

2020 MCAS MEASURE: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (CDF)

Measure Steward: Centers for Medicare and Medicaid Services (CMS)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Screening for Depression and Follow-Up Plan (CDF)."

Measure Description: Measures the percentage of beneficiaries ages 12 and older screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan documented on the date of the positive screen.

Data Collection Method: Administrative¹

Compliant screening tools for members ages 12-17.

Adolescent Screening Tools	<ul style="list-style-type: none"> • 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
Perinatal Screening Tools	<ul style="list-style-type: none"> • Edinburgh Postnatal Depression Scale • Postpartum Depression Screening Scale • Patient Health Questionnaire 9 (PHQ-9) • Beck Depression Inventory • Beck Depression Inventory-II • Center for Epidemiologic Studies Depression Scale • Zung Self-Rating Depression Scale

Compliant screening tools for members ages 18 and older.

Adult Screening Tools	<ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ-9) • Beck Depression Inventory (BDI or BDI-II) • Center for Epidemiologic Studies Depression Scale (CES-D) • Depression Scale (DEPS) • Duke Anxiety-Depression Scale (DADS) • Geriatric Depression Scale (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)
Perinatal Screening Tools	<ul style="list-style-type: none"> • Edinburgh Postnatal Depression Scale • Postpartum Depression Screening Scale • Patient Health Questionnaire 9 (PHQ-9) • Beck Depression Inventory • Beck Depression Inventory-II • Center for Epidemiologic Studies Depression Scale • Zung Self-Rating Depression Scale

Follow-up for a positive depression screening must include one or more of the following:

Follow-Up Plan	<ul style="list-style-type: none"> • 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.
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Codes used to identify depression screening using a standardized assessment tool in the outpatient setting.

Description	CPT	HCPCS
Office / Outpatient Visits	59400, 59510, 59610, 59618, 90791, 90832, 90834, 90837, 92625, 96116, 96118, 96150, 96151, 97165, 97166, 97167, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	G0101, G0402, G0438, G0439, G0444, G0502, G0503, G0504, G0505, G0507
Depression Screening		G8431 – Positive depression screening with follow-up plan documented. G8510 – Negative depression screening with no follow-up plan required.

Exceptions

Description	HCPCS
Member refuses to participate.	G8433 – Screening for depression not completed. Document reason.
Member is in an urgent or emergency situation where time is of the essence and delaying treatment would jeopardize the member's health status.	
The member's functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools.	

Exclusionary Criteria

Description	ICD-10-CM Code	HCPCS
Diagnosis of Active Depression	F01.51, F32.0 – F32.9, F33.0 – F33.9, F34.1 – F34.89, F43.21, F43.23, F53.1, 099.6, 099.340 – 099.345	G9717
Diagnosis of Bipolar Disorder	F31.10 – F31.13, F31.2, F31.30 – F31.2, F31.4, F31.5, F31.60 – F31.64, F31.70 – F31.78, F31.81 – F31.89, F31.9	G9717



Best Practices:

- ▶ Establish policies for routine depression screening that include developing clear roles and responsibilities for staff members.
- ▶ If screening is positive, establish a clear follow-up care plan.
- ▶ Members who test positive on PHQ-2 or PHQ-9 can be referred to Beacon Health Options by calling 1-855-765-9702. Providers can also visit the Beacon [website](#).
- ▶ For patients who are actively suicidal, contact the Ventura County Crisis Line at 1-866-998-2243. Providers can also visit the Ventura County Behavioral Health (VCBH) [website](#).
- ▶ Ensure your documentation is clear and concise.
- ▶ Use proper coding.

¹ Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.