

## Quality ID #370 (CBE 0710): Depression Remission at Twelve Months

### 2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

### MEASURE TYPE:

Outcome – High Priority

### DESCRIPTION:

The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event date.

### INSTRUCTIONS:

#### **Reporting Frequency:**

This measure is to be submitted once per performance period for denominator eligible cases as defined in the denominator criteria.

#### **Intent and Clinician Applicability:**

This measure is intended to reflect the quality of services provided for patients with a diagnosis of depression or dysthymia. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

#### **Measure Strata and Performance Rates:**

This measure contains two strata defined by two submission criteria.

This measure produces two performance rates which are used for a weighted average.

#### **There are two Submission Criteria for this measure:**

- 1) Adolescent patients with major depression or dysthymia who reached remission at twelve months
- OR
- 2) Adult patients with major depression or dysthymia who reached remission at twelve months

#### **This measure will be calculated with 2 performance rates:**

- 1) Percentage of adolescent patients (aged 12-17 years) with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5
- 2) Percentage of adult patients (aged 18 years or older) with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5

A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance.

#### **Implementation Considerations:**

For the purposes of MIPS implementation, this patient-intermediate measure is submitted a minimum of once per patient during the performance period. The most recent numerator option/quality data code will be used if the measure is submitted more than once.

To be considered denominator eligible for this measure, the patient must have both the diagnosis of depression or dysthymia and a PHQ-9 or PHQ-9M score greater than 9 documented on the same date or up to seven days prior to

encounter (index event) and this date occurs during denominator identification period (11/1/2024 to 10/31/2025).

**Telehealth:**

**TELEHEALTH ELIGIBLE:** This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

**Measure Submission:**

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**SUBMISSION CRITERIA 1: ADOLESCENT PATIENTS WITH MAJOR DEPRESSION OR DYSTHYMIA WHO REACHED REMISSION AT TWELVE MONTHS**

**DENOMINATOR (CRITERIA 1):**

Adolescent patients 12 to 17 years of age with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event.

**Definitions:**

**Denominator Identification Period** – The period in which eligible patients can have an index event. The "denominator identification period" occurs prior to the measurement period and is defined as 14 months to two months prior to the start of the measurement period. The "denominator identification period" is from 11/1/2024 to 10/31/2025. For patients with an index event, there needs to be enough time following index for the patients to have the opportunity to reach remission twelve months +/- 60 days after the index event date.

**Index Event Date** – The date on which the first instance of elevated PHQ-9 or PHQ-9M greater than nine AND diagnosis of depression or dysthymia occurs during the denominator identification period (11/1/2024 to 10/31/2025). Patients may be assessed using PHQ-9 or PHQ-9M up to seven days prior to the encounter (including the day of the encounter).

**Measure Assessment Period** – The index event date marks the start of the measurement assessment period for each patient which is 14 months (12 months +/- 60 days). This assessment period is fixed and does not "start over" with a higher PHQ-9 or PHQ-9M that may occur after the index event date.

**DENOMINATOR NOTE:**

*\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq$  12 years and  $\leq$  17 years on date of index event

AND

Diagnosis for Major Depression or Dysthymia on date of index event (ICD-10-CM): F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1

AND

Patient encounter during the denominator identification period (CPT or HCPCS): 90791, 90792, 90832, 90834,

90837, 90839, 96156, 96158, 96159, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99384\*, 99394\*, 99421, 99422, 99423, 99441, 99442, 99443, G0402, G0438, G0439

**AND**

Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period: G9511

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period: M1447

**OR**

Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period: M1448

**OR**

Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period: M1449

**OR**

Patients with an active diagnosis of pervasive developmental disorder (e.g., autism spectrum disorder) any time prior to the end of the measure assessment period: M1451

**OR**

Patients who died any time prior to the end of the measure assessment period: M1446

**OR**

Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period: M1450

**Reference Coding:**

Denominator Exclusion for **diagnosis of bipolar disorder [M1447]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9

Denominator Exclusion for **diagnosis of personality disorder [M1448]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13

Denominator Exclusion for **diagnosis of schizophrenia or psychotic disorder [M1449]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F25.0, F25.1, F25.8, F25.9, F28, F29

Denominator Exclusion for **diagnosis of pervasive developmental disorder [M1451]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used: F84.0, F84.3, F84.8, F84.9

Denominator Exclusion for **hospice or palliative care service [M1450]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used: Z51.5

**NUMERATOR (CRITERIA 1):**

Adolescent patients aged 12 to 17 years of age who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five

**Definitions:**

**Remission** – a PHQ-9 or PHQ-9M score of less than five.

**Twelve Months** – Is defined as the point in time from the index event date extending out “twelve months” and then allowing a grace period of sixty days prior to and sixty days after this date. The most recent PHQ-9 or PHQ-9M score less than five obtained during this four month period is deemed as remission at “twelve months”, values obtained prior to or after this period are not counted as numerator compliant (remission).

