

# Support Depression Screening and Follow-Up



**Health Net\* and CalViva Health recommend that providers screen all members annually for depression**

**CLINICAL RECOMMENDATION**



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

**QUALITY MEASURES USED TO MONITOR DEPRESSION SCREENING AND FOLLOW-UP**

	Depression Screening and Follow-Up (DSF-E)	Screening for Clinical Depression and Follow-Up Plan (CDF)
<b>Measure type</b>	The Healthcare Effectiveness Data and Information Set (HEDIS®) measure used for depression screening	Quality measure stewarded by the Centers for Medicare & Medicaid Services and endorsed by the National Quality Forum (NQF)
<b>Data collection method</b>	Electronic Clinical Data System (ECDS) data collection, which uses the following electronic methods for data collection: electronic health records (EHR), health information exchange (HIE)/clinical registry, case management registry, and administrative claims.	Administrative data collection. Medical record review may be used to validate the state’s administrative data (for example, documentation of the name of the standardized depression screening tool used).
<b>Documentation requirements</b>	Does not require an encounter for the screening alone; requires service or encounter for the follow-up if the screening is positive.	Requires an encounter for the screening and follow-up.
<b>Screening tools applicable for both quality measures</b>	<p><b>Adolescents (ages 12–17):</b></p> <ul style="list-style-type: none"> <li>• Patient Health Questionnaire (PHQ-9) – <b>positive finding:</b> Total score ≥ 10</li> <li>• Patient Health Questionnaire Modified for Teens (PQH-9M) – <b>positive finding:</b> Total score ≥ 10</li> <li>• PRIME MD-PHQ-2<sup>1</sup> – <b>positive finding:</b> Total score ≥ 3</li> <li>• Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) – <b>positive finding:</b> Total score ≥ 17</li> <li>• Edinburgh Postnatal Depression Scale (EPDS) – <b>positive finding:</b> Total score ≥ 10</li> <li>• Beck Depression Inventory-Fast Screen (BDI-FS)<sup>®1,2</sup> – <b>positive finding:</b> Total score ≥ 8</li> <li>• PROMIS Depression – <b>positive finding:</b> Total score (T Score) ≥ 60</li> </ul>	



PROVIDER COMMUNICATIONS

(continued)

<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; cost or licensing requirement may be associated with use.

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## Supporting Depression Screening and Follow-Up (continued)

### QUALITY MEASURES USED TO MONITOR DEPRESSION SCREENING AND FOLLOW-UP (CONTINUED)

	Depression Screening and Follow-Up (DSF)	Screening for Clinical Depression and Follow-Up Plan (CDF)
<p><b>Screening tools applicable for both quality measures</b></p>	<p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>• Patient Health Questionnaire (PHQ-9) – <b>positive finding:</b> Total score <math>\geq 10</math></li> <li>• PRIME MD PHQ-2<sup>1</sup> – <b>positive finding:</b> Total score <math>\geq 3</math></li> <li>• Beck Depression Inventory-Fast Screen (BDI-FS)<sup>1,2</sup> – <b>positive finding:</b> Total score <math>\geq 8</math></li> <li>• Beck Depression Inventory (BDI-II) – <b>positive finding:</b> Total score <math>\geq 20</math></li> <li>• Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) – <b>positive finding:</b> Total score <math>\geq 17</math></li> <li>• Duke Anxiety-Depression Scale (DADS)<sup>®2</sup> – <b>positive finding:</b> Total score <math>\geq 30</math></li> <li>• Geriatric Depression Scale Short<sup>1</sup> or Long Form (GDS) – <b>positive finding:</b> Total score <math>\geq 5</math> (short), <math>\geq 10</math> (long)</li> <li>• Edinburgh Postnatal Depression Scale (EPDS) – <b>positive finding:</b> Total score <math>\geq 10</math></li> <li>• My Mood Monitor (M-3) – <b>positive finding:</b> Total score <math>\geq 5</math></li> <li>• PROMIS Depression – <b>positive finding:</b> Total score (T Score) <math>\geq 60</math></li> <li>• Clinically Useful Depression Outcomes Scale (CUDOS) – <b>positive finding:</b> Total score <math>\geq 31</math></li> </ul>	
<p><b>Follow-up requirements for positive screens</b></p>	<p><b>Any of the following on or 30 days after the first positive screen:</b></p> <ul style="list-style-type: none"> <li>• An outpatient or telephone follow-up visit with a diagnosis of depression or other behavioral health condition</li> <li>• A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition</li> <li>• A behavioral health encounter, including assessment, therapy, collaborative care or medication management</li> <li>• A dispensed antidepressant medication</li> <li>• Additional evaluation for depression: Can include receipt of an assessment on the same day and subsequent to the positive screen             <ul style="list-style-type: none"> <li>– Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up. For example, if the initial positive screen resulted from a PHQ-2 score, documentation of a negative finding from a subsequent PHQ-9 qualifies as evidence of follow-up.</li> </ul> </li> </ul>	



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<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; cost or licensing requirement may be associated with use.

