

Screening for Depression and Follow-Up Plan (CMS 2v15)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2026.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ec/2026/cms0002v15>

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, 2026 – December 31, 2026

Benchmark:

	2024	2025	2026
Benchmark for OHA measurement year	68.2%	73.8%	77.1%
Improvement target for OHA measurement year	MN method with 2 percentage point floor	MN method with a 2 percentage point floor	MN method with a 2 percentage point floor
Source	MY 2022 CCO 90 th percentile	MY 2023 CCO 90 th percentile	MY 2024 CCO 90 th 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 2026 [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 2025 to 2026: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:

https://ecqi.healthit.gov/ecqm/ec/2026/cms0002v15?qt-tabs_measure=release-notes

- Updated Guidance to provide information on which screenings should be prioritized if multiple screenings are submitted with identical date/time stamps, differentiate between screening tools vs. diagnostic tools and when treatment or follow-up plans are appropriate, and include additional examples of a follow-up plan.
- Updated numerator to include patients who have an active depression medication overlapping the date of the qualifying encounter.

Value Set Name and OID	Status
Value Set Bipolar Disorder (2.16.840.1.113883.3.67.1.101.1.128)	Deleted 2 SNOMEDCT codes (191625000, 191634005) based on code system/terminology updates
Value Set Encounter to Screen for Depression (2.16.840.1.113883.3.600.1916):	Added 33 CPT codes (98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 99493, 99385, 99386, 99387, 99395, 99396, 99397, 59425, 59426) based on SME/expert recommendations and to align with CQM codes.
Value Set Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)	Added 8 CPT codes (98009, 98013, 98010, 98011, 98014, 98008, 98015, 98012) based on review by technical experts, SMEs and/or public feedback

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center:

<https://ecqi.healthit.gov/ecqm/ec/2026/cms0002v15>. 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 or an active depression medication overlaps 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://oncprojecttracking.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 Thirteen (2025) Guidance Documentation, which will be posted at
<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>