

Screening for Depression and Follow-Up Plan (CMS 2v14)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year **2025**.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ec/2025/cms0002v14>

Measure Type:

- HEDIS
 PQI
 Survey
 Other. Specify: eCQM

Measure Utility:

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

Data Source: Electronic Health Records

Measurement Period: **January 1, 2025 – December 31, 2025**

Benchmark:

	2023	2024	2025
Benchmark for OHA measurement year	61.0%	68.2%	73.8%
Improvement target for OHA measurement year	MN method with 1 percentage point floor	MN method with 2 percentage point floor	MN method with a 2 percentage point floor
Source	MY 2021 CCO 90 th percentile	MY 2022 CCO 90 th percentile	MY 2023 CCO 90th percentile

For standard, national measures, the Metrics & Scoring Committee has used CCO percentiles and national-level data/percentiles from the National Committee for Quality Assurance (NCQA). For ease of reference, the measurement year (MY) is noted for national-level and CCO statewide data/percentiles rather than the publication year. NCQA publishes annual data with national Medicaid, Commercial, and Medicare percentiles.

Note on telehealth: CMS [2025 telehealth guidance](#) states that this electronic clinical quality measure is telehealth eligible. For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Changes in Specifications from 2024 to 2025: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:

<https://ecqi.healthit.gov/ecqm/ec/2025/cms002v14?compare=2025to2024>

- Updated Rationale with new evidence aligning with intent to screen patients with depression.
- Revised the Guidance to align with the logic that intent of the measure is to screen all patients for depression except those with a diagnosis of bipolar disorder.
- Updated the names of CQL definitions, functions, and/or aliases for clarification and to align with the CQL Style Guide.
- Removed ICD-9 extensional value sets from select grouping value sets, leaving codes from active terminologies (ICD-10 and SNOMED), to reduce implementer burden.
- Added clarification that reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

Value Set Name and OID	Status
Value set Adult Depression Medications (2.16.840.1.113883.3.526.3.1566)	Added 1 RxNorm code (2605720) based on terminology update. Deleted 2 RxNorm codes (1086789, 2605719) based on terminology update. Deleted 1 RxNorm code (1298857) based on new or changed coding guidelines.
Value set Bipolar Disorder (2.16.840.1.113883.3.67.1.101.1.128)	Deleted 40 ICD-9-CM codes based on applicability of value set and/or OID.
Value set Encounter to Screen for Depression (2.16.840.1.113883.3.600.1916)	Added 1 CPT code (92622) based on review by technical experts, SMEs, and/or public feedback.
Value set Follow Up for Adolescent Depression (2.16.840.1.113883.3.526.3.1569)	Added 1 SNOMED CT code (768835002) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 SNOMED CT code (91310009) based on review by technical experts, SMEs, and/or public feedback.
Value set Follow Up for Adult Depression (2.16.840.1.113883.3.526.3.1568)	Added 1 SNOMED CT code (768835002) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 SNOMED CT code (91310009) based on review by technical experts, SMEs, and/or public feedback.
Value set (2.16.840.1.114222.4.11.3591)	Renamed to Payer Type based on recommended VS naming conventions.
Value set Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022)	Deleted 1 SNOMED CT code (33849009) based on terminology update.

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center: <https://ecqi.healthit.gov/ecqm/ec/2025/cms002v14>. Detailed value set contents are available in the [Value Set Authority Center](#). The following abbreviated information from the specifications is provided for convenience.

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

Required exclusions for denominator: Patients who have ever been diagnosed with bipolar disorder at any time prior to the qualifying encounter

Denominator exceptions:

Patient Reason(s)

- Patient refuses to participate or complete the depression screening

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)

Deviations from cited specifications for denominator: None.

Data elements required 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 date of the qualifying encounter

Note: See specifications guidance statement for additional information on screening and follow-up

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the “eligible as of the last date of the reporting period” rule may be used to identify beneficiaries.

Reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- For technical assistance, the electronic clinical quality measure (eCQM) Issue Tracker from CMS: <https://oncprojectracking.healthit.gov/support/projects/CQM/summary>
- Measure specifications, guidance on how to read eCQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>

- Value set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>
 - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint:
<https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf>
- Additional information on OHA reporting requirements will be available in the Year Twelve (2025) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

Version Control

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