

Depression Screening and Follow-Up (CMS2)

The following is for educational purposes only and is not intended to be clinical or legal advice. The information provided in the Measure Details section is based on specification published by CMS at <https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12>

Measure Details

Description *

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 **eligible** date of the qualifying encounter.

Initial Population

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

Denominator

Equals Initial Population

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 **or up to two days after** the **eligible date of the qualifying** encounter.

Denominator Exclusion/Exceptions

Patients who have **ever** been diagnosed with depression or with bipolar disorder **at any time prior to the qualifying encounter**

Patient Reason(s): 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 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 Exclusion

NA

Overview

What is Documented	When is it Documented	Where in QMER
Qualifying Encounter	During Measurement Period (2023)	Coded SOAP Note
Depression Screening *	On the Encounter Date or 14 Days Prior	Screening Tools
Follow-Up Plan IF Positive	On the Encounter Date or up to 2 days after	History Module

Per CMS Guidance: Depression screening must be reviewed and addressed by the provider.

Exclusions/Exceptions	Where in QEMR
Patients Refusal to Participate	History Module
Medical Exception	History Module
Active Diagnosis of Depression or Bipolar	History Module or DxCPT

2022 to 2023 Changes

Follow-up plan for positive screening can now be documented up to 2 days following the qualifying encounter. Although follow-up plan **MUST** still be provided for and discussed with the patient **during** the qualifying encounter.

Set Up

All codification shown is an example for incrementation, for a full list of accepted codes please visit [Value Set Authority Center](#).

Qualifying Encounter

No set up required

Screening Tools

No set up is required.

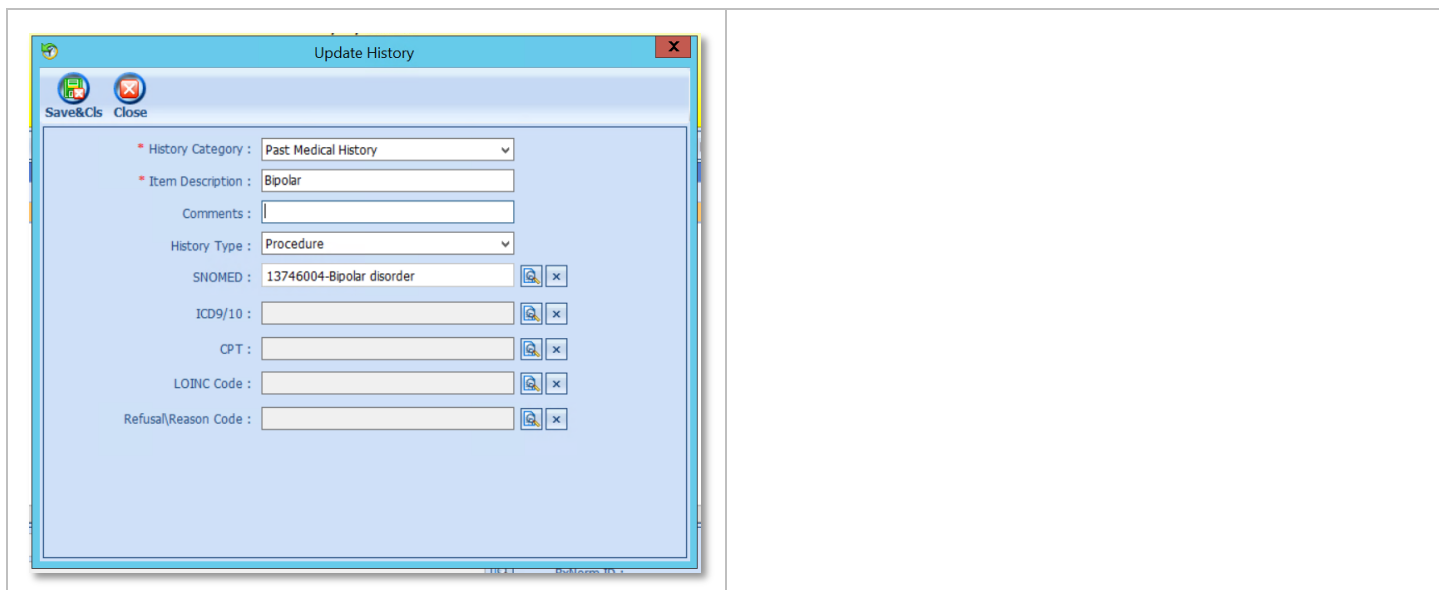
Building History Items

Build the history items below:

1. Log into **QEMR** > Navigate to **Edit > History**
2. Highlight **desired History Category** list on left side bar
3. Click **New** hot button
4. **Complete the Update History** Screen as seen below
5. Click **Save & Close** hot button

The following table summarizes the data entered in each of the four 'Update History' screenshots:

