Screening for Clinical Depression and Follow-Up Plan

This measure is to be reported a minimum of once per reporting period for all patients aged 12 years and older seen by the clinician during the reporting period.

Measure description
Percentage of patients aged 12 years and older screened\(^1\) for clinical depression on the date of encounter using an age appropriate standardized depression screening tool\(^2\) AND, if positive, a follow-up plan\(^3\) is documented on the date of the positive screen

What will you need to report for each patient aged 12 and older?
If you select this measure for reporting, you will report:
- Whether or not the patient was screened for depression using a standardized depression screening tool\(^2\) AND documentation of a follow-up plan\(^3\), if appropriate

What if this process or outcome of care is not appropriate for your patient?
There may be times when it is not appropriate to screen for depression, due to:
- Documented reasons (e.g., patient refuses to participate, patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status, situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized depression screening tools (i.e., certain court appointed cases or cases of delirium), patient has an active diagnosis of Depression or Bipolar Disorder)

In these cases, you will need to indicate that a documented reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exceptions).

\(^1\)Screening — Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

\(^2\)Standardized Depression Screening Tool — A normalized and validated depression screening tool developed for the patient population in which it is being utilized. Examples of depression screening tools include but are not limited to:

- 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), and PRIME MD-PHQ2
- Adult Screening Tools (18 years and older): 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 Screening, and PRIME MD-PHQ2

\(^3\)Follow-Up Plan — Proposed outline of treatment to be conducted as a result of positive clinical depression screening. Follow-up for a positive depression screening must include one (1) or more of the following: additional evaluation, 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.
Coding Specifications

Codes required to document a visit occurred:

A CPT or HCPCS code is required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

CPT or HCPCS codes

- 90791, 90792
- 90832, 90834, 90837, 90839
- 92557
- 92567
- 92568
- 92625, 92626
- 96150, 96151
- 97003
- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215
- G0101
- G0402
- G0438, G0439
- G0444

Quality codes for this measure:

G-code descriptors
(Data collection sheet should be used to determine appropriate code.)

- **G8431**: Positive screen for clinical depression with a documented follow-up plan
- **G8510**: Negative screen for clinical depression, follow-up not required
- **G8433**: Screening for clinical depression not documented, patient not eligible/appropriate
- **G8940**: Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate
- **G8432**: Clinical depression screening not documented, reason not given
- **G8511**: Positive screen for clinical depression documented, follow-up plan not documented, reason not given
### Screening for Clinical Depression and Follow-Up Plan

**Clinical Information**

**Step 1** Is patient eligible for this measure?

<table>
<thead>
<tr>
<th>Clinical Depression Screening¹ Using a Standardized Depression Screening Tool² AND Follow-Up Plan³</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is aged 12 years and older on date of encounter.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There is a CPT or HCPCS code for this visit.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If No is checked for any of the above, STOP. Do not report a G-code.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 2** Does patient meet or have an acceptable reason for not meeting the measure?

<table>
<thead>
<tr>
<th>Clinical Depression Screening¹ Using a Standardized Depression Screening Tool² AND Follow-Up Plan³</th>
<th>Yes</th>
<th>No</th>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performed — Positive screen, follow-up plan documented</td>
<td>☐</td>
<td>☐</td>
<td>G8431</td>
</tr>
<tr>
<td>Performed — Negative screen, follow-up plan not required</td>
<td>☐</td>
<td>☐</td>
<td>G8510</td>
</tr>
<tr>
<td>Performed — Screen documented, follow-up plan not documented, patient not eligible/appropriate⁴</td>
<td>☐</td>
<td>☐</td>
<td>G8940</td>
</tr>
</tbody>
</table>
| Not performed for the following reason:  
  - Documented reasons (eg, patient not eligible/appropriate for clinical depression screening) | ☐ | ☐ | G8433 |
| Document reason here and in medical chart. | | | |

If No is checked for all of the above, report G8432 (Clinical depression screening not documented, reason not given)

**Billing Information**

**Code Required on Claim Form**

- G8431
- G8510
- G8940
- G8433

*continued on next page*
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Follow-Up Plan — Proposed outline of treatment to be conducted as a result of positive clinical depression screening. Follow-up for a positive depression screening must include one (1) or more of the following: additional evaluation, 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.

Not Eligible/Not Appropriate — A patient is not eligible if one or more of the following conditions exist: patient refuses to participate, patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status, situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools (i.e. certain court appointed cases or cases of delirium), patient has an active diagnosis of Depression or Bipolar Disorder.