## Supporting Depression Screening and Follow-Up (continued)

### DOCUMENTATION REQUIREMENTS

#### Screening for depression

Codes for depression screening	Depression Screening and Follow-Up (DSF)	Screening for Clinical Depression and Follow-Up Plan (CDF)
<b>Codes to identify outpatient visits</b>	Use the specific LOINC code that specifies the assessment used and share the total score from the assessment. Below are acceptable reference codes specifying the different screens:  89208-3, 89209-1, 89205-9, 90221-3, 90853-3, 71354-5, 48545-8, 48544-1, 55758-7, 44261-6, 89204-2, 71965-8, 71777-7	<b>CPT®:</b> 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96116, 96118, 96150, 96151, 97165, 97166, 97167, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397  <b>HCPCS:</b> G0101, G0402, G0438, G0439, G0444, <sup>3</sup> G0502, G0503, G0504, G0505, G0507
<b>Codes to identify positive for depression</b>	Same as above.	G8431
<b>Codes for no depression or no symptoms that require follow-up</b>	Same as above.	G8510

#### Codes to identify follow-up visits for positive screens

CPT	HCPCS	SNOWMED CT US
<b>Follow-up visit</b> 98960–98968, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99441–99483	G0463, T1015	30346009, 37894004, 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185389009, 281036007, 386473003, 390906007, 406547006

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<sup>3</sup>While G0444 is approved for telehealth, it is still to be determined for use with the National Committee for Quality Accreditation (NCQA).

## Supporting Depression Screening and Follow-Up (continued)

### Codes to identify follow-up visits for positive screens (continued)

CPT	HCPCS	SNOWMED CT US
<b>Behavioral health encounter</b>		
90791–90792, 90832–90834, 90836–90839, 90845–90847, 90849, 90853, 90865, 90867–90870, 90875–90876, 90880, 90887, 99484, 99492–99493	G0155, G0176–G0177, G0409, G0410–G0411, G0502–G0503, G0507, G0511–G0512, H0002, H0004, H0034, H0031, H0035–H0037, H0039, H0040, H2000–H2001, H2010–H2020, M0064, S0201, S9480, S9484–S9485	5694008, 10197000–10997001, 38456009, 45392008, 79094001, 88848003, 90407005, 91310009, 16517009, 16519001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002
<b>Depression case management encounter</b>		
99366	T1016–T1017, T2022–T2023	182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410358003, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002
<b>Telephone visit</b>		
98966–98968, 99441–99443	N/A	11797002, 185317003, 314849005, 386472008, 386473003, 386479004



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## Supporting Depression Screening and Follow-Up (continued)

### Depression diagnosis

ICD-10-CM	SNOWMED CT US Edition
F01.51, F32.0–F32.5, F32.81, F32.89, F32.9, F33.0–F33.3, F33.42, F33.9, F43.21, F43.23	832007, 2506003, 2618002, 3109008, 14183003, 15193003, 18818009, 19527009, 19694002, 20250007, 25922000, 28475009, 33078009, 35489007, 36170009, 36474008, 36923009, 38451003, 38694004, 39809009, 40379007, 40568001, 42925002, 48589009, 63778009, 66344007, 67711008, 69392006, 71336009, 73867007, 75084000, 75837004, 76441001, 77486005, 77911002, 78667006, 79298009, 81319007, 83176005, 84760002, 85080004, 87512008, 191610000, 191611001, 19163003, 191616006, 191659007, 192080009, 231504006, 231542000, 268621008, 319768000, 320751009, 370143000, 430852001, 442057004

### Telehealth

For telehealth visits, include modifiers 95 and GT, where applicable. Telehealth place of service may be required and use code 02.

### Tips and best practices

- These quality measures are two-part measures, which require documentation of the screening and the follow-up for positive screens.
- Medical record recommendations:
  - Make sure there is documentation of a referral or the need for further evaluation on the encounter date, where applicable.
  - If the screening is positive for depression, ensure there is documented evidence of follow-up care. 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.

### PRIMARY CARE PHYSICIAN (PCP) REFERRALS TO BEHAVIORAL HEALTH

- As CalViva Health’s downstream subcontractor and Health Net’s behavioral health subsidiary, MHN Services, LLC (“MHN”) administers behavioral health services to CalViva Health members.
- Members should call CalViva Health Member Services at 1-888-893-1569 if they need behavioral health services. Member Services is open 24/7.
- Talk with the patient about behavioral health services the patient may like to receive.
- Refer the patient to MHN if the patient is open to those behavioral health services.
- Patients do not need a referral if they are in active treatment with behavioral health providers and like their provider.
- Patients should be aware of the PCP referral. If patients are not aware, they may not answer or return calls from CalViva Health.
- Please refer patients to MHN if they feel that their current behavioral health treatment is not working, want to change providers or add another service.

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### PRIMARY CARE PHYSICIAN (PCP) REFERRALS TO BEHAVIORAL HEALTH (CONTINUED)

- When referring members to a behavioral health provider, ensure the member signs the health plan's Authorization for Disclosure of Protected Health Information form. This form authorizes MHN to send information back to you about your patients. This form is needed beyond your practice's own release forms.

### MYSTRENGTH

The plan also offers myStrength. myStrength is a free, dynamic and personalized website that offers clinically-proven mental health applications and tailored wellness resources to help with mental health challenges. If a member is struggling with mental health or simply needs a lift, advise the member to visit <https://bh.mystrength.com/hncalviva> to access and sign up for the online program. Once members are registered online, they can also use their user name and password to log in to the myStrength mobile app.

### 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.

### References

U.S. Preventive Services Task Force. 2016. "Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine* 164:360–6.

U.S. Preventive Services Task Force. 2016. "Screening for Major Depressive Disorder in Adults: US Preventive Services Task Force Recommendation Statement." *Journal of the American Medical Association* 315(4):380–7.



**Sign up today!**

Members can visit <https://bh.mystrength.com/hncalviva> to sign up.

1. In a web browser enter <https://bh.mystrength.com/hncalviva>.
2. Click **Sign Up**.
3. Complete the myStrength sign-up process with a brief wellness assessment and personal profile.
4. Go Mobile! After setting up an online account, download the myStrength app for Apple® and Android™ devices. Log in using the same email and password.