



## Screening for Depression and Follow-Up Plan (NQF 0418/CMS 2v7)

### Measure Basic Information

**Name and date of specifications used:** Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2018.

**URL of Specifications:** <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms> (select 2018 from the drop-down menu under “Select Performance/ Reporting Period” and then click the “Apply” button).

Note: eCQM specifications typically are updated at least annually. The eCQM version number changes with each annual update. Once certified, however, electronic health records (EHRs) are not required to be recertified with updated eCQM specifications, so the [Certified HIT Products List](#) may not accurately reflect the version of an eCQM that is actually supported by an EHR vendor. OHA will accept year six data (2018) submissions from previous releases of the eCQM specifications, but CCOs will need to document the version number of the specifications they are using.

**Measure Type:**

HEDIS  PQI  Survey  Other  Specify: Meaningful Use

**Measure Utility:**

CCO Incentive  State Quality Measure  CMS Adult Core Set  CMS Child Core Set   
Other  Specify:

**Data Source:** Electronic Health Records

**Measurement Period:** Calendar Year 2018

OHA anticipates publishing the Year Six (2018) guidance in summer 2018.

**2013 Benchmark:** n/a

**2014 Benchmark:** 25%, Metrics & Scoring Committee consensus. For challenge pool only.

**2015 Benchmark:** 25%, Metrics & Scoring Committee consensus.

**2016 Benchmark:** 25%; Metrics & Scoring Committee consensus.

**2017 Benchmark:** 52.9%, 75<sup>th</sup> percentile of 2015 CCO performance.

**2018 Benchmark:** 63.0%, 2016 CCO 90<sup>th</sup> percentile

**2018 Improvement Targets:** Minnesota method with 3 percentage point floor.

**Changes in Specifications from 2017 to 2018:** Changes are documented in Technical Release Notes available at <https://ecqi.healthit.gov/ecqm/measures/cms002v7>

Changes to this measure include:

- Revised the example list of screening tools to include additional example tools, including perinatal screening tools, to align with the clinical guideline recommendations.
- Replaced 'Risk Category Assessment' datatype with 'Assessment, Performed' datatype to conform with QDM 4.3 changes.
- Under continuous enrollment criteria, removed reference to eligibility rule of "eligible as of last date of the reporting period" and added reference to alignment with CMS specifications.

<b>Value Set Name and OID</b>	<b>Status</b>
Value set Additional evaluation for depression - adolescent (2.16.840.1.113883.3.600.1542)	Added 1 SNOMEDCT code (429441000124107)
Value set Additional evaluation for depression - adult (2.16.840.1.113883.3.600.1545)	Added 1 SNOMEDCT code (429441000124107)
Value set Depression Screening Encounter Codes (2.16.840.1.113883.3.600.1916)	Added 4 CPT codes (59400, 59510, 59610, 59618)
Value set Bipolar Diagnosis (2.16.840.1.113883.3.600.450)	Added 15 ICD9CM codes Added 20 ICD10CM codes Added 5 SNOMEDCT codes (133091000119105, 23741000119105, 261000119107, 271000119101, 61771000119106)
Value set Follow-up for depression - adolescent (2.16.840.1.113883.3.600.467)	Added 2 SNOMEDCT codes (386472008, 76740001)
Value set Follow-up for depression - adult (2.16.840.1.113883.3.600.468)	Added 2 SNOMEDCT codes (386472008, 76740001)
Value set Referral for Depression Adult (2.16.840.1.113883.3.600.538)	Added 3 SNOMEDCT codes (703978000, 710914003, 711281004)
Value set Suicide Risk Assessment (2.16.840.1.113883.3.600.559)	Added 1 SNOMEDCT code (446765009)
Value set Depression diagnosis (2.16.840.1.113883.3.600.145)	Added 10 ICD10CM codes (F33.40, F33.41, F33.8, F53, O90.6, O99.340, O99.341, O99.342, O99.343, O99.345)
Value set Depression medications - adult (2.16.840.1.113883.3.600.470)	Added 37 RXNORM codes and deleted 53 RXNORM codes
Value set Depression Screening Encounter Codes (2.16.840.1.113883.3.600.1916)	Added 3 CPT codes (97165, 97166, 97167) and deleted 1 CPT code (97003). Added 5 HCPCS codes (G0502, G0503, G0504, G0505, G0507)
Value set Depression medications - adolescent (2.16.840.1.113883.3.600.469)	Deleted 1 RXNORM code (803293)
Value set Suicide Risk Assessment (2.16.840.1.113883.3.600.559)	Added 1 SNOMEDCT code (717317000)
Value set Depression medications - adult (2.16.840.1.113883.3.600.470)	Deleted 1 RXNORM code (803293)



