

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

### Measure Information

General eCQM Information	
<b>CMS Measure ID</b>	CMS2v13
<b>NQF Number</b>	Not Applicable
<b>Measure Description</b>	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
<b>Initial Population</b>	All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period
<b>Denominator</b>	Equals Initial Population
<b>Denominator Exclusions</b>	Patients who have ever been diagnosed with depression or with bipolar disorder at any time prior to the qualifying encounter
<b>Numerator Statement</b>	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.
<b>Numerator</b>	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 or up to two days after the date of the qualifying encounter
<b>Numerator Exclusions</b>	Not Applicable
<b>Denominator Exceptions</b>	Patient Reason(s)  Patient refuses to participate  OR

	<p>Medical Reason(s)</p> <p>Documentation of medical reason for not screening patient for depression (e.g., cognitive, functional, or motivational limitations that may impact 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)</p>
<b>Measure Steward</b>	<a href="#">Centers for Medicare &amp; Medicaid Services (CMS)</a>
<b>Measure Scoring</b>	<a href="#">Proportion measure</a>
<b>Measure Type</b>	<a href="#">Process measure</a>
<b>Improvement Notation</b>	Higher score indicates better quality
<b>Guidance</b>	<p>The intent of the measure is to screen for new cases of depression in patients who have never had a diagnosis of depression or bipolar disorder. Patients who have ever been diagnosed with depression or bipolar disorder prior to the qualifying encounter used to evaluate the numerator will be excluded from the measure regardless of whether the diagnosis is active or not.</p> <p>A depression screen is completed on the date of the encounter or up to 14 calendar 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 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 through anytime on Wednesday (day 2) to complete follow-up plan documentation.</p> <p>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.</p> <p>This eQIM is a patient-based measure. Depression screening is required once per measurement period, not at all encounters.</p> <p>Screening Tools:</p> <ul style="list-style-type: none"> <li>An age-appropriate, standardized, and validated depression screening tool must be used for numerator compliance.</li> </ul>

- The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record.
- The depression screening must be reviewed and addressed by the provider, filing the code, 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 prior to 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 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.

#### Follow-Up Plan:

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, in accordance with 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 in order to maintain an accurate medical record.

The follow-up plan must be related to a positive depression screening, for example: "Patient referred for psychiatric evaluation due to positive depression screening."

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, psychiatric nurse practitioner, psychologist, clinical social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression
- Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options

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.

	<ul style="list-style-type: none"> <li>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.</li> </ul> <p>This version of the eCQM uses QDM version 5.6. Please refer to the <a href="#">QDM page</a> for more information on the QDM.</p>
<b>MIPS Quality ID</b>	134
<b>Telehealth Eligible</b>	Yes
<b>Next Version</b>	No Version Available
<b>Previous Version</b>	<a href="#">CMS2v11</a>

### **Specifications and Data Elements**

Attachment	Size
<a href="#">CMS2v12.html</a>	102.07 KB
<a href="#">CMS2v12.zip</a>	94.55 KB
<a href="#">CMS2v12-TRN.xlsx</a>	22.31 KB

### **Data Element Repository**

- [Data Elements contained within CMS2v12](#)

### **Value Sets**

- [Value Sets to be used with CMS2v12](#)

### **Release Notes**

- [CMS2v11-TRN.xlsx](#)

### **Header**

- Updated copyright.  
**Measure section:** Copyright  
**Source of change:** Annual Update

Last Updated: August 29, 2022

- Added the 2018 American College of Obstetricians and Gynecologists recommendation statement about perinatal depression to ensure the measure includes updated evidence and clinical guidelines.  
**Measure section:** Clinical Recommendation Statement  
**Source of change:** Measure Lead
- Added 'Psychiatric Nurse Practitioners' and replaced 'social worker' with 'clinical social worker' to improve alignment with measure intent and clarify appropriate follow-up providers after a positive depression screen.  
**Measure section:** Guidance  
**Source of change:** Expert Work Group Review
- Revised existing guidance to clarify that the depression screening can take place up to 14 CALENDAR days prior to the date of the qualifying encounter in order to maintain consistency with the level of specificity included in the guidance.  
**Measure section:** Guidance  
**Source of change:** Measure Lead
- Revised existing language to improve alignment with measure intent and clarify that patients who have ever been diagnosed with depression or bipolar disorder should be excluded from the measure.  
**Measure section:** Guidance  
**Source of change:** ONC Project Tracking System (JIRA): CQM-4608
- Updated version number of the Quality Data Model (QDM) used in the measure specification to v5.6.  
**Measure section:** Guidance  
**Source of change:** Standards/Technical Update
- Revised existing language to improve alignment with measure intent and clarify that patients who have ever been diagnosed with depression or bipolar disorder should be excluded from the measure.  
**Measure section:** Denominator Exclusions  
**Source of change:** ONC Project Tracking System (JIRA): CQM-4608
- Made minor updates to grammar, wording, and formatting to improve readability and consistency.  
**Measure section:** Multiple Sections  
**Source of change:** Measure Lead
- Added new and revised existing language to allow a grace period of up to two calendar days after the qualifying encounter for provider documentation of a follow-up plan in order to allow flexibility based on feedback from implementers about clinical workflows.  
**Measure section:** Multiple Sections  
**Source of change:** Measure Lead

