

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

Measure Description

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- **Depression Screening:** The percentage of members who were screened for clinical depression using a standardized instrument.
- **Follow-Up on Positive Screen:** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Documentation for a follow-up on a positive screen includes:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health conditions.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (such as, negative screen) on the same day as a positive screen on a brief screening instrument.

Product Lines: Commercial, Medicaid, Medicare, Exchange

Codes Included in the Current HEDIS® Measure

Codes to Identify Depression and Follow-Up Visits

Value Set Description	Code
Depression	ICD-10: F01.511, F01.518, F32.0-F32.5, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340-O99.345
Depression or Other Behavioral Health Condition	ICD-10: F01.511, F01.518, F06.4, F10.xxx-F16.xxx, F18.xxx, 19.xxx, F20.0-F20.5, F20.81, F20.89, F20.9, F21-F24, F25.x, F28, F29, F30.xx, F30.x, F31.x, F31.xx, F32.x, F32.xx, F33.x, F33.xx, F34.x, F34.xx, F39, F40.xx, F40.xxx, F40.x, F41.x-F43.x, F43.xx, F42, F42.x, F44.89, F45.21, F51.5, F53, F53.x, F60.x, F60.xx, F63.x, F63.xx, F68.xx, F68.x, F84.x, F90.x, F91.x, F93.x, F94.x, O90.6, O99.340, O99.341-O99.345
Depression Case Management Encounter	CPT: 99366, 99492-99494 HCPCS: G0512, T1016, T1017, T2022, T2023
Bipolar Disorder	ICD-10: F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other Bipolar Disorder	ICD-10: F31.81, F31.89, F31.9

Behavioral Health Encounter	CPT: 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 HCPCS: G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, G0040, H2000, G2001, H2010-H2020, S0201, S9480, S9484, S9485 UBREV: 0900-0905, 0907, 0911-0917, 0919
Follow Up Visit	CPT: 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015 UBREV: 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983

Depression Screening Instruments

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [*]	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [*]	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{*1}	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{*1,2}	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

¹Brief screening instrument. All other instruments are full-length. ²Proprietary; may be cost or licensing requirement associated with use.

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [*]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{*1}	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{*1,2}	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) ^{*2}	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS) ¹	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10
My Mood Monitor (M-3) [*]	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

¹Brief screening instrument. All other instruments are full-length. ²Proprietary; may be cost or licensing requirement associated with use.

Ways Providers can Improve HEDIS® Performance

- Screen members at new visits, annual well-care visits, or when clinically indicated.
- Document in the medical record the encounter date of a referral, or the need for further evaluation, if the screening for depression is positive. The visit will only count toward the screening and not toward any subsequent care if the screening is positive and there is no follow-up care planned.
- Utilize telehealth visits to engage patients in discussions about mental health and schedule screenings for depression.
- Implement a call back program for reaching out to patients with positive screens to keep engagement.
- Documentation for follow-up on positive screen includes:

- A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
- A dispensed antidepressant medication.
- or**
- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Ways Health Plans can Improve HEDIS® Performance

- Educate providers using a standardized instrument to assess clinical depression in members 12 years of age and older and document in the EMR.
- Encourage providers to schedule follow-up appointments with members within 30 days of a positive depression screen finding.
- Audit, identify, and educate top 10 providers with open gaps.
- Educate members on the importance of mental health and wellness awareness.
- Utilize collaborative care interventions involving multifaceted care team approaches (e.g. primary care physician, case manager with mental health background, psychiatrist, etc.).
- Educating providers on documenting follow-up care in member medical record.
- Educating providers on standardized tools to use when assessing members.

Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement period.
- Members with a history of bipolar disorder any time during the member's history through the end of the year prior to the measurement period.
- Members with depression that starts during the year prior to the measurement period.

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