

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare
- Medicaid

MEASURE DESCRIPTION

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, received follow-up care.

Two separate rates are evaluated in this measure:

- Depression Screening: The percentage of members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 1 of the measurement period.
- Follow-Up on Positive Screen: The percentage of members who received follow-up care on or up to 30 days after the first positive screen (31 total days), as evidenced in one of the two following ways:
 - Any of the following on or up to 30 days after the first positive screen:
 - An outpatient, telephone, e-visit, or virtual check-in 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.
 - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument.ⁱ For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

EXCLUSIONS

Members are excluded if they:

- Have a history of bipolar disorder any time during the member's history through the end of the year prior to the measurement period.
- Have depression that started during the year prior to the measurement period.

- Received hospice services during the measurement period.
- Died any time during the measurement period.

CODING

For depression screening and results, use the appropriate code for the screening tool used:

Instruments for Adolescents (≤17 years)	Total Score LOINC ⁱⁱ Codes	Description
Patient Health Questionnaire (PHQ-9) ⁱⁱⁱ	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{iv}	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R) ^v	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS) ^{vi}	99046-5	Total score ≥10
PROMIS Depression ^{vii}	71965-8	Total score (T Score) ≥60

Instruments for Adults (18+ years)	Total Score LOINC Codes	Description
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II) ^{viii}	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD) ^{ix}	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS) ^x	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburg Post-Natal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M3) [®]	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS) ^{xi}	90221-3	Total score ≥31

For follow-up encounter types, use the appropriate code:

Type	Code	Description
CPT ^{®xii}	90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493	Behavioral Health Encounter
HCPCS ^{xiii}	G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035-H0037, H0010, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485	Behavioral Health Encounter
CPT [®] II	99366, 99492-99494	Depression Case Management Encounter

HCPCS	G0512, T1016, T1017, T2022, T2023	Depression Case Management Encounter
ICD-10 ^{xiv}	F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, 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-F32.5, F32.81, F32.89, 32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.81, F43.89, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, 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, O90.6, O99.340-F099.345	Depression or Other Behavioral Health Condition

TIPS FOR SUCCESS

Patient Care

- The PHQ-9 does not need to occur during a face-to-face encounter; it may be completed using telehealth, telephone, or a web-based portal/application.
- Educate the patient about the importance of follow-up care and adherence to treatment recommendations. Contact patients who cancel or miss appointments for reassessment.
- Schedule follow-up appointments as soon as possible, particularly those patients recently discharged. Consider telehealth visits when in-person visits are not available.
- Discuss the importance of seeking follow-up with a mental health provider.
- Coordinate care with behavioral health practitioners by sharing progress notes and updates

Documentation and Coding

- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans.
- Set alerts in your EHR for patients who may need follow-up visits and screenings.
- Code for exclusions.
- NCQA has transitioned this measure to an Electronic Clinical Data Systems (ECDS) reported measure. This means that health plans can only use information submitted *during* the measurement year to qualify for this measure. Information can be submitted electronically (e.g., EMR extracts and FHIR feeds), via claims codes, and in medical record documentation sent to the plan. Plans will no longer perform chart reviews *after* the measurement year for this measure.

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- ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans (2024), 606-615.
- ⁱⁱ LOINC codes are created and maintained by Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee.
- ⁱⁱⁱ Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (1999). Patient Health Questionnaire-9 (PHQ-9).
- ^{iv} Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2003). Patient Health Questionnaire-2 (PHQ-2).
- ^v Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., & Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and Revision (CESD and CESD-R).
- ^{vi} Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Edinburgh Postnatal Depression Scale (EPDS).
- ^{vii} Cella, D., Riley, W., Stone, A. A., Rothrock, N., Reeve, B. B., Yount, S., Amtmann, D., D., B., Choi, S., Cook, K. F., et al. (2010). The Patient Reported Outcomes Measurement Information System (PROMIS).
- ^{viii} Beck, A.T., Steer, R.A., & Brown, G.K. (1996). Beck Depression Inventory (BDI-II): Manual and Questionnaire. The Psychological Corporation.
- ^{ix} Parkerson, G. R., & Broadhead, W. E. (1997). Screening for anxiety and depression in primary care with the Duke Anxiety-Depression Scale (DUKE-AD).
- ^x Sheikh, J. I., & Yesavage, J. A. (1986). Geriatric Depression Scale (GDS).
- ^{xi} Zimmerman, M., Chelminski, I., McGlinchey, J. B., & Posternak, M. A. (2008). A clinically useful depression outcome scale (CUDOS).
- ^{xii} CPT Copyright 2024 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
- ^{xiii} HCPCS codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of Centers for Medicare & Medicaid Services, America's Health Insurance Plans, and the Blue Cross Blue Shield Association).
- ^{xiv} ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder.