Quality ID #505: Reduction in Suicidal Ideation or Behavior Symptoms

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Patient-Reported Outcome-Based Performance Measure (PRO-PM) – High Priority

DESCRIPTION:
The percentage of patients aged 18 years and older with a mental and/or substance use disorder AND suicidal thoughts, behaviors or risk symptoms who demonstrated a reduction in suicidal ideation and/or behavior symptoms based on results from the Columbia-Suicide Severity Rating Scale 'Screen Version' or 'Since Last Visit' (C-SSRS), within 120 days after an index assessment.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted a minimum of 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 mental and/or substance use disorder. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-periodic measure is submitted a minimum of once per patient per timeframe specified by the measure during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

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

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Payment Program (QPP) website.

DENOMINATOR:
Patients aged 18 and older with a mental and/or substance use disorder with suicidal ideation and/or behavior symptoms OR deemed a suicide risk based on their clinician's evaluation at an encounter with an index assessment completed using the C-SSRS during the denominator identification period.

Definitions:
Columbia-Suicide Severity Rating Scale – Suicidal ideation and behavior should be assessed using the Columbia-Suicide Severity Rating Scale 'Screen Version' or the 'Since Last Visit' version of the C-SSRS. The C-SSRS is a patient self-reported tool that asks about wish for death, thoughts of suicide, suicidal thoughts with method without specific thoughts or intent, suicidal intent without and with specific plan, and suicide behavior. The C-SSRS "score" for the current measure is the sum of all the Yes/No items (Yes = 1, No = 0) if using the 'Screen Version' or intensity of ideation if using the 'Since Last Visit' version. A non-zero on questions 1 or 2 of either C-SSRS version qualifies as having suicidal thoughts and behavior symptoms. Available at: https://cssrs.columbia.edu/
Suicide risk based on clinician's evaluation or a clinician-rated tool – A clinician may determine a patient at increased suicide risk by evaluation and clinical judgment or the use of a standardized tool, such as the CRPSR. The Clinician Rating of Potential Suicide Risk (CRPSR) is a single item clinician-rated tool that was developed and tested during the DSM-5 Field Trials. The assessment tool includes a listing of risk factors for suicide and a description of a what very high-risk patient might look like. The clinician is asked to consider the list of risk factors and the description of a very high-risk patient in their clinical evaluation of the patient, and to rate the patient's risk for suicide and the need for suicide prevention as part of the patient's current clinical management. A non-zero score on the CRPSR indicates the need to initiate the Suicide Safety Plan. Other clinician rated assessment tools that qualify for this measure include but are not limited to: Suicide Assessment Five-step Evaluation & Triage (SAFE-T), SAFE-T Protocol with CSSRS (Columbia Risk & Protective Factors) Lifetime/Recent, CSSRS (Columbia Risk & Protective Factors) Lifetime/Recent.
Denominator Identification Period – The period in which individuals can have an encounter with a baseline assessment using the C-SSRS. The "denominator identification period" is the 12-month window starting 4 months prior to the measurement year and ending 8 months into the measurement year.
Index Assessment – The "index assessment" refers to the encounter during the denominator identification period when the individual is identified as having suicidal ideation and/or behavior symptoms OR at being at increased suicide risk by clinician determination AND completes the first C-SSRS with a non-zero score. If there are multiple assessments, the first non-zero assessment completed during the denominator identification period should be counted as the "index assessment".
Suicidal Ideation and/or Behavior Symptoms – Any non-zero score on the C-SSRS or clinician determination of increased suicide risk.

DENOMINATOR NOTE:
A patient meets criteria for exclusion if there is documentation of an exclusion diagnosis at any point during the denominator identification period.

**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 18 years and older on the date of the index encounter during the denominator identification period
AND
Diagnosis for any mental, behavioral, or substance use disorder on the date of the index encounter during the denominator identification period (ICD-10-CM): F10.10, F10.11, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.21, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251,

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F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.90, F10.91, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.10, F11.11, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.91, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.10, F12.11, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.21, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F12.90, F12.91, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.10, F13.11, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.21, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F13.90, F13.91, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.10, F14.11, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.21, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F14.90, F14.91, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.10, F15.11, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.21, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F15.90, F15.91, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.10, F16.11, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.21, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F16.90, F16.91, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, F18.10, F18.11, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.21, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F18.90, F18.91, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.10, F19.11, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.21, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29, F19.90, F19.91, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, 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, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.01, F50.010, F50.011, F50.012, F50.013, F50.019, F50.02, F50.020, F50.021, F50.022, F50.023, F50.029, F50.2, F50.20, F50.21, F50.22, F50.23, F50.24, F50.81, F50.810, F50.811, F50.812, F50.813, F50.819, F50.82, F50.83, F50.84, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F54, F55.0, F55.1, F55.2, F55.3, F55.4, F55.8, F59, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89,

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F63.9, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99

AND

Patient encounter during the denominator identification period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 90845, 90847, 90849, 90853, 90865, 90875*, 90876*, 90880, 90901, 90912, 96112, 96116, 96125, 96127, 96130, 96132, 96136, 96138, 96146, 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, 99242*, 99243*, 99244*, 99245*, 99401*, 99402*, 99403*, 99404*, 99406, 99407, 99408*, 99409*, 99421, 99422, 99423, 99492, 99493, 99484, G0323, G0556, G0557, G0558, G0560

AND

Suicidal Ideation and/or Behavior Symptoms based on the C-SSRS: M1360

OR

Suicide risk based on their clinician's evaluation or a clinician-rated tool: M1361

AND

Index Assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs AND a non-zero C-SSRS score is obtained: M1359

AND NOT

DENOMINATOR EXCLUSIONS:

Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders: M1480

OR

Patients who died during the measurement period: M1362

Reference Coding:

Denominator Exclusion for Patient Situations that may Impact Accuracy of Results [M1480] may be defined by the following coding only (ICD-10-CM):

F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.4, F06.70, F06.71, F06.8, F07.0, F07.81, F07.89, F07.9, F09, F70, F71, F72, F73, F78.A1, F78.A9, F79, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, QA00101, QA00102, QA00109, QA0011, QA0012, QA0013, QA00131, QA00139, QA00141, QA00142, QA00149, QA00151, QA00159, QA08

NUMERATOR:

Patients who demonstrated a reduction in suicidal ideation and/or behavior symptoms as demonstrated by results of a follow-up assessment using the C-SSRS within 120 days after the index assessment during the measurement period.

Definitions:

Reduction – Any decrease in C-SSRS score (sum of all items).

Follow-up Assessment – "Follow-up assessment" using the C-SSRS at a separate encounter from the index assessment. This assessment was administered within 120 days after the baseline assessment within the 16-month measurement period. If there are multiple assessments during the measurement period, the last assessment completed within 120 days after the index assessment was counted as the "follow-up assessment".

Measurement Period – A 16-month period, starting 4 months prior to the measurement year through the 12

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months of the performance year.

Numerator Options:

Performance Met: Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment (M1357)

OR

Performance Not Met: Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment (M1358)

OR

Performance Not Met: Patients who did not have a follow-up assessment within 120 days of the index assessment (M1363)

RATIONALE:

Mental and substance use disorders are among the 25 leading causes of years lived with disability and contribute significantly to the global burden of disease (Mokdad et al., 2018). Specifically, 19% of U.S. adults (46.6 million individuals aged 18 and older) have a mental illness and 7.6% (18.7 million individuals aged 18 and older) have a substance use- disorder (McCance-Katz, 2019). Mental and substance use disorders often co-occur with about 8.5 million adults aged 18 and older in the US having both conditions (McCance-Katz, 2019). Individuals with mental and/or substance use disorders are at high risk for suicide - a leading cause of death in the US and a preventable cause of lost lives (Edwards et al., 2020). For the past 20 years death by suicide has increased significantly with more than 40,000 Americans dying by suicide each year and reaching over 47,000 in 2018 (Hedegaard and Warner, 2021). Adding alarm to this issue is the even greater number of Americans who attempt suicide each year (i.e., 20 to 25 times more than the number of suicide) and the resulting health consequences including the group's 2-4 times increased risk for dying by suicide (Olfson et al., 2017). An even greater proportion of Americans (~100X) have serious thoughts of suicide (Olfson et al., 2017).