**Numerator Options:**

**Performance Met:**

Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5 (**M1019**)

**OR**

**Performance Not Met:**

Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5 (**M1020**)

**OR**

**SUBMISSION CRITERIA 2: ADULT PATIENTS WITH MAJOR DEPRESSION OR DYSTHYMIA WHO REACHED REMISSION AT TWELVE MONTHS**

**DENOMINATOR (CRITERIA 2):**

Adult patients aged 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event.

**Definitions:**

**Denominator Identification Period** – The period in which eligible patients can have an index event. The “denominator identification period” occurs prior to the measurement period and is defined as 14 months to two months prior to the start of the measurement period. The “denominator identification period” is from 11/1/2024 to 10/31/2025. For patients with an index event, there needs to be enough time following index for the patients to have the opportunity to reach remission 12 months +/- 60 days after the index event date.

**Index Event Date** – The date on which the first instance of elevated PHQ-9 or PHQ-9M greater than 9 AND diagnosis of depression or dysthymia occurs during the denominator identification period (11/1/2024 to 10/31/2025). Patients may be assessed using PHQ-9 or PHQ-9M up to 7 days prior to the encounter (including the day of the encounter).

**Measure Assessment Period** – The index event date marks the start of the “measurement assessment period” for each patient which is 14 months (12 months +/- 60 days). This assessment period is fixed and does not “start over” with a higher PHQ-9 or PHQ-9M that may occur after the index event date.

**DENOMINATOR NOTE:**

\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq$  18 years on date of index event

**AND**

**Diagnosis for Major Depression or Dysthymia on date of index event (ICD-10-CM):** F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1

AND

Patient encounter during the denominator identification period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 96156, 96158, 96159, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385\*, 99386\*, 99387\*, 99395\*, 99396\*, 99397\*, 99421, 99422, 99423, 99441, 99442, 99443, G0402, G0438, G0439

AND

Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period: G9511

AND NOT

DENOMINATOR EXCLUSIONS:

Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period: M1447

OR

Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period: M1448

OR

Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period: M1449

OR

Patients with an active diagnosis of pervasive developmental disorder (e.g., autism spectrum disorder) any time prior to the end of the measure assessment period: M1451

OR

Patients who died any time prior to the end of the measure assessment period: M1446

OR

Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period: M1450

Reference Coding:

Denominator Exclusion for diagnosis of bipolar disorder [M1447] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9

Denominator Exclusion for diagnosis of personality disorder [M1448] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13

Denominator Exclusion for diagnosis of schizophrenia or psychotic disorder [M1449] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F25.0, F25.1, F25.8, F25.9, F28, F29

Denominator Exclusion for diagnosis of pervasive developmental disorder [M1451] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F84.0, F84.3, F84.8, F84.9

Denominator Exclusion for hospice or palliative care service [M1450] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used: Z51.5

NUMERATOR (CRITERIA 2):

Adult patients aged 18 years of age and older who achieved remission at twelve months as demonstrated by a twelve

month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five.

**Definitions:**

**Remission** – a PHQ-9 or PHQ-9M score of less than five.

**Twelve Months** – If defined as the point in time from the index event date extending out “twelve months” and then allowing a grace period of sixty days prior to and sixty days after this date. The most recent PHQ-9 or PHQ-9M score less than five obtained during this four month period is deemed as remission at twelve months, values obtained prior to or after this period are not counted as numerator compliant (remission).

**Numerator Options:**

**Performance Met:**

Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5 (**G9509**)

**OR**

**Performance Not Met:**

Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5 (**G9510**)

**RATIONALE:**

**Adults:**

Depression is a common and treatable mental disorder. During 2013-2016, 8.1% of American adults age 20 and over had depression in a given 2 week period. Women (10.4%) were almost twice as likely as were men (5.5%) to have had depression. The prevalence of depression among adults decreased as family income levels increase. About 80% of adults with depression reported at least some difficulty with work, home, or social activities because of their depression symptoms (Brody, Pratt and Hughes, 2018).

Depression is a risk factor for development of chronic illnesses such as diabetes and CHD and adversely affects the course, complications and management of chronic medical illness. Both maladaptive health risk behaviors and psychobiological factors associated with depression may explain depression's negative effect on outcomes of chronic illness (Katon, 2011).

**Adolescents and Adults:**

The Centers for Disease Control and Prevention states that during 2009-2012 an estimated 7.6% of the U.S. population aged 12 and over had depression, including 3% of Americans with severe depressive symptoms. Almost 43% of persons with severe depressive symptoms reported serious difficulties in work, home and social activities, yet only 35% reported having contact with a mental health professional in the past year (Pratt and Brody, 2014).

Depression is associated with higher mortality rates in all age groups. Depression is also a leading cause of medical disability and depressed people lose 5.6 hours of productive work every week when they are depressed, 50% of which is due to absenteeism and short-term disability (Stewart et al., 2003).

**Adolescents:**

In 2014, an estimated 2.8 million adolescents age 12 to 17 in the United States had at least one major depressive episode (MDE) in the past year (Center for Behavioral Health Statistics and Quality, 2015). The 2013 Youth Risk Behavior Survey of students grades 9 to 12 indicated that during the past 12 months 39.1% of female (F) and 20.8% of male (M) students indicated feeling sad or hopeless almost every day for at least 2 weeks, 16.9% (F) and 10.3% (M) indicated a planned suicide attempt, and 10.6% (F) and 5.4% (M) attempted suicide (Kann et al., 2014). Adolescent-onset depression is associated with chronic depression in adulthood. Many mental health conditions (anxiety, bipolar, depression, eating disorders, and substance abuse) are evident by age 14. The 12-month prevalence of MDEs increased from 8.7% in 2005 to 11.3% in 2014 in adolescents and from 8.8% to 9.6% in young adults (both  $P < .001$ ). The increase was larger and statistically significant only in the age range of 12 to 20 years. The trends remained significant after adjustment for substance use disorders and sociodemographic factors (Mojtabai, Olfson, and Han 2016). Mental health care contacts overall did not change over time; however, the use of specialty mental health providers increased in adolescents and

young adults, and the use of prescription medications and inpatient hospitalizations increased in adolescents.

### **CLINICAL RECOMMENDATION STATEMENTS:**

#### **Adults:**

Source: Institute for Clinical Systems Improvement (ICSI) Health Care Guideline for Adult Depression in Primary Care (Trangle, 2016)

Recommendations and algorithm notations supporting depression outcomes and duration of treatment according to ICSI's Health Care Guideline:

**Recommendation:** Clinicians should establish and maintain follow-up with patients. Appropriate, reliable follow-up is highly correlated with improved response and remission scores. It is also correlated with the improved safety and efficacy of medications and helps prevent relapse.

**Proactive follow-up contacts** (in person, telephone) based on the collaborative care model have been shown to significantly lower depression severity (Unutzer, 2002). In the available clinical effectiveness trials conducted in real clinical practice settings, even the addition of a care manager leads to modest remission rates (Trivedi, 2006; Unutzer, 2002). Interventions are critical to educating the patient regarding the importance of preventing relapse, safety and efficacy of medications, and management of potential side effects. Establish and maintain initial follow-up contact intervals (office, phone, other) (Hunkeler, 2000; Simon, 2000).

**The Patient Health Questionnaire-9 (PHQ-9)** is an effective monitoring and management tool, and should be used routinely for subsequent visits to monitor treatment outcomes and severity. It can also help the clinician decide if/how to modify the treatment plan (Duffy, 2008; Lowe, 2004). Using a measurement-based approach to depression care, PHQ-9 results and side effect evaluation should be combined with treatment algorithms to drive patients toward remission. A five-point drop in PHQ-9 score is considered the minimal clinically significant difference (Trivedi, 2009).

The goals of treatment should be to achieve remission, reduce relapse and recurrence, and return to previous level of occupational and psychosocial function.

If using a PHQ-9 tool, remission translates to PHQ-9 score of less than 5 (Kroenke, 2001). Results from the Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) study showed that remission rates lowered with more treatment steps, but the overall cumulative rate was 67% (Rush, 2006).

Response and remission take time. In the STAR\*D study, longer times than expected were needed to reach response or remission. In fact, one-third of those who ultimately responded did so after six weeks. Of those who achieved remission by Quick Inventory of Depressive Symptomatology 50% did so only at or after six weeks of treatment (Trivedi, 2006). If the primary care clinician is seeing some improvement, continue working with that patient to augment or increase dosage to reach remission. This can take up to three months.

This measure assesses achievement of remission, which is a desired outcome of effective depression treatment and monitoring.

#### **Adult Depression in Primary Care - Guideline Aims**

Increase the percentage of patients with major depression or persistent depressive disorder who have improvement in outcomes from treatment for major depression or persistent depressive disorder.

Increase the percentage of patients with major depression or persistent depressive disorder who have follow-up to assess for outcomes from treatment.

Improve communication between the primary care physician and the mental health care clinician (if patient is co-managed).

#### **Adolescents:**

Source: American Academy of Child and Adolescent Psychiatry Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders (2007)

[http://www.jaacap.com/article/S0890-8567\(09\)62053-0/pdf](http://www.jaacap.com/article/S0890-8567(09)62053-0/pdf)

#### **Recommendations:**

Recommendations supporting depression outcomes and duration of treatment according to AACAP guideline:

Treatment of depressive disorders should always include an acute and continuation phase; some children may also require maintenance treatment. The main goal of the acute phase is to achieve response and ultimately full symptomatic remission (definitions below).

Each phase of treatment should include psychoeducation, supportive management, and family and school involvement. Education, support, and case management appear to be sufficient treatment for the management of depressed children

and adolescents with an uncomplicated or brief depression or with mild psychosocial impairment. For children and adolescents who do not respond to supportive psychotherapy or who have more complicated depressions, a trial with specific types of psychotherapy and/or antidepressants is indicated.

