



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

Healthcare Effectiveness Data Information Set[®] (HEDIS) is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

The HEDIS quality measures reported using the electronic clinical data systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices. Organizations that report HEDIS using ECDS encourage the electronic exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time.

This HEDIS measure looks at the percentage of patients 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care during the measurement year:

- **Depression screening:** The percentage of patients who were screened for clinical depression using a standardized instrument.
- **Follow-up on positive screen:** The percentage of patients who received follow-up care within 30 days of a positive depression screen finding.

Record Your Efforts

The identifiers and descriptors for each organization's coverage used to define patients' eligibility for measure reporting. Allocation for HEDIS reporting is based on eligibility during the participation period.

This measure requires the use of an age-appropriate screening instrument. The patient's age is used to select the appropriate depression screening instrument.



Note: HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Depression screening instrument

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for adolescents (≤ 17 years)	Total score LOINC codes	Positive finding
<i>Patient Health Questionnaire (PHQ-9)</i> [®]	44261-6	Total score ≥ 10
<i>Patient Health Questionnaire Modified for Teens (PHQ- 9M)</i> [®]	89204-2	Total score ≥ 10
<i>Patient Health Questionnaire-2 (PHQ-2)</i> ^{®1}	55758-7	Total score ≥ 3
<i>Beck Depression Inventory-Fast Screen (BDI-FS)</i> ^{®1,2}	89208-3	Total score ≥ 8
<i>Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)</i>	89205-9	Total score ≥ 17
<i>Edinburgh Postnatal Depression Scale (EPDS)</i>	71354-5	Total score ≥ 10
<i>PROMIS Depression</i>	71965-8	Total score (T score) ≥ 60

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

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

Instruments for adults (18+ years)	Total score LOINC codes	Positive finding codes
<i>Patient Health Questionnaire-2 (PHQ-2)</i> ^{®1}	55758-7	Total score ≥ 3
<i>Beck Depression Inventory-Fast Screen (BDI-FS)</i> ^{®1,2}	89208-3	Total score ≥ 8
<i>Beck Depression Inventory (BDI-II)</i>	89209-1	Total score ≥ 20
<i>Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)</i>	89205-9	Total score ≥ 17
<i>Duke Anxiety-Depression Scale (DUKE-AD)</i> ^{®2}	90853-3	Total score ≥ 30
<i>Geriatric Depression Scale Short Form (GDS)</i> ¹	48545-8	Total score ≥ 5
<i>Geriatric Depression Scale Long Form (GDS)</i>	71965-8	Total score (T score) ≥ 60
<i>Edinburgh Postnatal Depression Scale (EPDS)</i>	48544-1	Total score ≥ 10
<i>My Mood Monitor (M-3)</i> [®]	71777-7	Total score ≥ 5
<i>PROMIS Depression</i>	71965-8	Total score (T score) ≥ 60
<i>Clinically Useful Depression Outcome Scale (CUDOS)</i>	90221-3	Total score ≥ 31

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

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

Coding

Description	Positive finding
<p>Depression Case Management Encounter</p>	<p>CPT: 99366, 99492, 99493, 99494</p> <p>HCPCS:</p> <p>G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month</p> <p>T1016: Case management, each 15 minutes</p> <p>T1017: Targeted case management, each 15 minutes</p> <p>T2022: Case management, per month</p> <p>T2023: Targeted case management; per month</p> <p>SNOMED CT:</p> <p>182832007: Procedure related to management of drug administration (procedure)</p> <p>225333008: Behavior management (regime/therapy)</p> <p>385828006: Health promotion management (procedure)</p> <p>386230005: Case management (procedure)</p> <p>409022004: Dispensing medication management (procedure)</p> <p>410216003: Communication care management (procedure)</p> <p>410219005: Personal care management (procedure)</p> <p>410328009: Coping skills case management (procedure)</p> <p>410335001: Exercises case management (procedure)</p> <p>410346003: Medication action/side effects case management (procedure)</p> <p>410347007: Medication set-up case management (procedure)</p> <p>410351009: Relaxation/breathing techniques case management (procedure)</p> <p>410352002: Rest/sleep case management (procedure)</p> <p>410353007: Safety case management (procedure)</p> <p>410354001: Screening case management (procedure)</p> <p>410356004: Signs/symptoms-mental/emotional case management (procedure)</p> <p>410360001: Spiritual care case management (procedure)</p> <p>410363004: Support group case management (procedure)</p> <p>410364005: Support system case management (procedure)</p> <p>410366007: Wellness case management (procedure)</p> <p>416341003: Case management started (situation)</p> <p>416584001: Case management ended (situation)</p>



Description

Positive finding

Depression Case Management Encounter (cont.)

SNOMED CT (cont.):
 424490002: Medication prescription case management (procedure)
 425604002: Case management follow up (procedure)
 737850002: Day care case management (procedure)
 621561000124106: Psychiatric case management (procedure)
 661051000124109: Education about Department of Veterans Affairs Military2VA Case Management Program (procedure)
 662081000124106: Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure)
 662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure)

Symptoms of Depression

SNOMED CT:
 394924000: Symptoms of depression (finding)
 788976000: Leaden paralysis (finding)

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Our Supplemental Data team is here to help. For additional support in submitting supplemental data for ECDS measures, please send inquiries to supplementaldata@healthybluenc.com.

Patient Care Opportunities

You can find patient care opportunities within the Patient360 application located on Availity Essentials Payer Spaces. To access the Patient360 application, you must have the Patient360 role assignment. From the Availity homepage, select Payer Spaces, then choose the health plan from the menu. Choose the Patient360 tile from the Payer Space Applications menu and complete the required information on the screen. Gaps in care are located in the Active Alerts section of the Patient Summary.



Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients with a history of bipolar any time during the patient's history through the end of the year prior to the measurement period
- Patients with depression that starts during the year prior to the measurement period

Helpful Tips:

- Contact your health plan representative to establish an electronic data transfer with the plan if your organization does not already have one.
- Make full use of CPT® II codes to submit care quality findings. Many HEDIS gaps could be closed via claims if CPT II codes were fully used.
- Ensure the electronic medical records (EMR) systems are set up to link the clinical and behavior health entries to Logical Observation Identifiers Names and Codes (LOINC) codes and Systematized Nomenclature of Medicine (SNOMED) codes.

<https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>

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