

**American Medical Association (AMA)-convened Physician Consortium  
for Performance Improvement<sup>®</sup> (PCPI<sup>®</sup>)**

**Child and Adolescent Major Depressive Disorder  
*Performance Measurement Set***

**PCPI Approved September 2008  
Updated October 2014**

Physician Performance Measures (Measures) and related data specifications have been developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI®). These Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, eg, use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the PCPI). Neither the AMA, PCPI nor its members shall be responsible for any use of the Measures.

**THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.**

© 2015 American Medical Association. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications. Use of CPT coding beyond fair use requires a license from the AMA.

CPT® contained in the Measure specifications is copyright 2004-2014 American Medical Association. LOINC® copyright 2004-2014 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2014 International Health Terminology Standards Development Organisation. ICD-10 copyright 2014 World Health Organization. All Rights Reserved.

**Child and Adolescent Major Depressive Disorder Work Group**

Richard Hellman, MD, FACP, FACE (co-chair) (*methodologist; clinical endocrinology*)

John Oldham, MD (co-chair) (*psychiatry*)

Boris Birmaher, MD (*child/adolescent psychiatry*)

Mary Dobbins, MD, FAAP (*pediatrics/psychiatry*)

Scott Endsley, MD, MSc (*family medicine*)

William E. Golden, MD, FACP (*internal medicine*)

Margaret L. Keeler, MD, MS, FACEP (*emergency*

*medicine*)

Louis J. Kraus, MD (*child/adolescent psychiatry*)

Laurent S. Lehmann, MD (*psychiatry*)

Karen Pierce, MD (*child/adolescent psychiatry*)

Reed E. Pyeritz, MD, PhD, FACP, FACMG (*medical genetics*)

Laura Richardson, MD, MPH (*internal*

*medicine/pediatrics*)

Sam J.W. Romeo, MD, MBA (*family medicine*)

Carl A. Sirio, MD (*critical care medicine*)

Sharon Sweede, MD (*family medicine*)

Scott Williams, PsyD (*The Joint Commission*)

**American Medical Association**

Katherine Ast, MSW, LCSW

Heidi Bossley, MSN, MBA

Joseph Gave, MPH

Karen Kmetik, PhD

Shannon Sims, MD, PhD

Kimberly Smuk, RHIA

Samantha Tierney, MPH

**American Psychiatric Association**

Robert Plovnick, MD, MS

**National Committee for Quality Assurance**

Phil Renner, MBA

**Consultants**

Timothy Kresowik, MD

Rebecca Kresowik

Table of Contents	
<b>Child and Adolescent Major Depressive Disorder</b>	
Purpose of Measurement Set.....	5
Intended Audience and Patient Population .....	5
Technical Specifications: Overview.....	5
Measure Exclusions and Exceptions.....	7
Testing and Implementation of the Measurement Set.....	8
<b>Child and Adolescent Major Depressive Disorder Measures:</b>	
Measure #1: Interview of Adolescent or Child <i>This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.</i>	10
Measure #2: Diagnostic Evaluation <i>This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.</i>	10
Measure #3: Suicide Risk Assessment	11
Measure #4: Psychotherapy <i>This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document</i>	13
Measure #5: Medications Considered <i>This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.</i>	13
Measure #6: Follow-Up Care <i>This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.</i>	13
Evidence Classification/Rating Schemes.....	14
References.....	15
APPENDIX A: Child and Adolescent Major Depressive Disorder Performance Measurement Specifications	16

## **Purpose of the Measurement Set:**

These clinical performance measures, developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI®), are designed for individual quality improvement. Unless otherwise indicated, the measures are also appropriate for accountability if appropriate methodological, statistical, and implementation rules are achieved.

### **Accountability Measures:**

Measure#1: Interview of Adolescent or Child

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document*

Measure#2: Diagnostic Evaluation

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document*

Measure#3: Suicide Risk Assessment

Measure#4: Psychotherapy

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document*

Measure#5: Medications Considered

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document*

Measure#6: Follow-Up Care

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document*

## **Intended Audience, Care Setting, and Patient Population**

These measures are designed for use by physicians and for calculating reporting or performance measurement at the individual physician level. When existing hospital-level or plan-level measures are available for the same measurement topics, the PCPI attempts to harmonize the measures to the extent feasible.