**Sources:**

Guidelines for Adolescent Depression in Primary Care (GLAD-PC) (2018)

<http://pediatrics.aappublications.org/content/141/3/e20174081>

Guidelines for adolescent depression in primary care (GLAD-PC): II. Treatment and ongoing management

<http://pediatrics.aappublications.org/content/141/3/e20174082>

Recommendations supporting depression outcomes and duration of treatment according to GLAD-PC:

**Recommendations for Ongoing Management of Depression:**

Mild depression: consider a period of active support and monitoring before starting other evidence based treatment

Moderate or severe major clinical depression or complicating factors:

- o consultation with mental health specialist with agreed upon roles
- o evidence based treatment cognitive behavioral therapy or interpersonal psychotherapy and/or antidepressant selective serotonin reuptake inhibitor)

Monitor for adverse effects during antidepressant therapy

- o clinical worsening, suicidality, unusual changes in behavior

Systematic and regular tracking of goals and outcomes

- o improvement in functioning status and resolution of depressive symptoms

Regardless of the length of treatment, all patients should be monitored on a monthly basis for 6 to 12 months after the full resolution of symptoms

**REFERENCES:**

There are no sources in the current document.

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**2026 Clinical Quality Measure Flow for Quality ID #370 (CBE 0710):  
Depression Remission at Twelve Months  
Multiple Performance Rates**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

**ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS**

**Overall Data Completeness (All Submission Criteria) =**  

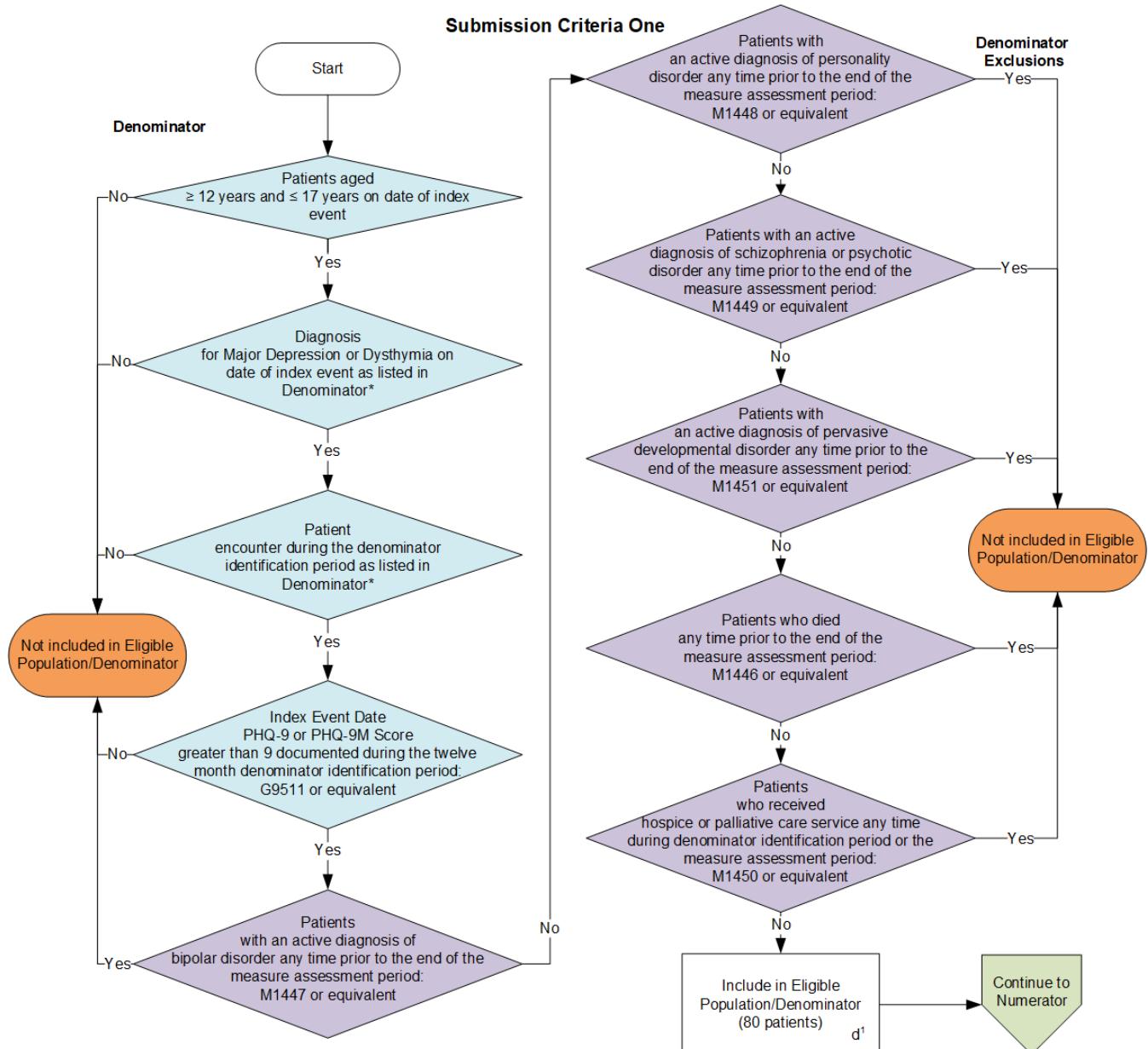
$$\frac{\text{Performance Met (a}^1+\text{a}^2=80 \text{ patients)} + \text{Performance Not Met (c}^1+\text{c}^2=60 \text{ patients)}}{\text{Eligible Population / Denominator (d}^1+\text{d}^2=160 \text{ patients)}} = \frac{140 \text{ patients}}{160 \text{ patients}} = 87.50\%$$

