



**DOCUMENTING CLINICAL QUALITY MEASURES IN e-MDS
SOLUTION SERIES: DEPRESSION AND UNHEALTHY ALCOHOL
USE SCREENINGS**

PRESENTED BY: ROBIN BOWLES

CORPORATE EDUCATION MANAGER

LEARNING OBJECTIVES

Following this presentation on documenting depression and unhealthy alcohol use screenings in e-MDs Solution Series, you will:

- Understand the documentation requirements for both denominator and numerator inclusion for both of these quality measures
- Be knowledgeable regarding the most efficient workflow for documenting the required clinical action that enables the reporting query to capture and report performance and non performance for these two quality measures.
- Be knowledgeable regarding the process for linking extended attributes (i.e. CPT codes) to template items to enable providers to quickly and efficiently document the required performance using the required code sets as part of their normal workflow when seeing patients.
- Be knowledgeable regarding the process for using flowsheet fields to document required performance thus enabling data capture by the reporting query for actions occurring outside the visit note or where template items may not fit the preferred office workflow.

Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Denominator Requirements:

- Age range of 12+
- Encounter evidenced by an E/M code within a visit note during the reporting period
- Code Set: 90791, 90792, 90832, 90834, 90837, 90839, 92557, 92567, 92568, 92625, 92626, 96116, 96118, 96150, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0101, G0402, G0438, G0439, G0444

Documented Finding: Negative For Depression

- Negative Depression Screening During Measurement Period
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CODE SET: CPT Code 3352F No significant depressive symptoms as categorized by a standardized depression assessment tool (MDD)

Documented Finding: Positive for Depression

Positive Depression Screening during Measurement Period using **one** item from code set #1 and **one** item from code set #2 listed below:

CODE SET #1:

- **Positive** Depression Screening using CPT 3353F or CPT 3354F

AND

CODE SET #2:

- Additional evaluation for depression using CPT codes 90791, 90792, 90845, 2044F or 96101

OR

- Referral for Depression using custom CPT codes RFPSYO or RFPSYI for ordering a psychiatric or psychological referral

OR

- Prescription for a depression medication from allowed list (See appendix A for list of medications)

OR

- Suicide Risk Assessment performed using CPT 3085F

Best Workflow Recommendations

- Find out how the provider performs and records this screening currently or before the EHR

- Match the location and timing to what the provider is already used to doing
- Use a template containing the required codes to drop them into the visit note after the screening has been performed using one of the following locations in the visit note and a corresponding template in that location:
 - HPI
 - ROS using Fast Form filled out by the patient and scanned into the visit note to auto populate questions and patient answers followed by provider recording of the results using the same template
 - Pre Clicked ROS Template for Depression Screening (pre clicks for negative and positive results should be created by the provider)
 - Procedure Templates can be used to document results after the patient fills out the questionnaire or after the questions are asked and recorded in the visit note
 - Pre printed forms can be easily scanned into the record for providers to view
 - Document both the questions, answers and results using a template

Billing For Depression Screening

- Billing Code: G0444

- Must be furnished in a primary care setting that has staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. *ICN 006559 January 2015*
- Medicare beneficiaries incur no cost for this screening
- Copayment/coinsurance and deductible waived for both screenings
- Screening for depression available once in a 12-month period, up to 15 minutes (document time spent)
- 11 full months must elapse following the month in which the last annual depression screening took place
- This can be billed with a G0439 (Subsequent AWW) only with an ICD-9 code of V79.0 or ICD-10 DX code of Z13.89
- It is considered part of the visit with a G0402 (Welcome to MDC visit), G0438 (Initial AWW), and not separately billable
- Payable with other E/M services using Modifier 25

Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

- Age Range: Patients aged 18 years and older

- Numerator Requirements: Screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user
 - AUDIT Screening Instrument Used to Perform Screening (score ≥ 8)
 - AUDIT-C Screening Instrument (score ≥ 4 for men; score ≥ 3 for women) Used to Perform Screening
 - Single Question Screening Used to Perform Screening
 - How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day? Response ≥ 2 indicates unhealthy alcohol use

Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

- Numerator Code Set:

- G9621 - Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling
- G9622 - Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method
- G9623 - Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)
- G9624 - Patient not screened for unhealthy alcohol screening using a systematic screening method OR patient did not receive brief counseling, reason not given

Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

- Clinical Action Required for Unhealthy Alcohol Use:
 - Brief counseling - Brief counseling for unhealthy alcohol use refers to one or more counseling sessions, a minimum of 5-15 minutes, which may include: feedback on alcohol use and harms; identification of high risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking

Best Workflow Recommendations

- Find out how the provider performs and records this screening currently or before the EHR

- Match the location and timing to what the provider is already used to doing
- Use a template containing the required codes to drop them into the visit note after the screening has been performed using one of the following locations in the visit note and a corresponding template in that location:
 - HPI
 - ROS using Fast Form filled out by the patient and scanned into the visit note to auto populate questions and patient answers followed by provider recording of the results using the same template
 - Pre Clicked ROS Template for Alcohol Screening (pre clicks for negative and positive results should be created by the provider)
 - Procedure Templates can be used to document results after the patient fills out the questionnaire or after the questions are asked and recorded in the visit note
 - Pre printed forms can be easily scanned into the record for providers to view
 - Document both the questions, answers and results using a template

Billing For Alcohol Screening And Counseling

- Billing Code: G0442—Annual screening for alcohol misuse; available once in a 12-month period, up to 15 minutes (document time spent).
- Applicability is limited to screening and does not include treatment options
- 11 full months must elapse following the month in which the last annual alcohol screening took place
- This can be billed with the G0438 (Initial AWW), and G0439 (Subsequent AWW) with an ICD-9 DX code of V79.1 or ICD-10 DX code of Z13.89
- Not payable with IPPE (G0402)
- Payable with other E/M services using Modifier 25

Billing For Alcohol Screening And Counseling

- **G0443**—Brief F2F behavioral counseling, available up to 4x in 12 months, up to 15 minutes/visit (document time spent)

- Criteria:
 - >7drinks/week or >3 drinks per occasion for women and persons >65 years old
 - >14 drinks/week or >4 drinks per occasion for men <65 years old
- **G0442/G0443**—Can be billed together (same date of service)
 - Not payable with IPPE (G0402)
 - Payable with other E/M services using Modifier 25



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