

HEDIS[®] 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[®]) scores by providing guidance and resources. This tip sheet will provide the key components to the HEDIS[®] 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"> • Patient Health Questionnaire (PHQ-9) • Patient Health Questionnaire (PHQ-9M) • PRIME MD-PHQ2 • Beck Depression Inventory – Fast Screen (BDI-FS) 	<ul style="list-style-type: none"> • Mood Feeling Questionnaire (MFQ) • Center for Epidemiologic Studies Depression Scale (CES-D) • PROMIS Depression
Adult (18+)	<ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ-9) • PRIME MD-PHQ2 • Beck Depression Inventory – Fast Screen (BDI-FS or BDI-II) • Center for Epidemiologic Studies Depression Scale • Depression Scale (DEPS) • Duke Anxiety – Depression Scale (DADS) 	<ul style="list-style-type: none"> • Geriatric Depression Scale (GDS) • Cornell Scale for Depression in Dementia (CSDD) • Edinburgh Postnatal Depression Scale (EPDS) • My Mood Monitor (M-3) • PROMIS Depression • Clinically Useful Depression Outcome Scale (CUDOS)

Codes used to identify depression.

	HCPCS	LOINC	SNOMED CT US Edition
Depression	G8431 G8510 G8511	44261-6, 48544-1, 48545-8, 55758-7, 71354-5, 73831-0, 73832-8, 77688-0, 77821-7, 77835-7, 77847-2, 77861-3	428151000124107 428161000124109 428171000124102 428181000124104
Positive for Depression	G8431		428181000124104
No Depression or no symptoms that require follow-up	G8510		428171000124102

Codes used to identify a follow-up behavioral health encounter, with or without a telehealth modifier, including assessment, therapy, collaborative care, medication management, acute care, and if applicable, telehealth encounters.

CPT	CPT Telehealth Modifier	HCPCS	SNOMED CT US Edition	UBREV
90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887	-95 -GT	G0155, G0176, G0177, G0409 – G0411, G0502, G0503, G0507, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010 – H2020, M0064, S0201, S9480, S9484, S9485	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	0900 – 0905, 0907, 0911- 0917, 0919

Codes used to identify a follow-up outpatient visit with a diagnosis of depression or other behavioral health condition, with or without telehealth modifier.

ICD-10-CM	CPT	CPT Telehealth Modifier	HCPCS	UBREV	SNOMED CT US Edition
F01.51, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21 – F24, F25.0, F25.1, F25.8, F25.9, F28, F29, 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, F31.81, F31.89, F31.9, F32.0, F32.1-F32.5, F32.8, F32.81, F32.89, F32.9, F33.0 – F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0-F60.7,	98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220,	-95 -GT	G0463, T1015	0510, 0513, 0516, 5017, 0519-0523, 0526-0529, 0982, 0983	Due to space limitations, please click here to see the SNOMED CT codes.



ICD-10-CM	CPT	CPT Telehealth Modifier	HCPCS	UBREV	SNOMED CT US Edition
F60.81, F60.89, F60.9, F63.0, F63.1-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9	99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412				

Codes used to identify a telephone visit with a diagnosis of depression or other behavioral health condition.

ICD-10-CM	CPT	SNOMED CT US Edition
F01.51, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21 – F24, F25.0, F25.1, F25.8, F25.9, F28, F29, 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, F31.81, F31.89, F31.9, F32.0, F32.1-F32.5, F32.8, F32.81, F32.89, F32.9, F33.0 – F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0, F63.1-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9	98966, 98967, 98968, 99441, 99442, 99443	Due to space limitations, please click here to see the SNOMED CT codes.

Codes used to identify a follow-up with a case manager with documented assessment of depression symptoms (any encounter that addresses depression symptoms).

CPT	HCPCS	SNOMED CT US Edition
99366	T1016, T1017, T2022, T2023	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,

Dispensed antidepressant medication

Description	Prescription
Miscellaneous antidepressants	Bupropion, Vilazodone, Vortioxetine
Monoamine oxidase inhibitors	Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine
Phenylpiperazine antidepressants	Nefazodone, Trazodone
Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine

Description	Prescription
SNRI antidepressants	Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine
SSRI antidepressants	Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline
Tetracyclic antidepressants	Maprotiline, Mirtazapine
Tricyclic antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine

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.

Ways to improve your overall HEDIS® score:

- ▶ Ensure your documentation is clear and concise.
- ▶ Use proper coding.
- ▶ This is a two-part measure which requires the screening and the follow-up.
- ▶ 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.

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.