

**PATIENT POPULATION:** Patients 12 years of age and older. All payers.

**NUMERATOR COMPLIANCE:** Percentage of patients 12 years of age and older screened for depression once per measurement period utilizing an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on or up to 30 days after the date of the first positive screen (31 total days) the date of the eligible encounter.

**NOTE:** A follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter (*for Medicare members only*)

## EXCLUSIONS

- » Active diagnosis for depression (*not applicable to Medicare*)
- » Active diagnosis for bipolar disorder
- » **Exceptions:** Patient refuses to participate; Patient is in an urgent or emergent situation where time is of the essence and delaying treatment would jeopardize the patient's health status; or Situations where the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of the results (exception codes in appendix)

## DOCUMENTATION REQUIREMENTS

- » Screening may occur on the date of the encounter or up to 14 days prior to the date of the encounter
- » **Clinician interpretation** of "positive" or "negative" must be documented on the date of the encounter; A score alone is **not** sufficient
- » The name of the age-appropriate standardized depression screening tool must be documented
- » If positive, **follow-up plan** must be documented. A follow-up plan includes at least one of the following:
  - » Additional evaluation or assessment for depression; 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
- » Screening and follow-up plan documentation may be completed during a **telehealth encounter**

## COMMON DOCUMENTATION INSUFFICIENCIES

- » Failing to include a clinician interpretation such as "positive" or "negative"
- » Utilizing PHQ-9 forms that do not include patient first and last name, date of birth, encounter date, or failing to document the name of the screening tool

## BEST PRACTICES

- 1** Utilize a PHQ-9 screening form, labeled as such, which includes a prompt for clinician interpretation (positive or negative) and signature. Ensure this form contains patient first and last name, date of birth, and encounter date, and upload to the EMR, labeled clearly for easy identification.
- 2** Ensure workflows are in place to notify and remind providers of when a patient's next screening or follow up is due. Utilize ACN Provider Portal when chart prepping. Utilize care gap lists to identify non-compliant patients.
- 3** Our care coordination team can provide patients with individualized support, education and guidance to help them achieve their best health. To refer a patient please contact us:  
 (602) 406-7226  
[CareCoordination@azcarenetwork.org](mailto:CareCoordination@azcarenetwork.org)

## CODE SUBMISSIONS TO CLOSE GAPS BY CLAIMS

Relevant codes that a primary care provider is the direct biller are listed below. Submission of these codes will close the quality gap through claims with the payer, especially when medical record review is unavailable.

CODE	DESCRIPTION
G8431	Depression screening positive with follow-up plan
G8510	Depression screening negative follow-up not required
G0444 (Cigna and Intel require this code)	Annual depression screening, 15 minutes (Satisfies gap closure for depression screening only, but not follow up)

When supporting medical documentation is available for depression screening, submit this information to the ACN Quality Data Abstractor assigned to the practice in order to close the quality gap if coding is unavailable.