This measure encourages the provision of evidence-based care to individuals presenting to a number of health professionals across a variety of settings for the assessment and care of their mental or substance use disorders. More specifically, the proposed measure aims to avert or reduce the risk of suicide and associated outcome (i.e., suicide attempts) in this population that is at high risk for suicide and suicide attempts. The measure emphasizes patient-centered quality care, which is important for combating these prevalent and preventable outcomes that affect thousands of Americans each year.

CLINICAL RECOMMENDATION STATEMENTS:

Suicidal ideation and behavior should be assessed using the Columbia-Suicide Severity Rating Scale 'Screen Version' or the 'Since Last Visit' version of the C-SSRS (CSSR, 2008). The C-SSRS is a patient self-reported tool that asks about wish for death, thoughts of suicide, suicidal thoughts with method without specific thoughts or intent, suicidal intent without and with specific plan, and suicide behavior. The C-SSRS "score" for the current measure is the sum of all the Yes/No items (Yes = 1, No = 0) if using the 'Screen Version' or intensity of ideation if using the 'Since Last Visit' version. A non-zero on questions 1 or 2 of either C-SSRS version qualifies as at risk. C-SSRS 'Screen Version' available at: https://www.cms.gov/files/document/cssrs-screen-version-instrument.pdf
C-SSRS 'Since Last Visit' available at: https://cssrs.columbia.edu/

REFERENCES:

There are no sources in the current document

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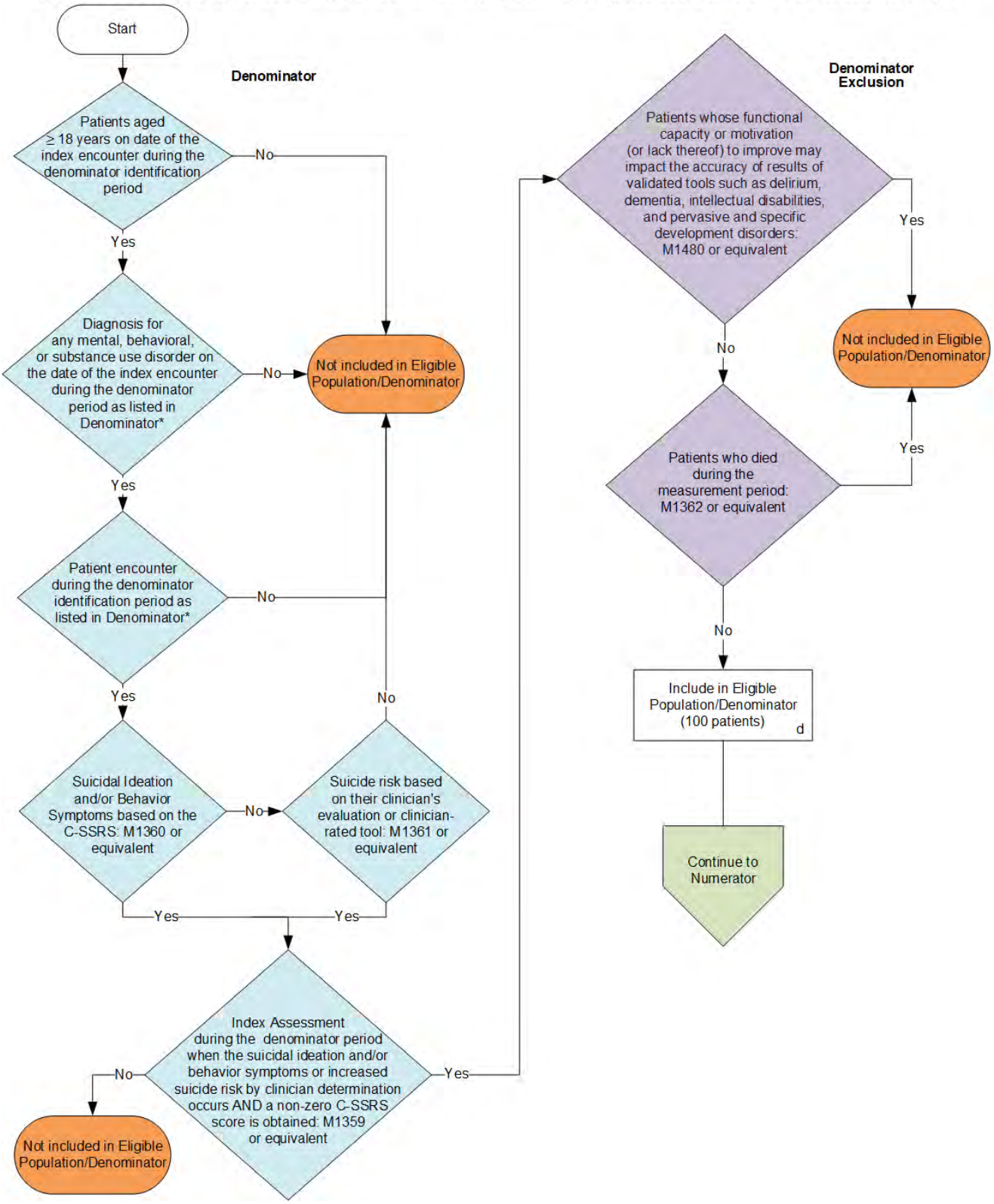
2026 Clinical Quality Measure Flow for Quality ID #505: Reduction in Suicidal Ideation or Behavior Symptoms