Field	Screenshot 1 (Top Left)	Screenshot 2 (Top Right)	Screenshot 3 (Bottom Left)	Screenshot 4 (Bottom Right)
History Category	Health Maintenance Screening	Health Maintenance Screening	Health Maintenance Screening	Past Medical History
Item Description	Depression Screening Refused (18+)	Depression Screening Refused (18-)	PCP Referral for Positive Depression Screen	Depression
Comments				
History Type	Procedure	Procedure	Procedure	Procedure
SNOMED	105480006-Refusal of treatment by pati...	105480006-Refusal of treatment by pati...	703978000-Referral to primary care servi...	35489007-Depression
ICD9/10				
CPT				
LOINC Code	73832-8 : Adult depression screening asses	73831-0 : Adolescent depression screening		
Refusal/Reason Code	105480006 ; Refusal of treatment by patie	105480006 ; Refusal of treatment by patie	428181000124104 ; Depression screening	



Workflow

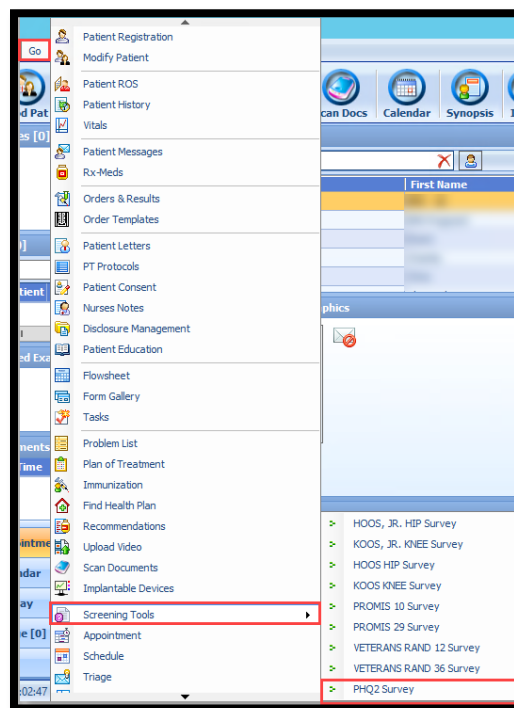
Qualifying Encounter

Following standard office workflow, document patient visit(s) via SOAP notes and code with CPT and diagnosis codes using either Dx/CPT, SmartDx or Smart CPT modules.

Depression Screening

If patient is agreeable to a depression screening, follow the steps listed below

1. Click **GO** from the main toolbar.
2. Hover over **Screening Tools** and click **PHQ2 Survey**.
3. **Complete questions 1 & 2** of PRIME-MD PHQ (2 Question Screen)
 - a. Click **Submit Survey**. (Continue to step 4 if patient answers Yes to either question 1 or 2).
 - b. Click **Close** hot button if patient answered No to questions 1 and 2.
 - No further action is needed
4. **Complete questions 1 – 9** of Patient Health Questionnaire (PHQ-9)
5. Click **Submit Survey** > Click **Close** hot button from toolbar



Follow-Up for Positive Screening if Applicable

Referral to PCP Follow-Up

To document follow-up, follow steps below:

1. Navigate to **History** Module > **Health Maintenance** category
 - a. Double-click PCP Referral or Positive Depression Screening
 - b. Enter **Occur Date**

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening	PCP Referral for Positive Depression Screen				01/18/2022	1/18/2022 12:13 PM	gloEMR

Pharmacological Intervention

If appropriate and an anti-depressant medication is required, prescribed via the **RxMeds** module, and follow stand prescribing workflow.

Documenting Patients Refusal or History of Depression/Bipolar

To document follow-up, follow steps below:

1. Navigate to **History** Module > **Applicable** category
 - a. Double-click applicable status
 - i. Depression Screening Refusal OR
 - ii. Depression Screening Refusal OR
 - iii. Bipolar or Depression OR
 - b. Enter **Occur Date**

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered
Health Maintenance Screening	Depression Screening Refused (18+)					10/12/2022 10:15 AM

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered
Health Maintenance Screening	Depression Screening Refused (18-)				10/12/2022	10/12/2022 10:14 AM

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Past Medical History	Depression				01/19/2022	1/19/2022 8:12 AM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Past Medical History	Depression				01/19/2022	1/19/2022 8:12 AM	gloEMR

Incrementing Details

Occur Dates

To increment ANY measure using the History Module the Occur Dater MUST be documented using appropriate date based upon Measure Description.

Exam Coding

If exam notes (Past Exams) are not coded with Diagnosis Code and CPT code measures will not increment.

Measure Specific Codes

The codification shown in this document are examples of qualifying documentation. To see a full list please visit [Value Set Authority Center](#).

CMS Guidance *

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.

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.

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.

This [eQOM](#) is a patient-based measure. Depression screening is required once per measurement period, not at all encounters.

Screening Tools:

- 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.
- 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.
- 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