

# Memorandum

To: Gold Coast Health Plan Primary Care Providers

From: Kim Osajda, RN, MSN  
Director of Quality Improvement

Re: **CMS Core Measure - Screening for Clinical Depression and Follow-up Plan**

Date: March 23, 2017

Depression is a leading cause of disability in the United States. It affects individuals, families and society and is common in patients seeking treatment in the primary care setting. Major depressive disorder in children and adolescents is strongly associated with recurrent depression in young adulthood, increased risk of suicide attempts and suicide completion. Depression causes suffering, decreased quality of life, and impairment in social and occupational functioning. It is also associated with chronic medical conditions and increased health care costs.

To identify and treat individuals with depression, the U.S. Preventive Services Task Force recommends screening for major depressive disorder in adolescents and adults, 12 years of age and older, including pregnant and postpartum women.

## **CMS Core Measure: Screening for Clinical Depression and Follow-up Plan (CDF)**

To assess the utilization of standardized depression screenings and follow-up plans by health care professionals who bill Medi-Cal (e.g., PCP, MD, NP, PA), the state Department of Health Care Services (DHCS) has mandated all Medi-Cal managed care health plans – including Gold Coast Health Plan (GCHP) – to begin reporting the Clinical Depression and Follow-Up Plan (CDF) CMS Core Measure for the 2017 reporting year.

This measure evaluates the percentage of adolescents and adults, 12 years of age and older, who were screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, had a follow-up plan documented on the date of the positive screening.

***Depression Screenings:*** The name of the age-appropriate standardized depression screening tool that is used must be documented in the medical record. Examples of depression screening tools include, but are not limited to:

- **Adolescent Screening Tools (12-17 years)**
  - Patient Health Questionnaire for Adolescents (PHQ-A)
  - Beck Depression Inventory-Primary Care Version (BDI-PC)

- **Adult Screening Tools (18 years and older)**

Patient Health Questionnaire (PHQ-9)

Beck Depression Inventory (BDI or BDI-II)

Geriatric Depression Scale (GDS)

Edinburgh Postnatal Depression Scale (EPDS) for pregnant and postpartum women

**Follow-Up Plan:** A follow-up plan for a positive depression screening **must** include one or more of the following:

- Additional evaluation for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

### **Exclusions**

The following patients will be excluded from the measure if at least one of the following conditions is documented in the medical record:

- Patient has an active diagnosis of depression
- Patient has a diagnosed bipolar disorder
- Patient refuses to participate
- Patient is in an urgent or emergent situation and delaying treatment would jeopardize the patient's health
- The patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: court appointed cases or delirium.

### **Data Sources to Evaluate the CDF Measure**

For the 2017 reporting year, 2016 claims/encounter data will be the primary data source used to evaluate the reporting and utilization of depression screenings tools and any follow-up plans completed in 2016. It is highly recommended that providers begin or continue to use one of the HCPCS / QDC codes listed in Table 2 to document the presence or absence of a clinical depression screenings and the presence or absence of any follow-up plans.

## Coding for the CDF Measure

**Table 1: CDF Eligible Population**

The following CPT and HCPCS / Quality Data Codes (QDC) are used to identify the population (denominator) for the CDF measure.

Code Type	Code	Definition
Codes Reimbursed by Medi-cal	90791	Psychiatric Diagnostic Evaluation
	90792	Psychiatric Diagnostic Evaluation with Medical Services
	90832	Psychiatric Treatment (Patient & Family); 30 minutes
	90834	Psychiatric Treatment (Patient & Family); 45 minutes
	90837	Psychiatric Treatment (Patient & Family); 60 minutes
	90839	Initial Psychiatric Treatment; 60 minutes
	92625	Tinnitus Assessment
	96116	Neurobehavioral Status Exam
	96118	Neuropsychological test by Psychologist/Physician
	96150	Health/Behavioral Assessment, Initial Visit
	96151	Health/Behavioral Assessment, Subsequent Visit
	97003	Occupational Therapy Evaluation
	99201	Office/Outpatient Visit, New
	99202	Office/Outpatient Visit, New
	99203	Office/Outpatient Visit, New
	99204	Office/Outpatient Visit, New
	99205	Office/Outpatient Visit, New
	99212	Office/Outpatient Visit, Established
	99213	Office/Outpatient Visit, Established
	99214	Office/Outpatient Visit, Established
99215	Office/Outpatient Visit, Established	
HCPCS / QDC Codes for Quality Reporting  (Not Reimbursable)	G0101	Cervical or vaginal cancer screening
	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
	G0444	Annual depression screening, 15 minutes

**Table 2: Identification of Services Performed for Reporting and Performance Rate**

The following HCPCS / QDC codes are used to identify the presence or absence of a clinical depression screening and follow-up plan in the population selected for the CDF measure.

Code Type	Code	Definition
HCPCS / QDC Codes for Quality Reporting	G8431	Screening for clinical depression is documented as being positive AND a follow-up plan is documented
	G8510	Screening for clinical depression is documented as negative and a follow-up plan is not required
	G8433	Screening for clinical depression is not documented; documentation states patients is not eligible
	G8940	Screening for clinical depression is documented as positive AND a follow-up plan is not documented because documentation states patient is not eligible
	G8432	Screening for clinical depression is not documented; reason not given
(Not Reimbursable)	G8511	Screening for clinical depression is documented as positive and follow-up plan is not documented; reason not given

If you have any questions, please contact the Quality Improvement Department at 1-805-437-5592 or [hedis@goldchp.org](mailto:hedis@goldchp.org).

**Thank you for your commitment to improving the health of GCHP's members.**