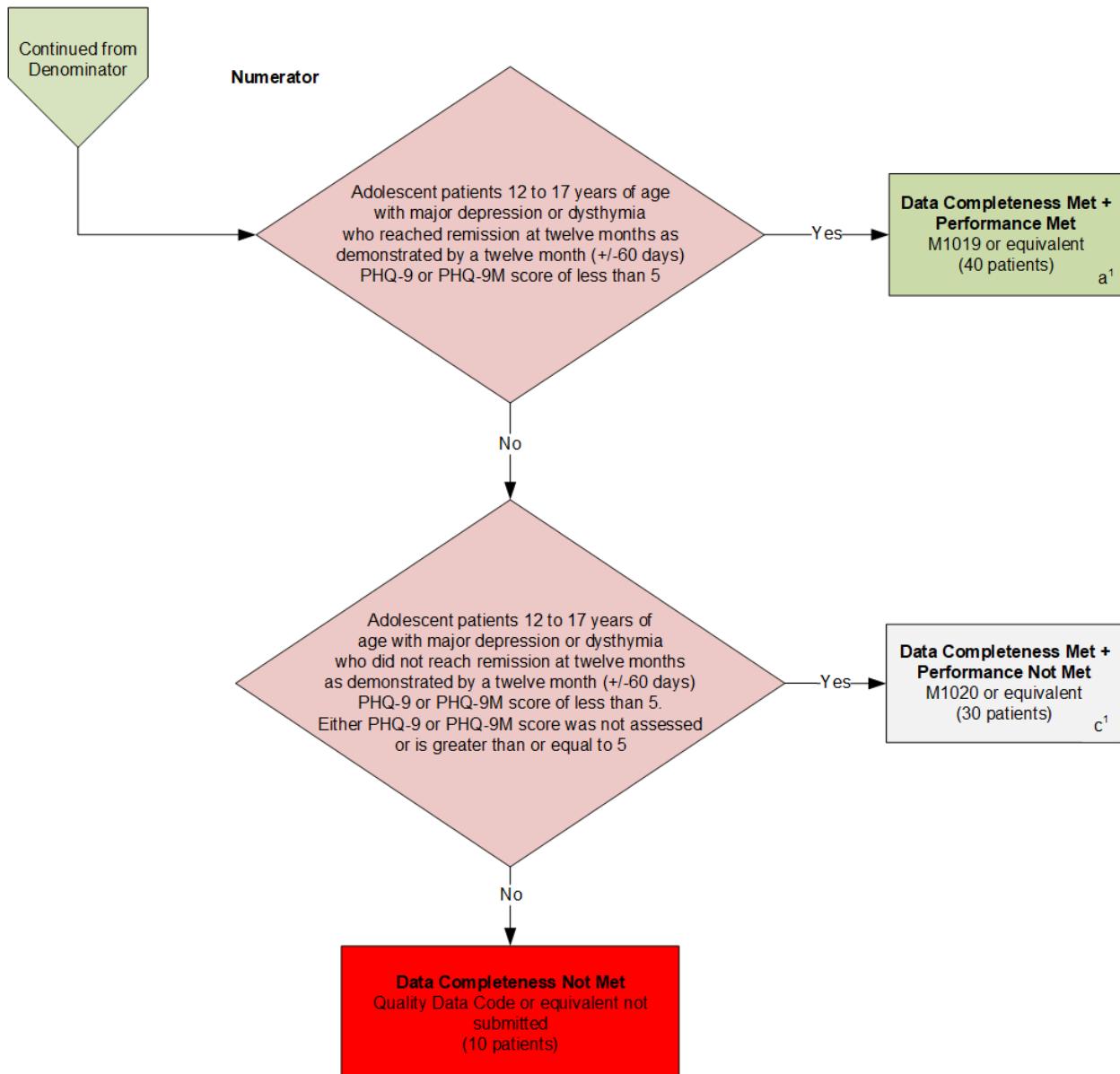
**Overall Performance Rate (Weighted Average) =**  

$$\frac{\text{Performance Met (a}^1+\text{a}^2=80 \text{ patients)}}{\text{Data Completeness Numerator (140 patients)}} = \frac{80 \text{ patients}}{140 \text{ patients}} = 57.14\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Intermediate





#### SAMPLE CALCULATION: SUBMISSION CRITERIA ONE

##### **Data Completeness=**

$$\frac{\text{Performance Met (a}^1\text{=40 patients)} + \text{Performance Not Met (c}^1\text{=30 patients)}}{\text{Eligible Population / Denominator (d}^1\text{=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

##### **Performance Rate=**

$$\frac{\text{Performance Met (a}^1\text{=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

