



It's Important to Screen Patients Annually for Depression

Health Net*, on behalf of Community Health Plan of Imperial Valley, suggests that providers screen all members annually for depression and follow up with necessary treatment recommendations.

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)	
Measure type	The HEDIS measure used for depression screening.
Data collection method	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.
Documentation requirements	<p>Screening: The depression screening assessment tool used and the total score from assessment is required documentation. Because this level of detail is not in claim or encounter data, ensuring the proper LOINC (Logical Observation Identifiers, Names and Codes) and total scores are in the EHRs is necessary.</p> <p>Follow-up: Documentation of a follow-up service within 30 days of a positive screen for depression is required. Qualifying follow-up services are identifiable in claim or encounter data alone (e.g., CPT, HCPCS, ICD-10-CM).</p>

(continued)

Depression screening and follow-up (DSF-E)

Screening tools applicable for both quality measures

Adolescents (ages 12–17):

- Patient Health Questionnaire (PHQ-9) – positive finding: Total score ≥ 10 .
- Patient Health Questionnaire Modified for Teens (PQH-9M) – positive finding: Total score ≥ 10 .
- PRIME MD-PHQ-2¹ – positive finding: Total score ≥ 3 .
- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) – positive finding: Total score ≥ 17 .
- Edinburgh Postnatal Depression Scale (EPDS) – positive finding: Total score ≥ 10 .
- Beck Depression Inventory-Fast Screen (BDI-FS)^{®1,2} – positive finding: Total score ≥ 8 .
- PROMIS Depression – positive finding: Total score (T Score) ≥ 60 .

Adults:

- Patient Health Questionnaire (PHQ-9) – positive finding: Total score ≥ 10 .
- PRIME MD PHQ-2¹ – positive finding: Total score ≥ 3 .
- Beck Depression Inventory-Fast Screen (BDI-FS)^{1,2} – positive finding: Total score ≥ 8 .
- Beck Depression Inventory (BDI-II) – positive finding: Total score ≥ 20 .
- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) – positive finding: Total score ≥ 17 .
- Duke Anxiety-Depression Scale (DADS)^{®2} – positive finding: Total score ≥ 30 .
- Geriatric Depression Scale Short¹ or Long Form (GDS) – positive finding: Total score ≥ 5 (short), ≥ 10 (long).
- Edinburgh Postnatal Depression Scale (EPDS) – positive finding: Total score ≥ 10 .
- My Mood Monitor (M-3) – positive finding: Total score ≥ 5 .
- PROMIS Depression – positive finding: Total score (T Score) ≥ 60 .
- Clinically Useful Depression Outcomes Scale (CUDOS) – positive finding: Total score ≥ 31 .

Follow-up requirements for positive screens

Any of the following on or 30 days after the first positive screen:

- An outpatient or telephone follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.
- Additional evaluation for depression:
 - Can include receipt of an assessment on the same day and subsequent to the positive screen.
 - 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.

¹Brief screening instrument. All other instruments are full-length.

²Proprietary; cost or licensing requirement may be associated with use.

Documentation requirements

Screening for depression

Codes to identify the specific depression screening assessment used and results			
Ensure your EHR systems are set up to link the clinical and behavior health entries to LOINC (Logical Observation Identifiers, Names and Codes) along with the resulting assessment total score.			
Instruments for Adolescents (≤17 years)	LOINC	Negative Screen	Positive Screen
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≤ 9	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) [®]	89204-2	Total score ≤ 9	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≤ 2	Total score ≥ 3
Beck Depression Inventory—Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≤ 7	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≤ 16	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≤ 9	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T Score) ≤ 59	Total score (T Score) ≥ 60
Instruments for Adults (18+ years)	LOINC	Negative Screen	Positive Screen
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≤ 9	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≤ 2	Total score ≥ 3
Beck Depression Inventory—Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥ 8	Total score ≥ 8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≤ 19	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≤ 16	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≤ 29	Total score ≥ 30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≤ 9	Total score ≥ 10
My Mood Monitor (M-3) [®]	71777-7	Total score ≤ 4	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T Score) ≤ 59	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≤ 30	Total score ≥ 31

¹Brief screening instrument. All other instruments are full-length.

²Proprietary; cost or licensing requirement may be associated with use.

Codes to identify follow-up visits for positive screens

CPT	HCPCS	SNOMED CT US
Follow-up visit		
98960-98962, 9896698970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, ,99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 995457, 99458, 99483	G0463, T1015, G0071, G2010, G2012, G2250-G2252	90526000, 108220007, 108221006, 185389009, 281036007, 386473003, 390906007, 401267002, 406547006, 870191006

CPT	HCPCS	SNOMED CT US
Behavioral health encounter		
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, G0511-G0512, H0002, H0004, H0034, H0031, H0035-H0037, H0039, H0040, H2000-H2001, H2010-H2020, S0201, S9480, S9484-S9485	5694008, 10197000-10997001, 3756009, 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
Depression case management encounter		
99366, 99492-99494	G0512, T1016-T1017, T2022-T2023	182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002
Telephone visit		
98966-98968, 994411-99443	N/A	185317003, 314849005, 386472008, 386473003

(continued)

Depression diagnosis

ICD-10-CM	SNOMED CT US Edition
F01.51, 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	832007, 2506003, 2618002, 3109008, 14183003, 15193003, 15639000, 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, 191659001, 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 uses 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) coordination with behavioral health

- PCP referrals are not required for patients to utilize their behavioral health benefits.
- Discuss the availability of behavioral health services the patient may like to receive.
- If necessary, refer the patient to the Plan if the patient is open to those behavioral health services, or if they feel that their current behavioral health treatment is not working, want to change providers, or add another service.
- Members can call Member Services listed on the member’s identification (ID) card if they are seeking behavioral health services. Member Services is open 24/7.
- PCPs can call Provider Services 844-966-0298 if they want to request a list of available behavioral health providers for the patients. Patients should be aware the PCP is reaching out to the Plan to ensure patients answer or return calls from the Plan.
- The best way to coordinate behavioral health care is to ensure the patient signs the health plan’s Authorization for Disclosure of Protected Health Information form. This form authorizes the Plan to send information back to you about your patients. This form is needed beyond your practice’s own release forms.

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.

Community Health Plan of Imperial Valley (“CHPIV”) is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV patients. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.