

Depression Screening and Follow-up for Adolescents and Adults

Depression is among the leading causes of disability in individuals ages 15 and older¹—follow up with patients who have positive screenings

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depressive disorder in adolescents between ages 12 and 18, and in the general adult population, including pregnant and postpartum women.

To ensure all our members are receiving the appropriate screen for depression, and timely follow-up, Health Net Community Solutions, Inc. (Health Net), on behalf of CalViva Health, monitors the National Committee on Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Depression Screening and Follow-Up (DSF) for Adolescents and Adults quality measure.

DSF MEASURE DESCRIPTION

DSF (previously named Clinical Depression Screening and Follow-Up) measures the percentage of patients ages 12 and older screened for clinical depression using an age-appropriate standardized depression screening tool and who, if screened positive, receive follow-up care. The patient must receive follow-up care within 30 days of screening positive for depression.

Examples of acceptable depression screening tools with thresholds for positive findings are listed in the table on page 3.

FOLLOW-UP

Documented follow-up for a patient screened as positive must include one or more of the following:

- Additional evaluation for depression on the same day and subsequent to the positive screen.
- Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up (for example, if the PHQ-2 was used, documenting the PHQ-9 results to confirm negative or positive diagnosis).
- Follow-up with a behavioral health provider, including assessment, therapy, collaborative care, medication management, and acute care. Follow-up can be done with or without a telehealth modifier.
- Follow-up outpatient visit, with a diagnosis of depression or other behavioral health condition. This follow-up can be done with or without a telehealth modifier.
- Follow-up via a telephone visit. The visit must be documented with a diagnosis of depression or other behavioral health condition.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

¹ <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1>

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- Follow-up with a case manager, with documented assessment of depression symptoms or a diagnosis of depression or other behavioral health condition.
 - Pharmacological interventions, such as dispensing an antidepressant medication.

A patient is not eligible for screening, if one or more of the following conditions are documented:

- Patient is diagnosed with depression during the prior calendar year.
- Patient has a diagnosed bipolar disorder during the calendar year or the year prior.
- Patient is in hospice or using hospice services during the calendar year.

REFERRALS TO MHN

- The USPSTF also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.
- MHN is Health Net's behavioral health subsidiary.
- Patients diagnosed with depression, based on the standardized screen, may benefit from seeing a behavioral health provider.
- CalViva Health members do not need prior authorization or referrals to receive most outpatient behavioral health treatment. If referring the patient to a behavioral health provider for treatment, assist the member and call the Customer Service telephone number on the back of the patient's identification (ID) card.
- MHN is available 24 hours a day, seven days a week for behavioral crisis intervention. Licensed clinical care managers and customer service representatives are available for referrals and benefit inquiries during standard operating hours. For more information, refer to the *Provider Library > Operations Manuals > Benefits > Behavioral Health*.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

Screening tools for adolescents (ages 12–17)	Positive finding
PATIENT HEALTH QUESTIONNAIRE (PHQ-9) [®]	Total score ≥ 5
PATIENT HEALTH QUESTIONNAIRE MODIFIED FOR TEENS(PHQ-9M) [®]	Total score ≥ 5
PRIME MD-PHQ-2 [®]	Total score ≥ 3
BECK DEPRESSION INVENTORY-FAST SCREEN (BDI-FS) ^{®*}	Total score ≥ 4
CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE-REVISED (CESD-R)	Total score ≥ 10
PROMIS DEPRESSION	Total score (T Score) ≥ 52.5

Screening tools for adults (ages 18 or older)	Positive finding
PATIENT HEALTH QUESTIONNAIRE (PHQ-9)	Total score ≥ 5
PRIME MD-PHQ-2	Total score ≥ 3
BECK DEPRESSION INVENTORY-FAST SCREEN (BDI-FS)*	Total score ≥ 4
BECK DEPRESSION INVENTORY (BDI-II)	Total score ≥ 14
CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE-REVISED (CESD-R)	Total score ≥ 10
DEPRESSION SCALE (DEPS)	Total score ≥ 9
DUKE ANXIETY-DEPRESSION SCALE (DADS) [®]	Total score ≥ 30
GERIATRIC DEPRESSION SCALE SHORT FORM (GDS)	Total score ≥ 5
GERIATRIC DEPRESSION SCALE LONG FORM (GDS)	Total score ≥ 10
EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)	Total score ≥ 9
MY MOOD MONITOR (M-3) [®]	Total score ≥ 5
PROMIS DEPRESSION	Total score (T Score) ≥ 52.5
CLINICALLY USEFUL DEPRESSION OUTCOME SCALE (CUDOS)	Total score ≥ 11

*Proprietary; may be cost or licensing requirement associated with use.