These measures are designed for any physician who manages the ongoing care of patients aged 6 through 17 years with a diagnosis of major depressive disorder (MDD).

The PCPI also encourages the use of these measures by eligible health professionals, where appropriate.

## **Technical Specifications: Overview**

There are several data sources available for collecting performance measures; generally different data sources require different sets of measure specifications, due to the structure of the systems storing the data.

Quality measure technical specifications for administrative data sources are developed with administrative code sets – ICD-9-CM, ICD-10-CM, CPT, for example. A measure intended for administrative data source use or reporting may have significant differences in the specifications due to the nature of the various data sources. In administrative data sources, administrative or billing codes are typically used to identify eligible populations and reported immediately following the provision of care.

Quality measure technical specifications for electronic data sources are developed in alignment with national standards for clinical quality measures. Based on a measure’s intended data sources, coding terminology recommendations and tools are used to create specifications to allow for clinical quality measure reporting. In electronic clinical data sources, data can be aggregated over a specific time period and also allow for greater ability to express certain types of data through use of the recommended terminologies for electronic sources.

The Centers for Medicare and Medicaid Services (CMS) developed *A Blueprint for the Measures Management System*, which provides guidance related to the development, implementation, and maintenance of clinical quality measures. Specific to eQMs, this resource includes the recommended vocabularies used to develop the value sets used in the measures. The Blueprint can be found at the following webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MeasuresManagementSystemBlueprint.html>

When expressing clinical concepts found within a measure, specifically for those electronically specified, the Value Set Authority Center (VSAC) is used as a repository for the value sets. The VSAC serves as a repository for value sets in various stages of development, from draft to published, and allows for maintenance of value sets as updates are made to terminologies. It also allows measure developers to search for value sets currently in the VSAC and stewarded by another organization which could potentially be reused in a measure, as an effort towards harmonization with existing value sets so as not to duplicate value sets already in use with the same or similar clinical concepts. The VSAC can be accessed at the following webpage: <https://vsac.nlm.nih.gov/>

The Quality Data Model (QDM) is a framework used to categorize clinical concepts used in quality measures, as well as the relationships among them for electronic specification. The QDM allows for an Health Quality Measures Format (HQMF) rendering of logic using the Measure Authoring Tool (MAT) to express complex measure logic, and subsequently export measures in several formats, currently including a human-readable document, which can be viewed in a web browser, and the XML.

Links to these tools are found below:

QDM: <https://ecqi.healthit.gov/qdm>

MAT: <https://www.emasuretool.cms.gov/>

CMS and the Office of the National Coordinator for Health IT (ONC) host a website, the Electronic Clinical Quality Information Resource Center (eCQI Resource Center), which is designed to serve as a one-stop shop for all resources related to eCQM development.

The eCQI Resource Center can be accessed at: <https://ecqi.healthit.gov/ecqm>

## Measure Exclusions and Exceptions

### Measure Exclusions

The PCPI distinguishes between measure exceptions and measure exclusions. Exclusions arise when the intervention required by the numerator is not appropriate for a group of patients who are otherwise included in the initial patient or eligible population of a measure (ie, the denominator). Exclusions are absolute and are to be removed from the denominator of a measure and therefore clinical judgment does not enter the decision.

### Measure Exceptions

Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences.

For ***process measures***, the PCPI provides two categories of reasons for which a patient may be excluded from the denominator of an individual measure:

- **Medical reasons**

Include:

- Contraindicated in patient (potential allergy due to previous reported allergic history, potential adverse drug interaction, other)
- Already received/performed
- Intolerant (therapy was tried and the patient was intolerant)
- Other medical reason(s)

- **Patient or Non-medical reason(s)**

Include:

- Patient refused/declined
- Access issues or insurance coverage/payor-related limitations (patient not covered for treatment)
- Patient preference: Social reason(s) (eg, family or support system not supportive of intervention/treatment); Religious reason(s) (eg, religious beliefs regarding blood transfusion)
- Other patient or non-medical reason(s)

These measure exception categories are not available uniformly across all measures; for each measure, there must be a clear rationale to permit an exception for a medical or patient/non-medical reason. For some measures, examples have been provided in the measure exception language of instances that would constitute an exception. Examples are intended to guide clinicians and are not all-inclusive lists of all possible reasons why a patient could be excluded from a measure. There are different approaches for reporting measure exceptions, depending on whether the measure is being reported from an electronic clinical data source or an administrative data source.

Electronic Clinical Data Sources:

Value sets are included in the electronic clinical data source specifications for Medical Reason and Patient Reason. These have been specified in SNOMED-CT and include a broad list of reasons that

pertain to each type of exception and cover various situations. The contents of these value sets are broad, and facilitate re-use of the Medical and Patient Reason value sets across measurement sets.

#### Administrative Data Sources

Exceptions reported from administrative data sources can be reported using a Quality Data Code (QDC), which may be a CPT Category II code or a G-code.

Where CPT Category II codes are used, the exception of a patient may be reported by appending the appropriate modifier to the CPT Category II code designated for the measure:

- **Medical reasons:** modifier 1P
- **Patient reasons:** modifier 2P

Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the *specific* reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. For example, it is possible for implementers to calculate the percentage of patients that physicians have identified as meeting the criteria for exception.

Please refer to documentation for each individual measure for information on the acceptable exception categories and the codes and modifiers to be used for reporting.

## Testing and Implementation of the Measurement Set

The AMA-convened PCPI collaborated on a testing project in 2012 to ensure the Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment measure is reliable and evaluated for accuracy of the measure numerator and denominator case identification. The testing project was conducted utilizing electronic health record data. Parallel forms reliability was tested. Three sites participated in the parallel forms testing of the measure. Site A was a regional extension center comprised of a network of community health centers with 4,065 providers. Site B was a physician-owned private practice in an urban setting. Site C was a non-profit community mental health center with 5 psychiatrists, 30 therapists and 4 nurse practitioners.

#### **Measures Tested**

- Child and Adolescent Major Depressive Disorder (MDD) - Suicide Risk Assessment

#### **Reliability Testing**

The purpose of reliability testing was to evaluate whether the measure definitions and specifications, as prepared by the PCPI, yield stable, consistent measures. Data abstracted from electronic health records were used to calculate parallel forms reliability for the measure.

#### **Reliability Testing Results**

*Child and Adolescent Major Depressive Disorder (MDD) - Suicide Risk Assessment*

Parallel Forms Reliability Testing (Site A, B and C)

There were 101 observations from three sites used for the denominator analysis. The kappa statistic value of 0.32 demonstrates fair agreement between the automated report and reviewer.

Of the 101 observations that were initially selected, 97 observations met the criteria for inclusion in the numerator analysis. The kappa statistic value of 0.52 demonstrates moderate agreement between the automated report and reviewer.

Reliability: N, % Agreement, Kappa (95% Confidence Interval)

Denominator: 101, 96.0%, 0.32 (-0.17, 0.81)\*

Numerator: 97, 75.3%, 0.52 (0.37-0.67)

\*This is an example of the limitation of the Kappa statistic. While the agreement can be 90% or greater, if one classification category dominates, the Kappa can be significantly reduced (<http://www.ajronline.org/cgi/content/full/184/5/1391>).

**Measures #1-#2 have been removed from this document**

**Measure #1:** Interview of Adolescent or Child

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.*

**Measure #2:** Diagnostic Evaluation

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.*

**Child and Adolescent Major Depressive Disorder  
Measure #3: Suicide Risk Assessment**

**This measure may be used as an Accountability measure.**

**Measure Description**

Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk

**Measure Components**

<b>Numerator Statement</b>	<p>Patient visits with an assessment for suicide risk*</p> <p>Suicide Risk Assessment*: The specific type and magnitude of the suicide risk assessment is intended to be at the discretion of the individual clinician and should be specific to the needs of the patient. At a minimum, suicide risk assessment should evaluate:</p> <ol style="list-style-type: none"> <li>1. Risk (eg, age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (eg, religious belief, concern not to hurt family) that may influence the desire to attempt suicide.</li> <li>2. Current severity of suicidality.</li> <li>3. Most severe point of suicidality in episode and lifetime.</li> </ol> <p>Low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can also be used.</p>
<b>Denominator Statement</b>	All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder
<b>Denominator Exclusions</b>	None
<b>Denominator Exceptions</b>	None
<b>Supporting Guidelines</b>	<p><b>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</b></p> <p>The evaluation must include assessment for the presence of harm to self or others (MS). (AACAP<sup>1</sup>)</p> <p>Suicidal behavior exists along a continuum from passive thoughts of death to a clearly developed plan and intent to carry out that plan. Because depression is closely associated with suicidal thoughts and behavior, it is imperative to evaluate these symptoms at the initial and subsequent assessments. For this purpose, low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can be used. Also, it is crucial to evaluate</p>

