

## 2019 HEDIS<sup>®</sup> MEASURE: DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF)

Gold Coast Health Plan's goal is to help its providers gain compliance with their annual preventive measures and Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) scores by providing guidance and resources. This tip sheet will provide the key components to the HEDIS<sup>®</sup> measure, "Depression Screening and Follow-Up for Adolescents and Adults (DSF)."

### Clinical Recommendation:

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents 12 to 18 years of age and the general adult population, including pregnant and postpartum women. The USPSTF also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.

**Measure Description: Measures members ages 12 and older screened for clinical depression.**

### Measure Details:

- ▶ Measures members who are screened for clinical depression and have their encounter documented on an age-appropriate standardized depression screening tool, and
- ▶ If positive, the percentage of members who screened for depression and received follow-up care within 30 days.
  - Follow-up care can be provided in the following settings:
    - » A follow-up behavioral health encounter with or without a telehealth modifier including assessment, therapy, collaborative care, medication management, acute care and telehealth encounters.
    - » A follow-up outpatient visit, with a diagnosis of depression or other behavioral health condition, with or without a telehealth modifier.
    - » A telephone visit with a diagnosis of depression or other behavioral health condition.
    - » Follow-up with a case manager with documented assessment of depression symptoms.
    - » Dispensed an antidepressant medication.

**Measurement Period:** January 1 to December 31 of the measurement year.

### Approved age-appropriate screening tools

Age	Appropriate screening tool	
Adolescent (12 to17)	<ul style="list-style-type: none"> <li>• Patient Health Questionnaire (PHQ-9)</li> <li>• Patient Health Questionnaire (PHQ-9M)</li> <li>• PRIME MD-PHQ2</li> </ul>	<ul style="list-style-type: none"> <li>• Beck Depression Inventory – Fast Screen (BDI-FS)</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D)</li> <li>• PROMIS Depression</li> </ul>
Adult (18+)	<ul style="list-style-type: none"> <li>• Patient Health Questionnaire (PHQ-9)</li> <li>• PRIME MD-PHQ2</li> <li>• Beck Depression Inventory – Fast Screen (BDI-FS or BDI-II)</li> <li>• Center for Epidemiologic Studies Depression Scale</li> <li>• Depression Scale (DEPS)</li> </ul>	<ul style="list-style-type: none"> <li>• Geriatric Depression Scale (GDS)</li> <li>• Short Form GDS and Long Form GDS</li> <li>• Edinburgh Postnatal Depression Scale (EPDS)</li> <li>• My Mood Monitor (M-3)</li> <li>• PROMIS Depression</li> <li>• Clinically Useful Depression Outcome Scale (CUDOS)</li> </ul>

**Measurement 1: Depression Screening**

**Codes to identify screening for depression using a standard depression screening instrument**

Description	LOINC Code	Positive Finding
<b>Depression Screening Instrument for Adolescents (12 to 17 Years)</b>		
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total Score ≥ 5
Patient Health Questionnaire Modified for Teens(PHQ-9M) <sup>®</sup>	89204-2	Total Score ≥ 5
PRIME MD-PHQ2 <sup>®</sup>	55758-7	Total Score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®</sup>	89208-3	Total Score ≥ 4
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total Score ≥ 10
PROMIS Depression	71965-8	Total Score ≥ 52.5
<b>Depression Screening Instrument for Adults (18+ Years)</b>		
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total Score ≥ 5
PRIME MD-PHQ2 <sup>®</sup>	55758-7	Total Score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®</sup>	89208-3	Total Score ≥ 4
Beck Depression Inventory (BDI-II)	89209-1	Total Score ≥ 14
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total Score ≥ 10
Geriatric Depression Scale Short Form (GDS)	48545-8	Total Score ≥ 5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total Score ≥ 10
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total Score ≥ 9
My Mood Monitor (M-3) <sup>®</sup>	71777-7	Total Score ≥ 5
PROMIS Depression	71965-8	Total Score ≥ 52.5
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total Score ≥ 11

\* The LOINC codes will be updated after the NCQA's updated HEDIS<sup>®</sup> 2019 Volume 2 Technical Update Memo is released.

