CMS 159 Depression Remission at 12 Months

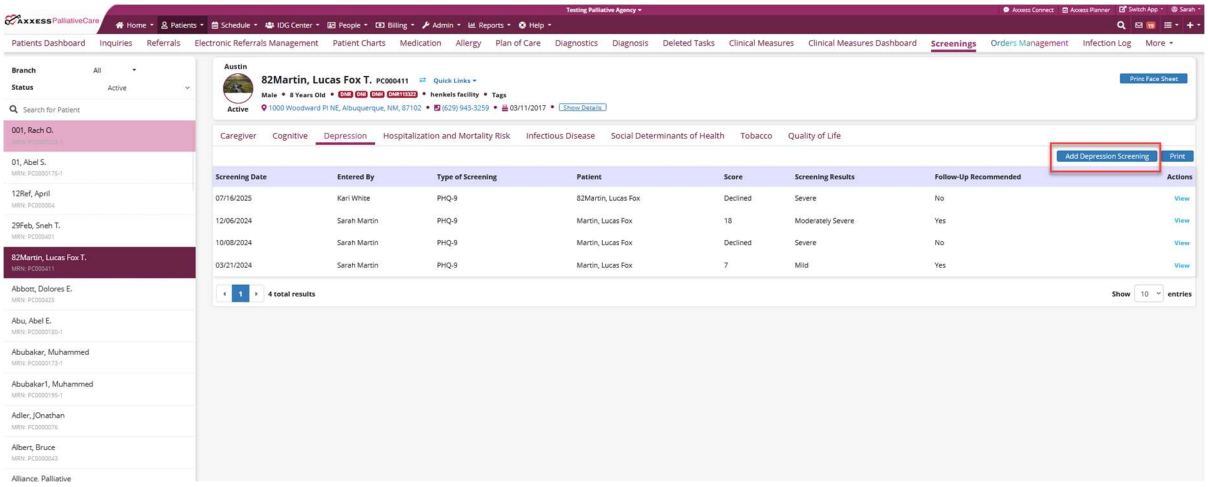
Documentation Step-by-Step

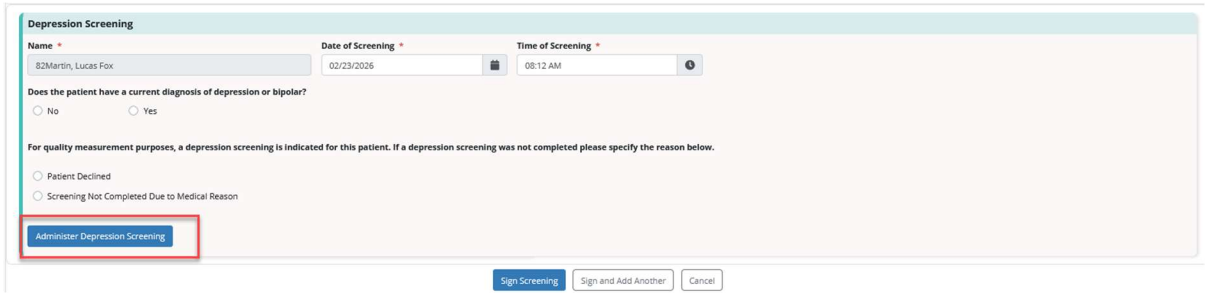
Workflow: Insurance/Payer > Fee Schedule > Visit Codes CPT added

