PREMERA BLUE CROSS

Depression Remission or Response for Adolescents and Adults (DRR-E)

MEASURE DESCRIPTION

The percentage of members 12 years of age and older with a diagnosis of depression and an elevated Patient Health Questionnaire 9 (PHQ-9®) score, who had evidence of response or remission within 120-240 days (4-8 months) of the elevated score.[1] Three separate rates are evaluated in this measure:

- Depression Follow-Up PHQ-9: The percentage of members who have a follow-up PHQ-9 score documented within 120-240 days (4-8 months) after the initial elevated PHQ-9 score
- Depression Remission: The percentage of members who achieved remission of depression symptoms within 120-240 days (4-8 months) after the initial elevated PHQ-9 score, demonstrated by the most recent PHQ-9 total score of <5
- Depression Response: The percentage of members who showed response to treatment for depression within 120-240 days (4-8 months) after the initial elevated PHQ-9 score, demonstrated by the most recent PHQ-9 total score of at least 50% lower than the initial elevated PHQ-9 score[2]

EXCLUSIONS

Members are excluded if the following apply:

Exclusion	Time frame
• Date of death • Hospice or use of hospice services	Any time during the measurement period
• Bipolar disorder, personality disorder, psychotic disorder or pervasive developmental disorder	Any time during the member's history through December 31 of the measurement period

CODING[3]

For exclusions, use the appropriate code:

Bipolar disorder	
ICD10CM[4]	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
Personality disorder	
ICD10CM	F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13
Psychotic disorder	
ICD10CM	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
Pervasive developmental disorder	
ICD10CM	F84.0, F84.3, F84.8, F84.9

For PHQ-9 total score, use the appropriate code based on the screening instrument:

Patient Health Questionnaire (PHQ-9) ages 12 years and older	
LOINC[5]	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M) ages 12-17	
LOINC	89204-2

TIPS FOR SUCCESS

Patient care

- The PHQ-9 may be completed using telehealth, telephone, or a web-based portal/application
- Schedule follow-up appointments as soon as possible, particularly for those with positive findings
- Educate patients about the importance of follow-up care and adherence to treatment recommendations
- Educate patients about the importance of seeking follow-up care with a behavioral health provider
- Coordinate care with behavioral health provider
- If a patient has an elevated PHQ-9 score between January 1 and April 30, and another elevated PHQ-9 score between May 1 and August 31, a follow-up PHQ-9 score will be required for both instances because each one falls into different measurement periods

Documentation and coding

- Set alerts in your EHR for patients who may need follow-up visits and screenings
- Document medical and surgical history in the medical record with dates in structured fields; this will allow the corresponding code to be included in electronic reporting, including claims, to health plans
- Partner with your health plan payers to submit electronic data from your EMR
- This is an Electronic Clinical Data Systems (ECDS) measure. Information can only be submitted electronically (EMR extracts and FHIR feeds), through claims, or from medical records sent to the plan by the end of the measurement period. Plans cannot perform chart reviews after the measurement period for this measure.

Note: Tip sheets are regularly reviewed and revised with pertinent technical specification updates from NCQA.

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[1] Patient Health Questionnaire 9 (PHQ-9) created by Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (1999), under grant by Pfizer Inc. PHQ-9 ® is a registered trademark of Pfizer Inc.
[2] National Committee for Quality Assurance. HEDIS® Measurement Year 2026 Volume 2 Technical Specifications for Health Plans (2025), 610-614.
[3] This information is not intended as billing or legal guidance or for creating EMR extract files. These codes are proprietary and do not guarantee payment. Not all codes are included, and coding requirements may change. Each code should be used based on medical necessity and supported by proper documentation in the member record.
[4] ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). Copyright WHO.
[5] LOINC codes are created and maintained by Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee.