

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

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## APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

## MEASURE DESCRIPTION

This measure assesses patients 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care:

- Depression screening: Patients 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: Patients who received follow-up care within 30 days of a positive depression screen finding, 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.<sup>i</sup> 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

Patients are excluded if they:

- Have a history of bipolar disorder any time during the patient'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

Type	Code	Description
CPT <sup>®ii</sup>	90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493	Behavioral Health Encounter
HCPCS <sup>iii</sup>	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 <sup>® II</sup>	99366, 99492-99494	Depression Case Management Encounter
HCPCS	G0512, T1016, T1017, T2022, T2023	Depression Case Management Encounter
ICD-10 <sup>iv</sup>	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-FO99.345	Depression or Other Behavioral Health Condition

## TIPS FOR SUCCESS

### Patient care

- Educate the patient about the importance of follow-up and adherence to treatment recommendations.
- Consider telehealth visits when in-person visits are not available.
- Discuss the importance of seeking follow-up with a mental health provider.
- Screen for depression/mood changes at every visit. Consider using a validated tool (i.e., PHQ9) to identify depression symptoms.

## 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.
- 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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<sup>i</sup> National Committee for Quality Assurance. HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans (2024), 606-615.

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<sup>iii</sup> 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).

<sup>iv</sup> ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder.