

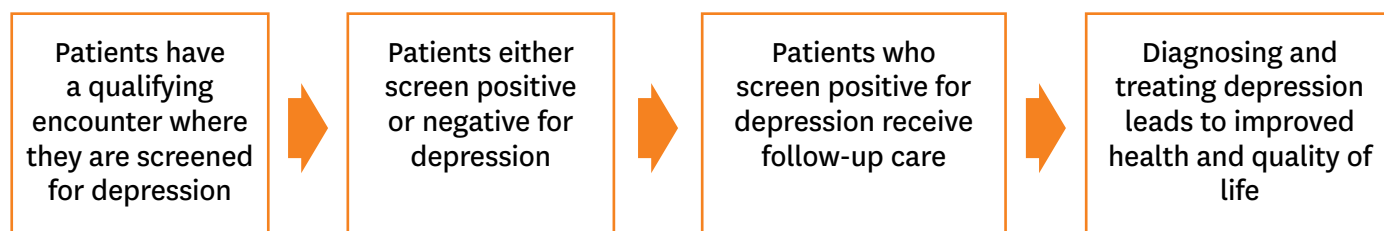
Screening for Depression and Follow-Up Plan (CDF-CH and AD)

Why is the Screening for Depression and Follow-Up Plan Measure Important?

Routine screening for depression is a preventative measure that can help identify members who need mental health care. Depression is one of the leading causes of disability across the world¹. Evidence strongly recommends screening for depression in adolescent and adult patients. Specifically, the U.S. Preventative Services Task Force (USPSTF) found evidence that screening in primary care settings can improve the accurate identification of adolescents and adults with depression². The earlier depression is detected, the earlier it can be treated.

What is the Screening for Depression and Follow-Up Plan Measure Looking At?

All members 12 and older at the beginning of the measurement period with at least one encounter who were: screened for depression on the date of the encounter or up to 14 days prior using an age-appropriate standardized tool and, if positive, a follow-up plan is documented on the same date.



What is Included?

Medicaid and Chip members

What is Excluded?

- Members with an active diagnosis of depression or bipolar disorder prior to any encounter during the measurement period.

What Can You Do to Help?

- Ensure all services conducted during the visit are coded appropriately, including depression screenings.
- Engage the patient in the treatment plan, educate and address barriers or concerns about treatment options and possible side effects.
- Train staff on the importance of depression screenings and to recognize the risk factors for depression.
- ▶ It's important to ask the screening questions exactly as written. These are validated assessments and by modifying how questions are asked can skew the results.
- ▶ Use understanding and non-judgmental language.
- ▶ Risk factors can include anxiety and stressors, unplanned pregnancy, history of depression, domestic violence, smoking
- Work with a care team to coordinate follow-up care for members with a positive screening.
- Explore nonmedical treatments such as psychotherapy, acupuncture, and relaxation techniques, if appropriate.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit.

continued →

1 World Health Organization. (2021, September 13). Depression. www.who.int/news-room/fact-sheets/detail/depression

2 US Preventative Services Task Force (2016, January 26) www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/depression-in-adults-screening; www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening

Eligible Screening Tools:

Adolescent Screening Tools (12-17 years)
Patient Health Questionnaire for Adolescents (PHQ-A)
Beck Depression Inventory-Primary Care Version (BDI-PC)
Mood Feeling Questionnaire (MFQ)
Center for Epidemiologic Studies Depression Scale (CES-D)
Patient Health Questionnaire (PHQ-9)
Pediatric Symptom Checklist (PSC-17)
PRIME MD-PHQ2

Adult Screening Tools (18+ years)
Patient Health Questionnaire (PHQ-9) [®]
Beck Depression Inventory (BDI-II)
Center for Epidemiologic Studies Depression Scale (CES-D)
Depression Scale (DEPS)
Duke Anxiety-Depression Scale (DUKE-AD)
Geriatric Depression Scale Short Form (GDS)
Cornell Scale for Depression in Dementia (CSDD)
PRIME MD-PHQ2
Hamilton Rating Scale for Depression (HAM-D)
Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
Computerized Adaptive Testing Depression Inventory (CAT-DI)
Computerized Adaptive Diagnostic Screener (CAD-MDD)

Perinatal Screening Tools
Edinburgh Postnatal Depression Scale
Postpartum Depression Screening Scale
Patient Health Questionnaire 9 (PHQ-9)
Beck Depression Inventory
Beck Depression Inventory
Center for Epidemiologic Studies Depression Scale
Zung Self-rating Depression Scale

continued →

How is Adherence/Compliance Met?

- Depression Screening: members with a documented result for depression screening, using an age- appropriate standardized instrument, on the date of the encounter or up to 14 days prior to the encounter.
- Follow-Up Plan: A documented follow-up plan on the day of the positive result for depression screening
 - ▶ 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

Codes Used to Identify Depression Screenings*:

CPT Code and Corresponding Diagnosis Code	96127, Z13.89
Add-on Code when screening is positive for clinical depression	G8431
Add-on Code when screening is negative for clinical depression	G8510

*For a complete list please refer to the CMS website.

Additional Support:

- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
- National Institute for Mental Health: www.nimh.nih.gov

We are committed to the care and wellbeing of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website www.pshpgeorgia.com/providers.html for additional tools and local resources or contact a Provider Relations or Quality Improvement Specialist for assistance.

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