

Depression Screening Documentation FAQ

1. What does the Department of Managed Health Care (DMHC) All Plan Letter (APL) 22-028 mandate regarding depression screening?

The [DMHC APL 22-028](#) established the Health Equity and Quality Measure Set (HEQMS). HEQMS is comprised of 12 Healthcare Effectiveness Data and Information Set (HEDIS®) measures and one Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measure. **Full-service health plans are required to report on all 13 HEQMS measures, one of which is “Depression Screening and Follow-up for Adolescents and Adults.”** DMHC requires health plans to stratify data collected by race and ethnicity for all 13 of the HEQMS measures beginning in 2023. These requirements are in place through 2027.

The Department of Health Care Service (DHCS) also released an APL 22-028. The purpose of the [DHCS APL 22-028](#) is to ensure that Medi-Cal beneficiaries receiving mental health services from one delivery system obtain timely and coordinated care when their existing services are being transitioned to another delivery system (transition of care referral), or when services are being added to their existing mental health treatment from the other delivery system (service referral).

Consequently, Medi-Cal providers must both conduct/document depression screenings (HEDIS requirement) as well as conduct/document transition of care screenings when applicable.

2. What is the HEDIS measure for depression screening used in the Health Equity and Quality Measure Set (HEQMS)?

The HEDIS *Depression Screening and Follow-Up for Adolescents and Adults* measure is as follows: The percentage of members 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. Measurement period: January 1 – December 31.

- Depression screening: The percentage of members who were screened for clinical depression using a standardized tool.
- Follow up on positive screen: The percentage of members who screened positive for depression and received follow-up care within 30 days (31 total days).

HEDIS requires an annual depression screening for members ages 12 and older performed between January 1 and December 31 using an age-appropriate standardized instrument. Additionally, providers should assess any time they feel such an assessment is warranted for a patient.

3. What depression screening instrument(s) am I required to use?

Providers must use a standard assessment instrument that has been normalized and validated for the appropriate patient population. The instrument must calculate a total score. This score must be documented and submitted for both HEQMS and HEDIS reporting. There are multiple eligible screening instruments with thresholds for positive findings.

Note that data must be reported to the health plan using LOINC® codes (Logical Observation Identifiers Names and Codes) so it can be captured for the HEDIS measure. **Failure to do so may put quality scores and payouts at risk.**

Two of the most commonly used assessments – PHQ-2® and PHQ-9® – are linked below with their corresponding LOINC code. There are no costs or licensing requirements associated with these assessments.

Instruments for Adolescents (≤17 years)	LOINC CODE	Positive Finding
Patient Health Questionnaire-2 (PHQ-2)	55758-7	Total score ≥3
Patient Health Questionnaire (PHQ-9)	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)	89204-2	Total score ≥10
Instruments for Adults (18+ years)	LOINC CODE	Positive Finding
Patient Health Questionnaire-2 (PHQ-2)	55758-7	Total score ≥3
Patient Health Questionnaire (PHQ-9)	44261-6	Total score ≥10

4. What are the ICD-10 depression diagnosis codes?

F01.51, F32.0 – F32.5, F32.81, F32.89, F32.9, F32.A, F33.0 – FF33.3, F33.40 – F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340 – O99.345

5. How should I submit depression screening data to Blue Shield?

Please submit LOINC codes for assessment screenings to Blue Shield via the supplemental data feed or your Electronic Health Record (EHR). For questions related to supplemental data feeds, email HEDISSUPPDATA@blueshieldca.com.

Care related to a positive depression screen will be captured by Blue Shield via claims data.

6. What actions may be documented as follow up of a positive depression screen?

On the same day as a positive screen on a brief screening instrument, a second depression screening using a full-length instrument can be documented. 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.

Any of the below on or up to 30 days after the first positive screen may also be documented as follow up:

- 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.