
onpatient Payments

✔ Sufficient patient demographics to bill insurance.

⚠ Needs Authorization: Needs prior auth for procedure on 1/31.

Demographics

Patient SSN

Patient Date of birth

Approx Age (if DOB unknown)

e.g. 8/8/1979

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, 97165, 97166, 97167, 99078, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99401*, 99402*, 99403*, 99483, 99484, 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.

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
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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 (\$)
1 96125	COGNITIVE TEST BY HC PRO	0

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

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0:0

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
1 G0438	Ppps initial visit	0

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

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

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:

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

#	Code	Description
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ICD-9 Codes to Convert

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

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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HCPSC Codes

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

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

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0:0

Numerator

Patients 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 tool AND if positive, a follow-up plan is documented on the date of the eligible 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-up 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:

- Patient refuses to participate

OR

- Medical Reason(s): Documentation of medical reason for not screening patient for depression (e.g., cognitive, functional, or motivational limitations that may impact the accuracy of results; 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 days prior to 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 the encounter, such as referral to a provider for additional evaluation, pharmacological interventions, or other interventions for the treatment of depression.

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 results of the normalized and validated depression screening tool used are considered positive or negative. Each standardized screening tool provides guidance on 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 days prior to the date of the qualifying encounter.

The measure assesses the most recent depression screening completed either during the eligible encounter or within the 14 days prior to 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. In order 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 use of a standardized depression screening tool.

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

- Only order pharmacological intervention when appropriate and after sufficient diagnostic evaluation. However, for the purposes of 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 the purposes of 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.

Performance Met:

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 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
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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 (\$)
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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

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

Patient Payment

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

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 (\$)
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HCPCS Codes

Find HCPCS Procedure codes

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

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

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0