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



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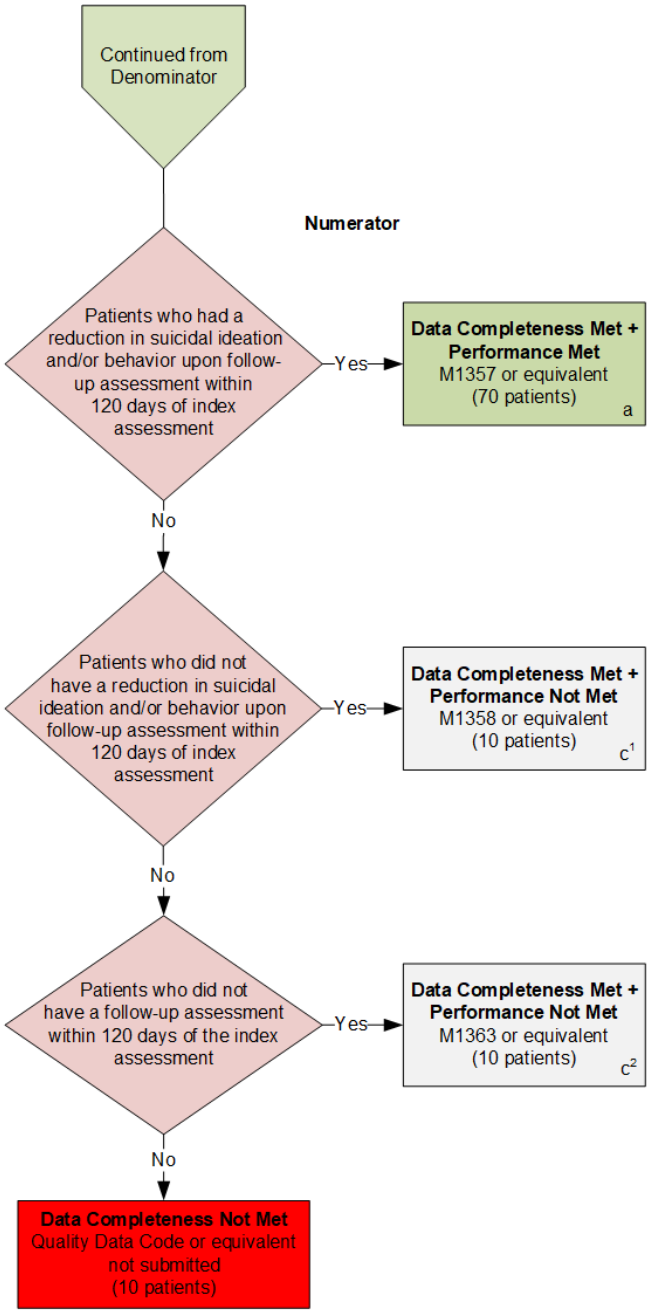