Denied claims: n/a

## Measure Details

**Data elements required denominator:** All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.

Eligible encounters are identified through the Depression Screening Encounter Codes Grouping Value Set (2.16.840.1.113883.3.600.1916).<sup>1</sup>

**Required exclusions for denominator:**

Patients with:

Exclusions	Grouping Value Set
Active diagnosis for depression	Depression Diagnosis Grouping Value Set (2.16.840.1.113883.3.600.145)
Diagnosis of bipolar disorder	Bipolar Diagnosis Grouping Value Set (2.16.840.1.113883.3.600.450)

**Denominator Exceptions**

Any of the following criteria also remove patients from the denominator:

Exception	Grouping Value Set
Patient Reason(s) Patient refuses to participate	Patient Reason refused SNOMED-CT Value Set (2.16.840.1.113883.3.600.791)
Medical Reason(s) 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.  OR Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium	Medical or Other reason not done SNOMEDCT Value Set (2.16.840.1.113883.3.600.1.1502)

<sup>1</sup> Grouping Value Sets are lists of specific values (terms and their codes) derived from single or multiple standard vocabularies used to define clinical concepts (e.g. patients with diabetes, clinical visit, reportable diseases) used in clinical quality measures and to support effective health information exchange. Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>



**Deviations from cited specifications for denominator:** None.

**Data elements required numerator:** Patients screened for depression on 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 positive screen.

The following Grouping Value Sets are used to identify follow-up planning:

- Referral for Depression Adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.537)
- Referral for Depression Adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.538)
- Additional evaluation for depression – adolescent SNOMED-CT Value Set (2.16.840.1.113886.3.600.1542)
- Additional evaluation for depression – adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.1545)
- Follow-up for depression – adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.467)
- Follow-up for depression – adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.468)
- Depression medications – adolescent RxNorm Value Set (2.16.840.1.113883.3.600.469)
- Depression medications – adult RxNorm Value Set (2.16.840.1.113883.3.600.470)
- Suicide Risk Assessment SNOMED-CT Value Set (2.16.840.1.113883.3.600.559)

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

*Note:* Pharmacologic treatment for depression is often indicated during pregnancy and/or lactation. Review and discussion of the risks of untreated versus treated depression is advised. Consideration of each patient's prior disease and treatment history, along with the risk profiles for individual pharmacologic agents, is important when selecting pharmacologic therapy with the greatest likelihood of treatment effect.

*Note:* Standardized depression screening tools should be normalized and validated for the age appropriate patient population in which they are used, and the name of the age-appropriate standardized depression screening tool must be documented in the medical record.

*Note:* The depression screening must be reviewed and addressed in the office of the provider on the date of the encounter. The screening and the encounter must occur on the same date.

*Note:* Completing a PHQ-9 as follow-up on the same day as a positive PHQ-2 meets the measure's requirements for follow-up. <https://oncprojecttracking.healthit.gov/support/browse/CQM-2194>

**Required exclusions for numerator:** None.

**Deviations from cited specifications for numerator:** None.

**What are the continuous enrollment criteria:**



There are no continuous enrollment criteria required for this measure. OHA's intention is to maintain alignment with CMS specifications for this measure, including specifications for reporting the supplemental data element for "Patient Characteristic Payer: Payer."

**What are allowable gaps in enrollment:** n/a

**Define Anchor Date (if applicable):** n/a

**For more information:**

- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine . <https://vsac.nlm.nih.gov/>
- How to read eCQMs: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide\\_Reading\\_EP\\_Hospital\\_eCQMs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eCQMs.pdf)
- CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/>
- Year Six (2018) guidance will be available online at: <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>

In addition, the eCQM specifications provide definitions of these terms:

**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. 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 (PHQ9)
- 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-PHQ2



- Hamilton Rating Scale for Depression (HAM-D)
- Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)

#### 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:

- Additional evaluation for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression