

## Document Depression Screening and Follow up, using Observations tab or Adverse Events in iKnowMed

**Preventive Care Screening for Depression and Follow Up Plan** quality measure.

- Depression Status for a patient can be documented in more than one location within a patient chart.
- Depression screening must be completed on the date **of the qualifying encounter or within 14 days prior** to the qualifying encounter.
- If positive, a **follow-up plan must be documented on the date of the qualifying encounter or up to 2 days following the visit.**
- If the patient **refuses screening**, the documentation must be entered on the date of the encounter even if the refusal is 14 days prior.

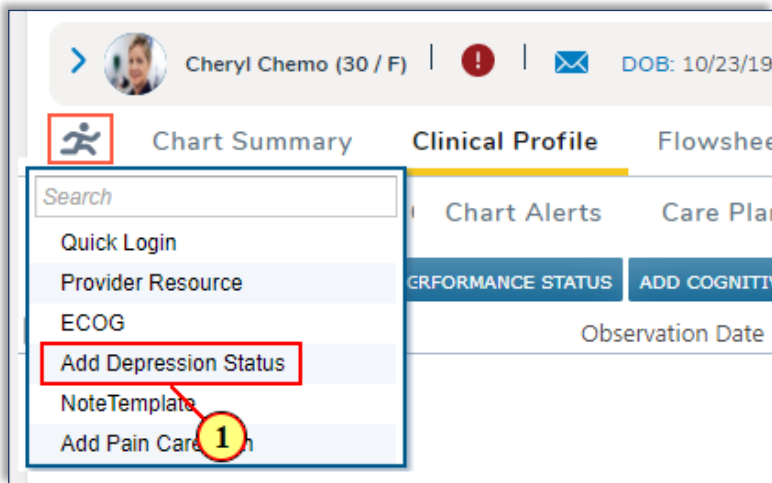
**Exclusions:** Patients with a previous diagnosis bipolar are excluded from the measure. This can be an active or inactive diagnosis included in the problem list prior to the qualifying visit.

**Note:** If a patient is diagnosed with a bipolar diagnosis **at the qualifying visit, a documented follow-up plan is required for that visit. This includes documenting the reason for not screening due to an active bipolar diagnosis for the first time** if the diagnosis is not on the problem list, this will not meet the exclusion requirements.



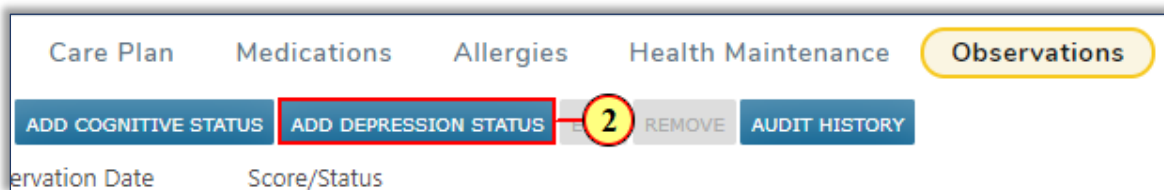
**Note:** **Suicide Risk Assessment does not meet the numerator requirement as a valid follow up plan.** If it is checked with no other action plan selected, a confirmation pop-up will be displayed when you click **SAVE**, warning that this plan alone does not meet the **MIPS** program requirements.

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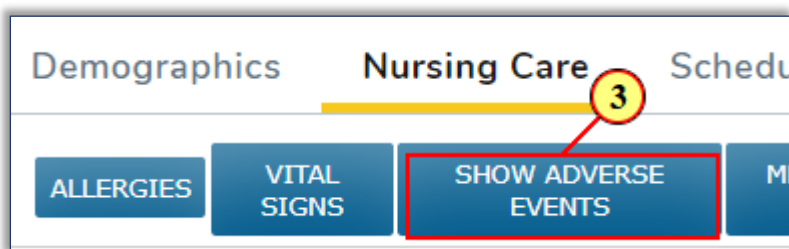


1. One way to open the **Add Depression Status** dialog box is from the **Quick Action Menu**, accessed via the "running man" button below the patient's picture.

For information about adding shortcuts to the **Quick Action Menu**, refer to the **Customize Quick Action Menu** module.



2. Another option is to click **Add Depression Status** in **Observations** under the patient's **Clinical Profile**.



3. You may also document depression status under the **Nursing Care Tab** using **Show Adverse Events**, then **Add Depression Status**.

Regardless of how you access the **Add Depression Status** window, the documentation process is the same.

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4. By default, the **Observation Date** is set to the current date.

If needed, you can change the date by typing in the **Observation Date** field.

5. Selecting a radio button  or a checkbox next to a value allows you to document the following information:

- **Patient was screened for depression?**
- **Outcome positive (patient is depressed)?**
- **Plan**



**Note:** when the outcome is positive, a follow up plan should be documented in the visit note and shared with the patient on the date of the visit. It should be documented in the Observations tab or Adverse Events on the same day of the visit or up to 2 days after the visit.

- If you elect to screen prior to the visit date, the documentation of the screening and outcome should be held until the day of the visit. If needed the follow up plan can be added on the date of the visit or up to 2 days after the visit, or entered again on the date of the visit.

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**Add Depression Status** \* required

Observation Date:

**Patient was screened for depression?**

Yes    Screening tool used:  ▼

No    Reason:

**Outcome positive (patient is depressed):**

Yes

No

**Total Depression Score:**

**Plan:**

- Suicide Risk Assessment
- Referral to a practitioner who can provide treatment
- Pharmacological intervention
- Other interventions or follow-up
- Patient declined treatment

Select

6 Patient Health Questionnaire (PHQ9)

PRIME MD-PHQ2

Beck Depression Inventory (BDI or BDI-II)

Center for Epidemiologic Studies Depression Scale (CES-D)

Computerized Adaptive Diagnostic Screener (CAD-MDD)

Computerized Adaptive Testing Depression Inventory (CAT-DI)

Cornell Scale Screening

Depression Scale (DEPS)

Duke Anxiety-Depression Scale (DADS)

Geriatric Depression Scale (SDS)

Hamilton Rating Scale for Depression (HAM-D)

Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)

Other

6. Selecting **Yes** allows you to choose the **Screening tool** used from the drop-down menu.

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**Add Depression Status** required

Observation Date: 05/01/2026

Patient was screened for depression?  
 Yes Screening tool used: PRIME MD-PHQ2  
 No Reason:

Outcome positive (patient is depressed)?  
 Yes  
 No

Total Depression Score:

Plan:  
 Plan Date: 05/01/2026

Suicide Risk Assessment  
 Referral to a practitioner who is qualified to diagnose and treat depression  
 Under current care of a practitioner who is qualified to diagnose and treat depression  
 Pharmacological interventions  
 Other interventions or follow-up for the diagnosis or treatment of depression  
 Patient declined treatment

Plan Comments:

7. Selecting **No** allows you to choose the reason a patient was not screened from the drop-down menu.

**NOTE: Documenting the reason for not screening due to an active bipolar diagnosis for the first time if the diagnosis is not on the problem list, will not meet the exclusion requirements.**

8. Document the screening outcome.

Note: adding the score is optional and is not required to meet the quality measures

9. Add the **date of the follow up plan** documentation.

10. Check the box(es) next to the **plan details**.

**NOTE: Suicide Risk Assessment by itself will not meet the numerator requirements.**

11. Click **SAVE**.

Type/Description	Start	End	Status
<b>Prescriptions</b>			
<input type="checkbox"/> Fluoxetine, Oral, 40 mg capsule 1 capsule orally, daily.	04/28/2026	--	Active

12. **An active or prescribed depression medication** is also considered a valid follow up plan.

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**Suicide Risk Assessment does not meet the numerator requirement.** If it is checked with no other action selected, a confirmation pop-up is displayed when you click **SAVE**, warning that this plan alone does not meet **EOM** or **MIPS** program requirements.

Problem	Date of Diagnosis	Last Modified	Details	Status
Breast cancer, female *	05/01/2020	04/16/2021	Involvement: Lymph nodes; Lymph Node Involvement: Axillary; Histopathologic Type: Lobular invasive carcinoma; Lymph-Vascular Invasion: Not present; Tumor Size (cm): 1 cm; Lymph Node Assessment: Clinical exam; ER-Allred: 3/8; PR-Allred: 5/8; HER-2/neu Value-ISH: Positive; HER-2/neu Value-IH...	Active
Antineoplastic chemotherapy induced anemia	08/27/2020	08/27/2020		Active
Dehydration due to radiation (disorder)		04/01/2021		Active
Bipolar Disorder	01/03/2021	05/13/2021		Active

Patients who have ever been diagnosed with bipolar disorder at any time prior to the qualifying encounter are excluded from the measure.

13. An active diagnosis can be found on the **Problem List**.

Problem	Date of Diagnosis	Last Modified	Details	Status
Bipolar disorder	2012	05/13/2021		Inactive

14. Click the **Inactive** checkbox under the **Problem list** to review for previous, inactive problems.

This concludes the lesson on **CMS 165 Preventive Care Screening for Depression and Follow Up Plan**.