**Codes used to identify adolescents and adults who had a positive depression screening**

Description	ICD-10-CM Diagnosis Codes	SNOMED
Depression or Other Behavioral Health Conditions	Click <a href="#">here</a> for the list of ICD-10-CM depression diagnosis codes.	Click <a href="#">here</a> for the list of SNOMED depression diagnosis codes.

**Measurement 2: Follow-Up on Positive Screening**

**Codes to identify adolescents and adults who received follow-up care within 30 days after first positive depression screening**

Description	ICD-10-CM	SNOMED	CPT	HCPCS	UB REV	Rx
Diagnosis of Depression or Other Behavioral Health Conditions	Click <a href="#">here</a> for the list of ICD-10-CM depression diagnosis codes.	Click <a href="#">here</a> for the list of SNOMED depression diagnosis codes.				



Description	ICD-10-CM	SNOMED	CPT	HCPCS	UB REV	Rx
Outpatient or Telephone Follow-Up Visit			98960, 98961, 98962, 98966, 98967, 98968, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99441, 99442, 99443	G0463, T1015	0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983	
Depression Case Management Encounter		182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410358003, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002	99366	T1016, T1017, T2022, T2023		



Description	ICD-10-CM	SNOMED	CPT	HCPCS	UB REV	Rx
Behavioral Health Encounter	Z71.82	10197000, 10997001, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 38756009, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 425604002, 439141002, 45392008, 5694008, 79094001, 88848003, 90407005, 91310009	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887	G0155, G0176, G0177, G0409, G0410, G0411, G0502, G0503, G0507, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, S0201, S9480, S9484, S9485	0900,0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919	
Dispensing of Anti-Depressant Medication						Click <a href="#">here</a> for the Anti-Depressant Drug List.

**Screening Administration:**

This measure does not limit administration of a depression screening questionnaire to any specific provider type, as research in this area has demonstrated that with minimal training, any member of the care team can administer a depression screening tool, and some tools can also be self-administered.

It is also allowable for case managers to administer the screening if they are using a standard screening tool. If they are using one of the specified tools, it can be administered via email or via wellness questionnaire.

**Helpful Tips:**

Depression screening captured in the health risk assessments or other types of health assessments are allowed if the questions align with a specific tool that is validated for depression screening. For example, if a health risk assessment includes questions from the PHQ-2, it counts as screening if the member answered these questions.

**Exclusions:**

Members can be excluded if they meet any of the following criteria:

- Bipolar disorder during the measurement year or the year prior to the measurement year.
- Depression during the year prior to the measurement year.
- In hospice or using hospice services during the measurement year.



**Important HEDIS® Specifications:**

- ▶ This is a two-part measure which requires the screening and the follow-up if the screening is positive.
- ▶ Make sure your office has the appropriate screening tools for specific age groups.
- ▶ Ensure that all members who are 12 and older are screened for clinical depression. Those that are positive for depression must receive a follow-up within 30 days of the new diagnosis.
- ▶ Make sure there is documentation of a referral or the need for further evaluation documented on the medical record on the encounter date where applicable.
- ▶ If the screening is positive for depression, there must be evidence of follow-up care documented in the medical record. If screening is positive and there is no follow-up plan, the visit will only count for the screening and not for follow-up care.

**Best Practices:**

- ▶ Establish policies for routine depression screening that include developing clear roles and responsibilities for staff members.
- ▶ If the screening is positive, establish a clear follow-up care plan.
- ▶ Members who test positive on PHQ-2 or PHQ-9 can be referred to Beacon Health Options by calling 1-855-765-9700.

For additional information on specific HEDIS® measures, please visit the websites for the [National Committee for Quality Assurance \(NCQA\)](#) website or the [Agency for Healthcare Research and Quality \(AHRQ\)](#).

Effective January 1, 2014, NCQA replaced the coding tables with “value sets” which contain all applicable codes that can be used to identify a specific service or condition included in any measure. Detailed information on the data sets and technical specifications can be found [here](#).

GCHP does not intend this information to be medical advice, but a tool to assist in compliance with the HEDIS® measures.