



Screening for Depression and Follow-up After a Positive Depression Screen

November 2020

Measure Description

Two rates are reported:

Rate 1: Members who had an outpatient primary care visit (ACC well visit) during the measurement year who were screened for depression as identified by a positive or negative screening code (G8431 – positive; G8510 – negative)

Rate 2: Percentage of members engaged in mental health service on or within 30 days of screening positive for depression within a Primary Care Setting (Primary Care Visit as defined by the RAE ACC Well Visit KPI [Specification](#) and [Value Set](#))

Evaluation Period

Depression screening: 12/2/2020 through 12/1/2021

Follow-up after a positive depression screen: 1/1/2021 through 12/31/2021

Numerator

Rate 1: All members who had a depression screening in the measurement year as identified by a positive or negative Depression Screening Code (G8431 – positive; G8510 – negative)

Rate 2: All members with a positive depression screen who also received one of the following services the same day or within 30 days:



Condition Description	# Event	Detailed Criteria			Timeframe	Criteria Connector
Members included in the denominator	1				During evaluation period	and
Outpatient visit with PCMP	1	90791, 90832, 90834, 90837, 90846, 90847			Within 30 days of the positive depression screen	or
At least one of the following services	1	Codes to Identify Follow-up Assessment in any Setting (Behavioral Health or Primary Care)				
		CPT	with	Billing Provider Type	Within 30 days of the positive depression screen	or
		90791, 90792, 90832, 90834, 90837, 90846, 90847		35, 37, 38, 41, 25, 26, 05, 39		
		Codes to Identify Follow-up Assessment in a Behavioral Health Setting Using a Behavioral Health Screen or Evaluation and Management Codes, including Emergency Department E&M Codes and Consultation E&M Codes				
		CPT/HCPC	with	Billing Provider Type	Within 30 days of the positive depression screen	or
		H0002, 90833, 90836, 90838, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255		37, 35, 38, 25		
UB Revenue Code 0529 or 0900 with the following						
CPT/HCPC	with	Billing Provider Type	Within 30 days of the positive depression screen			
H0002, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255		32, 45				



Denominator

Rate 1: All members with an outpatient primary care visit in the measurement year

Rate 2: All members with a positive depression screening as identified by procedure code G8431 in a primary care setting

Denominator Exclusions

Exclude members under 12 years old

Notes

- Billing provider type is only used on FFS data for the calculation of this metric
- Continuous Enrollment Criteria: members must be continuously enrolled in the ACC on the date of the positive depression screen for 30 days, with no gaps
- Data sources:
 - RAE claims/encounter systems
 - FFS claims
 - MCO encounters as appropriate
- This measure will be calculated by the Department