SAMPLE CALCULATION

Data Completeness=

Performance Met (a=70 patients) + Performance Not Met (c^1+c^2=20 patients) / Eligible Population / Denominator (d=100 patients) = 90 patients / 100 patients = **90.00%**

Performance Rate=

Performance Met (a=70 patients) / Data Completeness Numerator (90 patients) = 70 patients / 90 patients = **77.77%**

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Periodic

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2026 Clinical Quality Measure Flow Narrative for Quality ID #505: Reduction in Suicidal Ideation or Behavior Symptoms

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1. Start with Denominator
2. Check *Patients aged 18 years and older on the date of the index encounter during the denominator identification period*:
    a. If *Patients aged 18 years and older on the date of the index encounter during the denominator identification period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged 18 years and older on the date of the index encounter during the denominator identification period* equals Yes, proceed to check *Diagnosis for any mental, behavioral, or substance use disorder on the date of the index encounter during the denominator period as listed in Denominator**.
3. Check *Diagnosis for any mental, behavioral, or substance use disorder on the date of the index encounter during the denominator period as listed in Denominator**:
    a. If *Diagnosis for any mental, behavioral, or substance use disorder on the date of the index encounter during the denominator period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for any mental, behavioral, or substance use disorder on the date of the index encounter during the denominator period 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 *Suicidal Ideation and/or Behavior Symptoms based on the C-SSRS*.
5. Check *Suicidal Ideation and/or Behavior Symptoms based on the C-SSRS*:
    a. If *Suicidal Ideation and/or Behavior Symptoms based on the C-SSRS* equals No, proceed to check *Suicide risk based on their clinician's evaluation or a clinician-rated tool*.
    b. If *Suicidal Ideation and/or Behavior Symptoms based on the C-SSRS* equals Yes, proceed to check *Index Assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs AND a non-zero C-SSRS score is obtained*.
6. Check *Suicide risk based on their clinician's evaluation or a clinician-rated tool*:
    a. If *Suicide risk based on their clinician's evaluation or a clinician-rated tool* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Suicide risk based on their clinician's evaluation or a clinician-rated tool* equals Yes, proceed to check *Index Assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs AND a non-zero C-SSRS score is obtained*.

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7. Check *Index Assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs AND a non-zero C-SSRS score is obtained*:

    a. If *Index Assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs AND a non-zero C-SSRS score is obtained* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Index Assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs AND a non-zero C-SSRS score is obtained* equals Yes, proceed to check *Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders as listed in Denominator**.

8. Check *Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders as listed in Denominator**:

    a. If *Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders as listed in Denominator** equals No, proceed to check *Patients who died during the measurement period*.

9. Check *Patients who died during the measurement period*:

    a. If *Patients who died during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients who died during the measurement period* equals No, include in *Eligible Population/Denominator*.

10. 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 equals 100 patients in the Sample Calculation.

11. Start Numerator

12. Check *Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment*:

    a. If *Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculations listed at the end of this document. Letter a equals 70 patients in Sample Calculations.

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b. If *Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment* equals No, proceed to check *Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment*.

13. Check *Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment*:

    a. If *Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment* 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^1 equals 10 patients in the Sample Calculation.

    b. If *Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment* equals No, proceed to check *Patients who did not have a follow-up assessment within 120 days of the index assessment*.

14. Check *Patients who did not have a follow-up assessment within 120 days of the index assessment*:

    a. If *Patients who did not have a follow-up assessment within 120 days of the index assessment* 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 10 patients in the Sample Calculation.

    b. If *Patients who did not have a follow-up assessment within 120 days of the index assessment* equals No, proceed to check *Data Completeness Not Met*.

15. 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 Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 70 patients) plus Performance Not Met ($c^1 + c^2$ equals 20 patients) divided by Eligible Population / Denominator (d equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a equals 70 patients) divided by Data Completeness Numerator (90 patients). All equals 70 patients divided by 90 patients. All equals 77.77 percent.

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

NOTE: Submission Frequency: Patient-Periodic

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