	<p>the risk (e.g., age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (e.g., religious belief, concern not to hurt family) that might influence the desire to attempt suicide. The risk for suicidal behavior increases if there is a history of suicide attempts, comorbid psychiatric disorders (e.g., disruptive disorders, substance abuse), impulsivity and aggression, availability of lethal agents (e.g., firearms), exposure to negative events (e.g., physical or sexual abuse, violence), and a family history of suicidal behavior. (AACAP<sup>1</sup>)</p> <p>A careful and ongoing evaluation of suicide risk is necessary for all patients with major depressive disorder (Category I). Such an assessment includes specific inquiry about suicidal thoughts, intent, plans, means, and behaviors; identification of specific psychiatric symptoms (e.g., psychosis, severe anxiety, substance use) or general medical conditions that may increase the likelihood of acting on suicidal ideas; assessment of past and, particularly, recent suicidal behavior; delineation of current stressors and potential protective factors (e.g., positive reasons for living, strong social support); and identification of any family history of suicide or mental illness (Category I). (APA<sup>2</sup>)</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Measure Importance

<b>Relationship to desired outcome</b>	Research has shown that patients with major depressive disorder are at a high risk for suicide, which makes this assessment an important aspect of care that should be assessed at each visit.
<b>Opportunity for Improvement</b>	According to a study analyzing the quality of health care in the United States, only about 25.8% of patients with depression had documentation of the presence or absence of suicidal ideation during the first or second diagnostic visit. 76.11% of those patients who have suicidality were asked if they have specific plans to carry out suicide. <sup>3</sup> A 2003 study reviewed medical records to assess the degree to which providers adhered to depression guidelines in a VA primary care setting. Providers documented exploration for suicidal ideation in 57% of the records. <sup>4</sup>

### Measure Designation

<b>Measure purpose</b>	<ul style="list-style-type: none"> <li>• Quality Improvement</li> <li>• Accountability</li> </ul>
<b>Type of measure</b>	<ul style="list-style-type: none"> <li>• Process</li> </ul>
<b>Level of Measurement</b>	<ul style="list-style-type: none"> <li>• Individual practitioner</li> </ul>
<b>Care setting</b>	<ul style="list-style-type: none"> <li>• Ambulatory Care</li> </ul>
<b>Data source</b>	<ul style="list-style-type: none"> <li>• Electronic Health Record (EHR) data</li> <li>• Registry</li> <li>• Prospective Claims-Based Reporting</li> </ul>

**Measures #4-#6 have been removed from this document**

**Measure #4:** Psychotherapy

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.*

**Measure #5:** Medications Considered

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.*

**Measure #6:** Follow-Up Care

*This measure is no longer stewarded by the AMA-PCPI. It has been removed from this document.*

## **EVIDENCE CLASSIFICATION/RATING SCHEME**

### American Academy of Child and Adolescent Psychiatry (AACAP) Grades of Recommendations

- Minimal Standard [MS] is applied to recommendations that are based on rigorous empirical evidence (such as randomized, controlled trials) and/or overwhelming clinical consensus. Minimal standards apply more than 95% of the time; i.e., in almost all cases.
- Clinical Guideline [CG] is applied to recommendations that are based on strong empirical evidence (such as non-randomized control trials) and/or strong clinical consensus. Clinical guidelines apply approximately 75% of the time; i.e., in most cases.
- Option [OP] is applied to recommendations that are acceptable based on emerging empirical evidence (such as uncontrolled trials or reports) or clinical opinion, but lack strong empirical evidence and/or strong clinical consensus.
- Not Endorsed [NE] is applied to practices that are known to be ineffective or contraindicated.

### American Psychiatric Association (APA) Levels of Clinical Confidence

- [I] Recommended with substantial clinical confidence
- [II] Recommended with moderate clinical confidence
- [III] May be recommended on the basis of individual circumstances

## References

<sup>1</sup> Birmaher B, Brent D; AACAP Work Group on Quality Issues, Bernet W, Bukstein O, Walter H, et al. Practice parameter for the assessment and treatment of children and adolescents with depressive disorders. *J Am Acad Child Adolesc Psychiatry*. 2007;46(11):1503-1526

<sup>2</sup> American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder. 3<sup>rd</sup> ed. Arlington (VA): American Psychiatric Association (APA); 2010 Oct. 152 p. Available at [http://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/mdd.pdf](http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf). Accessed September 28, 2015.

<sup>3</sup> McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. *New England Journal of Medicine*. 2003;348(26):2635-2645.

<sup>4</sup> Dobscha SK, Gerrity MS, Corson K, Bahr A, Cuilwik NM. Measuring adherence to depression treatment guidelines in a VA primary care clinic. *Gen Hosp Psychiatry*. 2003;25(4):230-7.

**American Medical Association (AMA)-convened  
Physician Consortium for Performance Improvement® (PCPI®)**

**APPENDIX A**

**Child and Adolescent Major Depressive Disorder  
*Performance Measurement Specifications***

**Coding Reviewed and Updated: October, 2015**

Physician Performance Measures (Measures) and related data specifications have been developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI®). These Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, eg, use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the PCPI). Neither the AMA, PCPI nor its members shall be responsible for any use of the Measures.

**THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.**

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications. Use of CPT coding beyond fair use requires a license from the AMA.

CPT® contained in the Measure specifications is copyright 2004-2014 American Medical Association. LOINC® copyright 2004-2014 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2014 International Health Terminology Standards Development Organisation. ICD-10 copyright 2014 World Health Organization. All Rights Reserved.

## Child and Adolescent Major Depressive Disorder

### Measure #3: Suicide Risk Assessment

#### A. Specifications for Administrative Data Sources

<b>Denominator (Eligible Population)</b>	<p>All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder</p> <p>Age &gt;= 6 years and &lt; 17 years  <b>AND</b>            Diagnosis for Major Depressive Disorder (ICD-9-CM) [reportable through 9/30/2015]: 296.20, 296.21, 296.22, 296.23, 296.24, 296.30, 296.31, 296.32, 296.33, 296.34            Diagnosis for Major Depressive Disorder (ICD-10-CM) [reportable beginning 10/1/2015]: F32.0, F32.1, F32.2, F32.3, F32.9, F33.0, F33.1, F33.2, F33.3, F33.9  <b>AND</b>            CPT® Code for Encounter: 90791, 90792, 90832, 90834, 90837, 90845, 90846, 90847, 90853, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245</p>
<b>Denominator Exclusions</b>	None
<b>Numerator</b>	<p>Patient visits with an assessment for suicide risk*</p> <p>Suicide Risk Assessment*: The specific type and magnitude of the suicide risk assessment is intended to be at the discretion of the individual clinician and should be specific to the needs of the patient. At a minimum, suicide risk assessment should evaluate:</p> <ol style="list-style-type: none"> <li>4. Risk (eg, age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (eg, religious belief, concern not to hurt family) that may influence the desire to attempt suicide.</li> <li>5. Current severity of suicidality.</li> <li>6. Most severe point of suicidality in episode and lifetime.</li> </ol> <p>Low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can also be used.</p> <p><b>Report CPT Category II Code:</b>  <b>3085F: Suicide risk assessed</b></p>
<b>Denominator Exceptions</b>	None

## **B. Specifications for Electronic Clinical Data Sources**

As of the date of the posting of this document, this measure is currently in use in CMS' EHR Incentive Program (Meaningful Use). The specifications are updated on a regular basis and published on the CMS website. To download the electronic specifications for this measure, visit CMS' eCQM Library and view the most recent publishing:

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html)

Additional resources for eCQM implementation can also be found at the eCQI Resource Center webpage: <https://ecqi.healthit.gov/>

Accompanying value sets are available in the Value Set Authority Center (VSAC) found at the following webpage: <https://vsac.nlm.nih.gov/>