

# Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)



## Measure Overview

Routine depression screening supports early identification to help members receive timely, appropriate behavioral health care. Consistent screening, thorough documentation, and prompt follow-up contribute to improved outcomes and strengthen overall quality improvement efforts.

Supplemental data with LOINC codes sent to EmblemHealth is used to determine whether screenings were conducted and follow-up care received. This year (2026) the EmblemHealth Quality Incentive Program includes a measure to allow us to compensate providers for submitting the appropriate documentation for their state-sponsored program measures. See [Quality Incentive Program Booklet](#).

## Definitions

**Depression Screening:** The percentage of adolescent (12–17) and adult (18+) members who were screened for clinical depression using a standardized tool and received appropriate follow-up care if the screening result was positive.

**Positive Screen Follow-up:** The percentage of members who received follow-up care on or within 30 days after a positive depression screening.

## Eligibility Criteria

- Individuals **12 years of age and older** as of the start of the measurement period.
- Members must have **≥1 eligible encounter** (e.g., outpatient, telehealth, etc.) during the measurement year.

## Valid Depression Screening

- Screening must use a **standardized, age-appropriate, validated instrument** for depression, administered to members 12 years and older.
- The provider must document a **score or result**; simple statements like “screen completed” are not sufficient.
- Screening must be completed during the measurement period.

## Standardized Screening Instruments — Adolescents (12–17)

- PHQ-9 modified for adolescents (PHQ-9A).
- PHQ-9 or PHQ-2 when clinically appropriate.
- Edinburgh Postnatal Depression Scale (when applicable).
- Other validated adolescent depression screening tools.

## Standardized Screening Instruments — Adults (18+)

- PHQ-9 or PHQ-2.
- Geriatric Depression Scale (when appropriate).
- Edinburgh Postnatal Depression Scale (when applicable).
- Other validated adult depression screening instruments.

## Follow-Up Care Options for Positive Depression Screening

When a member has a positive depression screening, the provider must clearly document in the medical record the timely clinical actions taken in response. Appropriate follow up may include:

- A clinical encounter that addresses behavioral health concerns with a diagnosis of depression or other behavioral health conditions. A depression case management encounter that documents assessment for depression symptoms or a diagnosis of depression or other behavioral health conditions.
- Engagement with behavioral health services. Initiation or adjustment of treatment. (e.g., a dispensed antidepressant medication).
- Care management activities (e.g. exercise counseling).
- Additional assessment using a more comprehensive screening tool that documents no depression or no symptoms requiring follow-up (e.g., a negative finding from a PHQ-9).

All documentation should explicitly link the follow up activity to the initial positive screening result to demonstrate continuity of care and support quality measure compliance.

## Common LOINC Codes (Reference)

Depression Screening Instruments	LOINC Code	Positive Finding
Patient Health Questionnaire (PHQ-9)	44261-6	Total Score $\geq$ 10
Patient Health Questionnaire Modified for Teens (PHQ-9M)	89204-2	Total Score $\geq$ 10
Patient Health Questionnaire-2 (PHQ-2)	55758-7	Total Score $\geq$ 3
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total Score $\geq$ 10
PROMIS Depression	71965-8	Total Score $\geq$ 60

## Exclusions

- Members enrolled in **hospice** services during the measurement period.
- Members who are **deceased** during the measurement period.
- Members with a documented history of **bipolar disorder**.
- Members with a recent onset\* of **depression** prior to the measurement period.

*\*Persons with depression that starts during the year prior to the measurement period.*

## Best Practice Tips to Improve Performance

- Incorporate screening into **routine preventive** and problem-focused visits.
- Use **standardized tools** and document tool name, result, and date.
- Ensure **timely follow-up** is documented after a positive screen.
- **Coordinate care** with behavioral health providers.
- Support care coordination by connecting members with behavioral health providers, referral pathways, and community based mental health resources.
- Ensure accurate coding, timely billing, and proper documentation standards for screening and follow-up services.
- **Use actionable performance data and care gap insights to support provider-level improvement efforts.**
- Use telehealth when appropriate. See [Telehealth Tip Sheet](#).

## Documentation Best Practice Reminders

- **Document the screening tool, score/result, and date of completion** to ensure the screening meets HEDIS DSF-E requirements.
- **Clearly link any follow-up action to a positive screening result**, demonstrating appropriate clinical response and supporting measure compliance.
- **Confirm that visit, procedure, and diagnosis codes accurately reflect the documented screening and follow-up activities**, ensuring alignment between clinical notes and claim submissions.

## Disclaimer

This document is intended for internal quality improvement and educational purposes only. It does not establish clinical guidelines nor replace a provider's judgment. Providers should follow all applicable billing, documentation, and regulatory requirements.