## Logic

- Added the Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080) value set to the 'Qualifying Encounter During Measurement Period' definition to improve alignment with measure intent and expand eligible telehealth encounters to meet denominator criteria.  
**Measure section:** Definitions  
**Source of change:** ONC Project Tracking System (JIRA): CQM-5039
- Added logic to multiple definitions to allow providers to document a follow-up plan on the day of or up to two calendar days after the qualifying encounter in order to allow flexibility based on feedback from implementers about clinical workflows.  
**Measure section:** Definitions  
**Source of change:** Measure Lead
- Updated the version of the Quality Data Model (QDM) to 5.6 and Clinical Quality Language (CQL) to 1.5.  
**Measure section:** Multiple Sections  
**Source of change:** Standards/Technical Update
- Updated the version number of the Measure Authoring Tool (MAT) Global Common Functions Library to v7.0.000.  
**Measure section:** Multiple Sections  
**Source of change:** Standards/Technical Update
- Updated the names of CQL definitions, functions, and/or aliases for clarification and to align with the CQL Style Guide.  
**Measure section:** Multiple Sections  
**Source of change:** Standards/Technical Update
- Replaced the Global.CalendarAgeInYearsAt function with the native CQL function AgeInYearsAt to take advantage of existing CQL features and increase human readability. As a result of this change, the LOINC code 21112-8 is no longer required and has been removed from the Terminology section of the human readable specification.  
**Measure section:** Multiple Sections  
**Source of change:** Measure Lead

#### Value set

The VSAC is the source of truth for the value set content, please visit the VSAC for downloads of current value sets.

- Added value set Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080) based on review by technical experts, SMEs, and/or public feedback.  
**Measure section:** Terminology  
**Source of change:** Measure Lead
- Value set Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022): Added 6 SNOMED CT codes (410158009, 410160006, 183326003, 410159001, 424203006, 424291000) based on review by technical experts, SMEs, and/or public feedback. Added 1 CPT code (97164) based on review by technical experts, SMEs, and/or public feedback.

**Measure section:** Terminology

**Source of change:** Measure Lead

- Value set Adolescent Depression Medications (2.16.840.1.113883.3.526.3.1567): Added 7 RxNorm codes (403969, 403970, 403971, 403972, 721787, 251201, 410584) based on review by technical experts, SMEs, and/or public feedback.

**Measure section:** Terminology

**Source of change:** Measure Lead

- Value set Adult Depression Medications (2.16.840.1.113883.3.526.3.1566): Added 21 RxNorm codes based on review by technical experts, SMEs, and/or public feedback.

**Measure section:** Terminology

**Source of change:** Measure Lead

- Value set Bipolar Diagnosis (2.16.840.1.113883.3.600.450): Added 9 ICD-10-CM codes (F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9) based on review by technical experts, SMEs, and/or public feedback. Added 2 ICD-9-CM codes (296.81, 296.82) based on review by technical experts, SMEs, and/or public feedback.

**Measure section:** Terminology

**Source of change:** Measure Lead

- Value set Depression Diagnosis (2.16.840.1.113883.3.600.145): Added 1 ICD-10-CM code (F32.A) based on terminology update.

**Measure section:** Terminology

**Source of change:** Annual Update

- Value set Medical Reason (2.16.840.1.113883.3.526.3.1007): Deleted 1 SNOMED CT code (397745006) based on terminology update.

**Measure section:** Terminology

**Source of change:** Annual Update

- Value set Referral for Adolescent Depression (2.16.840.1.113883.3.526.3.1570): Deleted 1 SNOMED CT code (183851006) based on review by technical experts, SMEs, and/or public feedback.

**Measure section:** Terminology

**Source of change:** Measure Lead

- Value set Referral for Adult Depression (2.16.840.1.113883.3.526.3.1571): Deleted 1 SNOMED CT code (305922005) based on review by technical experts, SMEs, and/or public feedback.

**Measure section:** Terminology

**Source of change:** Measure Lead

- Removed direct reference code LOINC code (21112-8) based on review by technical experts, SMEs, and/or public feedback.

**Measure section:** Terminology

**Source of change:** Measure Lead