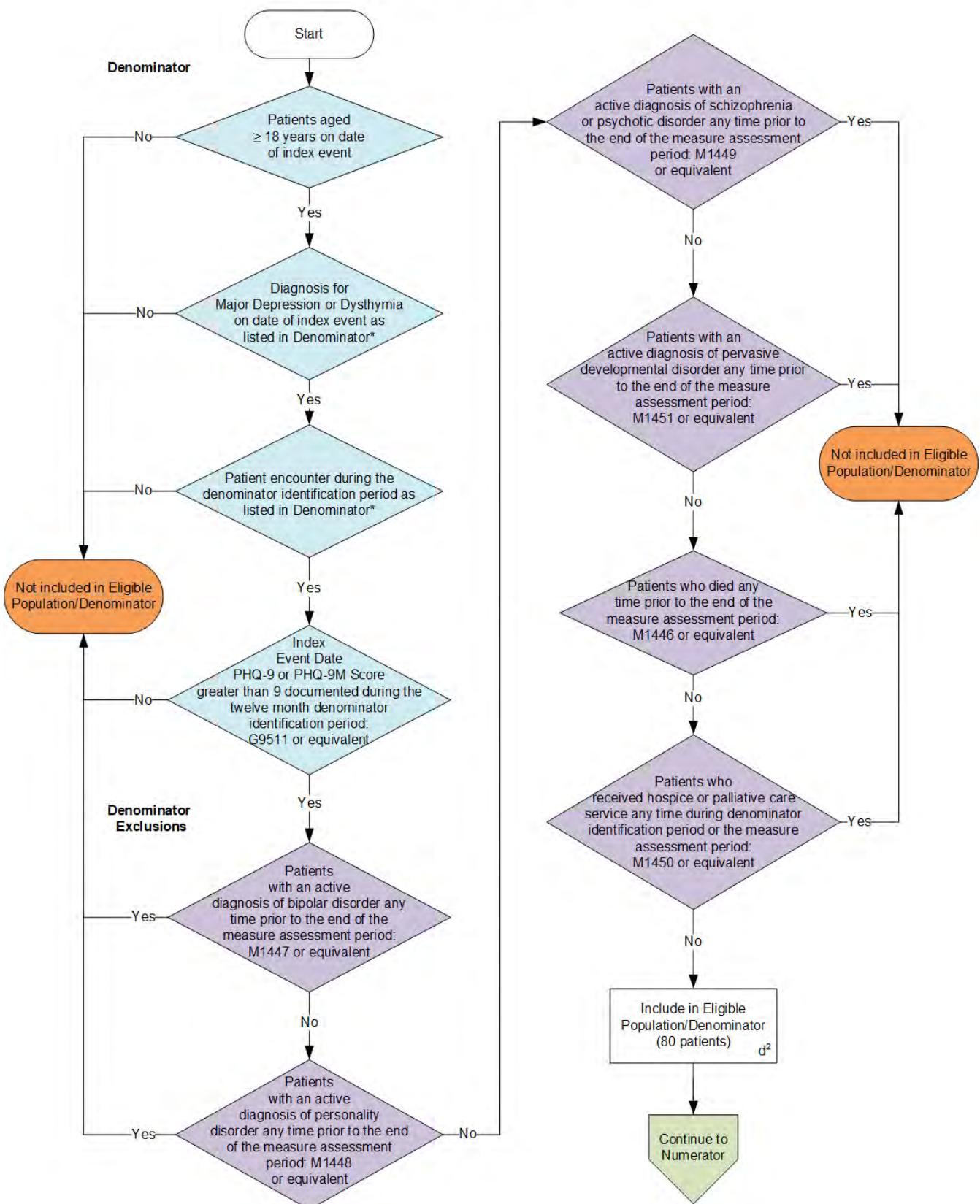
\*See the posted measure specification for specific coding and instructions to submit this measure.