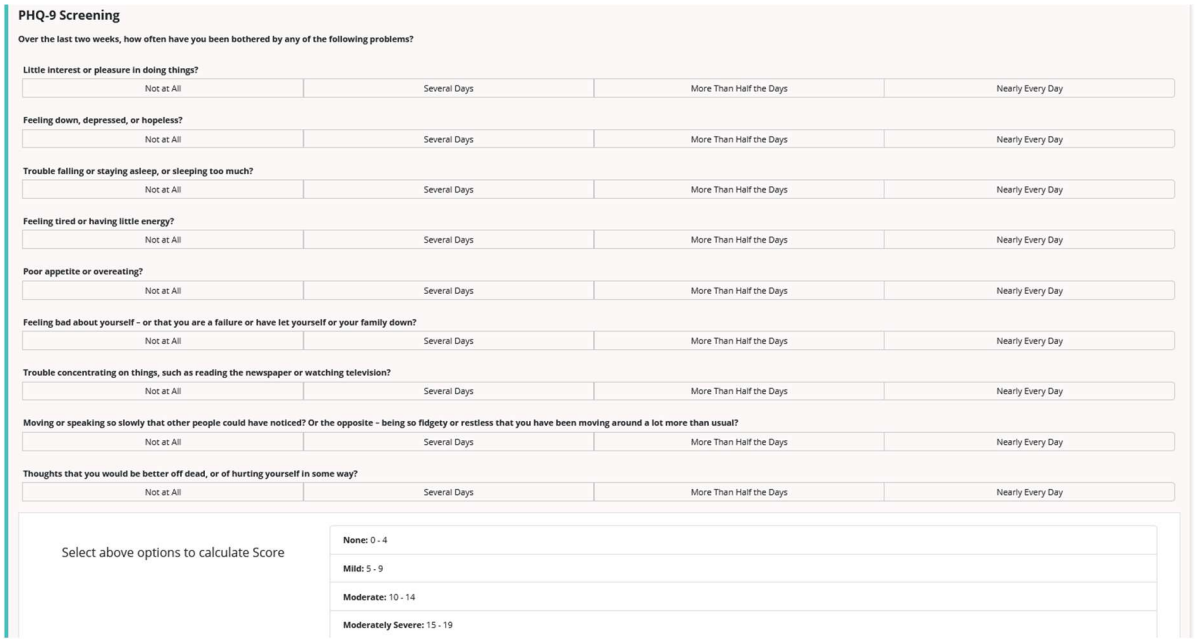
When documenting a billable visit for a patient with a CPT code that qualifies for the measure, select any CPT code with the contact or office visit type. The patient should also have a diagnosis of depression documented under Problems. Both these criteria will qualify a patient for the denominator criteria.

Workflow: Patients tab > Patient Chart > Screenings > Depression

If the user is documenting for any patient, navigate to the Patients tab > Screenings > Depression tab. Click the Add Depression Screening button, enter the necessary details and click Administer Screening. Once complete, select Sign Screening.





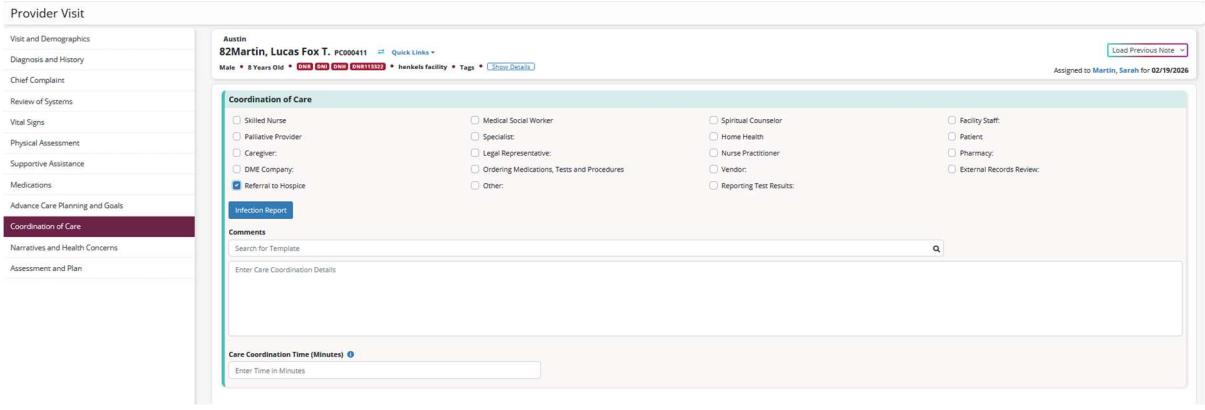


Once the screening is completed, complete the visit note and associate the billable CPT code to the note.

If the depression screening score was **nine or higher** 12 months earlier and is now **five or lower** at the current assessment, the patient may be counted toward this measure.

Workflow: Provider Visit > Coordination of Care > Hospice Referral

This measure has an exception for any patient who has received hospice services during the measure period. If the user documents a hospice referral in the Coordination of Care section within any visit, this will capture the information necessary to exclude the patient from the measure criteria.



Patient is Expired

Workflow: Patients > Patient Chart > Change Status > Deceased

OR

Patient has Diagnosis of Mental Health Disorder

Workflow: Patients > Patient Chart > Edit Profile > Health History > Add Problem > Mental Disorder