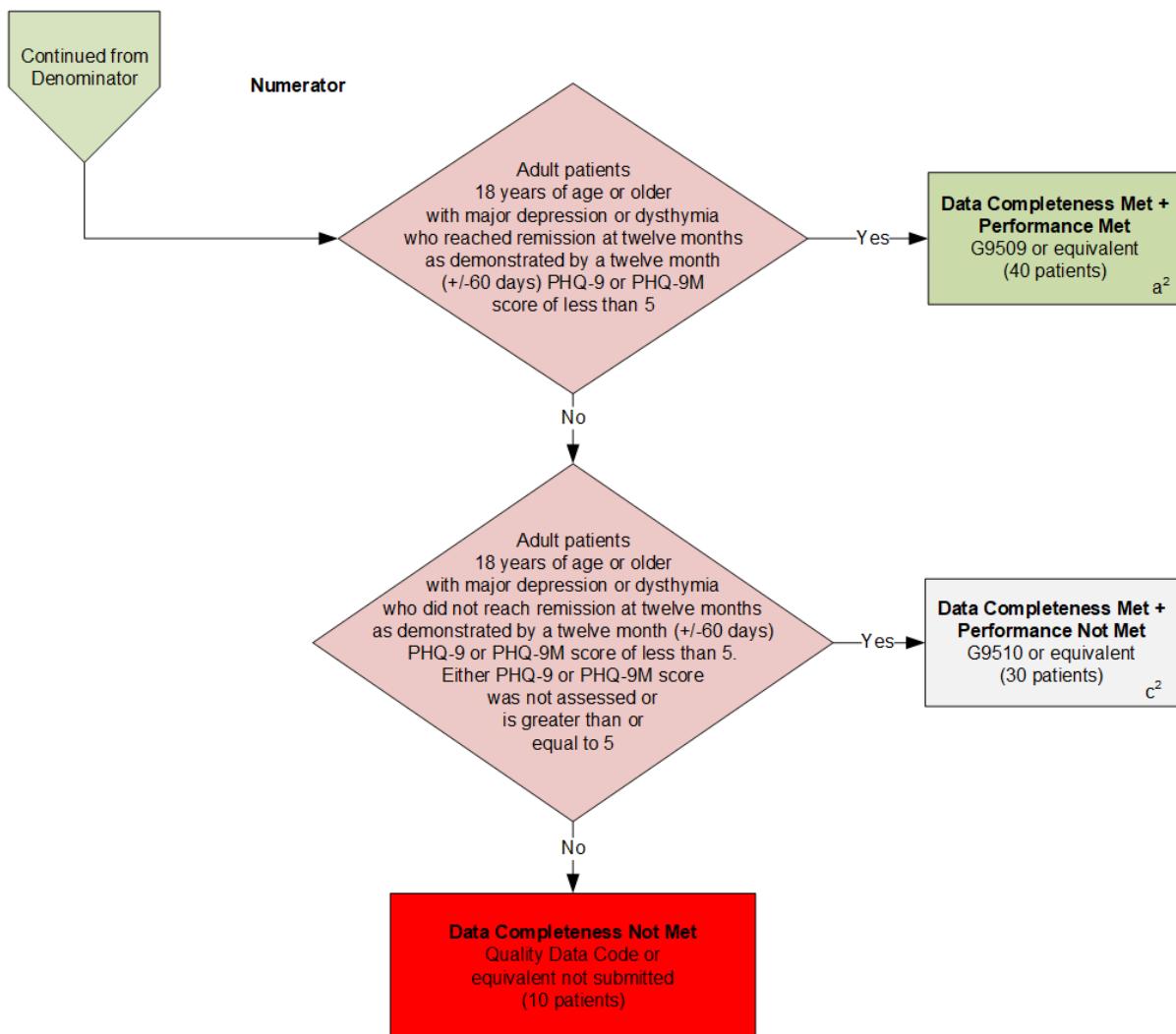
Note: Submission Frequency: Patient-Intermediate

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## Submission Criteria Two





#### SAMPLE CALCULATION: SUBMISSION CRITERIA TWO

**Data Completeness=**

$$\frac{\text{Performance Met (a}^2\text{=40 patients)} + \text{Performance Not Met (c}^2\text{=30 patients)}}{\text{Eligible Population / Denominator (d}^2\text{=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a}^2\text{=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Intermediate

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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## 2026 Clinical Quality Measure Flow Narrative for Quality ID #370 (CBE 0710): Depression Remission at Twelve Months

*Disclaimer:* Refer to the measure specification for specific coding and instructions to submit this measure.

### Multiple Performance Rates

#### Accountability Reporting in the CMS MIPS Program: Sample Calculations

Overall Data Completeness Rate (All Submission Criteria) equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 80 patients) plus Performance Not Met (c<sup>1</sup> plus c<sup>2</sup> equals 60 patients) divided by Eligible Population/Denominator (d<sup>1</sup> plus d<sup>2</sup> equals 160 patients). All equals 140 patients divided by 160 patients. All equals 87.50 percent.

Overall Performance Rate (Weighted Average) equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 80 patients) divided by Data Completeness Numerator (140 patients). All equals 80 patients divided by 140 patients. All equals 57.14 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Intermediate

#### Submission Criteria One:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 12 years and less than or equal to 17 years on date of index event*:
  - a. If *Patients aged greater than or equal to 12 years and less than or equal to 17 years on date of index event* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 12 years and less than or equal to 17 years on date of index event* equals Yes, proceed to check *Diagnosis for Major Depression or Dysthymia on date of index event as listed in Denominator*\*.
3. Check *Diagnosis for Major Depression or Dysthymia on date of index event as listed in Denominator*\*:
  - a. If *Diagnosis for Major Depression or Dysthymia on date of index event as listed in Denominator*\* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for Major Depression or Dysthymia on date of index event as listed in Denominator*\* equals Yes, proceed to check *Patient encounter during the denominator identification period as listed in Denominator*\*.
4. Check *Patient encounter during the denominator identification period as listed in Denominator*\*:
  - a. If *Patient encounter during the denominator identification period as listed in Denominator*\* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the denominator identification period as listed in Denominator*\* equals Yes, proceed to check *Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period*.
5. Check *Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period*:
  - a. If *Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period* equals No, do not include in *Eligible Population/Denominator*. Stop

processing.

- b. If *Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period* equals Yes, proceed to check *Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period*.
- 6. Check *Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period*:
  - a. If *Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period* equals No, proceed to check *Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period*.
  - b. If *Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
- 7. Check *Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period*:
  - a. If *Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period* equals No, proceed to check *Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period*.
  - b. If *Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
- 8. Check *Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period*:
  - a. If *Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period* equals No, proceed to check *Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period*.
  - b. If *Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
- 9. Check *Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period*:
  - a. If *Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period* equals No, proceed to check *Patients who died any time prior to the end of the measure assessment period*.
  - b. If *Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
- 10. Check *Patients who died any time prior to the end of the measure assessment period*:
  - a. If *Patients who died any time prior to the end of the measure assessment period* equals No, proceed to check *Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period*.
  - b. If *Patients who died any time prior to the end of the measure assessment period* equals Yes, do not

include in *Eligible Population/Denominator*. Stop processing.

11. Check *Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period*:
  - a. If *Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period* equals No, include in *Eligible Population/Denominator*.
  - b. If *Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
12. Denominator Population:
  - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d<sup>1</sup> equals 80 patients in the Sample Calculation.
13. Start Numerator
14. Check *Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5*:
  - a. If *Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5* equals Yes, include in *Data Completeness and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>1</sup> equals 40 patients in the Sample Calculation.
  - b. If *Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5* equals No, proceed to check *Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M was not assessed or is greater than or equal to 5*.
15. Check *Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M was not assessed or is greater than or equal to 5*:
  - a. If *Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M was not assessed or is greater than or equal to 5* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>1</sup> equals 30 patients in the Sample Calculation.
  - b. If *Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M was not assessed or is greater than or equal to 5* equals No,

proceed to check *Data Completeness Not Met*.

16. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**Sample Calculations: Submission Criteria One**

Data Completeness equals Performance Met (a<sup>1</sup> equals 40 patients) plus Performance Not Met (c<sup>1</sup> equals 30 patients) divided by Eligible Population / Denominator (d<sup>1</sup> equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a<sup>1</sup> equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Intermediate

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

**Submission Criteria Two:**

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of index event*:
  - a. If *Patients aged greater than or equal to 18 years on date of index event* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 18 years on date of index event* equals Yes, proceed to check *Diagnosis for Major Depression or Dysthymia on date of index event as listed in Denominator*\*.
3. Check *Diagnosis for Major Depression or Dysthymia on date of index event as listed in Denominator*\*:
  - a. If *Diagnosis for Major Depression or Dysthymia on date of index event as listed in Denominator*\* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for Major Depression or Dysthymia on date of index event as listed in Denominator*\* equals Yes, proceed to check *Patient encounter during the denominator identification period as listed in Denominator*\*
4. Check *Patient encounter during the denominator identification period as listed in Denominator*\*:
  - a. If *Patient encounter during the denominator identification period as listed in Denominator*\* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the denominator identification period as listed in Denominator*\* equals Yes, proceed to check *Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period*.

5. Check *Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period*:
  - a. If *Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period* equals Yes, proceed to check *Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period*.
6. Check *Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period*:
  - a. If *Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period* equals No, proceed to check *Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period*.
  - b. If *Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
7. Check *Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period*:
  - a. If *Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period* equals No, proceed to check *Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period*.
  - b. If *Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
8. Check *Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period*:
  - a. If *Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period* equals No, proceed to check *Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period*.
  - b. If *Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
9. Check *Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period*:
  - a. If *Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period* equals No, proceed to check *Patients who died any time prior to the end of the measure assessment period*.
  - b. If *Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
10. Check *Patients who died any time prior to the end of the measure assessment period*.

- a. If *Patients who died any time prior to the end of the measure assessment period* equals No, proceed to check *Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period*.
  - b. If *Patients who died any time prior to the end of the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

11. Check *Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period*:

- a. If *Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period* equals No, include in *Eligible Population/Denominator*.
- b. If *Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

12. Denominator Population:

- Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter  $d^2$  equals 80 patients in the Sample Calculation.

13. Start Numerator

14. Check *Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5*:

- a. If *Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5* equals Yes, include in *Data Completeness and Performance Met*.
  - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter  $a^2$  equals 40 patients in the Sample Calculation.
- b. If *Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5* equals No, proceed to check *Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M was not assessed or is greater than or equal to 5*.
  - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter  $c^2$  equals 30 patients in the

15. Check *Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M was not assessed or is greater than or equal to 5*:

- a. If *Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M was not assessed or is greater than or equal to 5* equals Yes, include in *Data Completeness Met and Performance Not Met*.
  - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter  $c^2$  equals 30 patients in the

Sample Calculation.

- b. If *Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (plus or minus 60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M was not assessed or is greater than or equal to 5* equals No, proceed to check *Data Completeness Not Met*.
16. Check *Data Completeness Not Met*:
  - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**Sample Calculations: Submission Criteria Two**

Data Completeness equals Performance Met ( $a^2$  equals 40 patients) plus Performance Not Met ( $c^2$  equals 30 patients) divided by Eligible Population / Denominator ( $d^2$  equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met ( $a^2$  equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Intermediate

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.