Guidance Document to Define "Follow-up" for the Screening for Depression and Follow-up Plan Measure

Last updated: June 24, 2021

This document identifies what does and does not classify as an eligible "follow-up plan" for the Screening for Depression and Follow-up Plan measure. It does not provide any clinical guidance on the diagnosis or treatment of depression. For more guidance on that topic, consider referring to sources such as the American Psychological Association[1] and the Institute for Clinical Systems Improvement.[2]

According to the measure specifications, "Documented follow-up for a positive depression screening **must** include one or more of the following:

- 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"

Please note that additional evaluation or assessment for depression and suicide risk assessment are no longer considered eligible follow-up activities according to CMS as of 2021. The measure assesses the most recent depression screen completed during the eligible encounter or within 14 days prior to the encounter. Therefore, an additional screen performed during the eligible encounter would serve as the most recent screen that, if positive, should have additional follow-up. Should a patient screen positive for depression, a clinician should opt to complete a suicide risk assessment when appropriate and based on individual patient characteristics. A suicide risk assessment no longer qualifies as a follow-up plan for the purposes of this measure as the patient could potentially harm themselves, which would be considered an urgent or emergent situation, i.e., an eligible exception outlined in the measure specifications.[3]

Each action that is classified as an eligible "follow-up plan" component is defined further below. Please note that follow-up planning must be provided by a licensed provider or by an ancillary provider working under the general supervision of the licensed provider. The documented follow-up plan must be related to a positive depression screen. For example, "Patient referred for psychiatric evaluation due to positive depression screening."[4]

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[1] American Psychological Association. "Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts." https://www.apa.org/depression-guideline. Accessed April 26, 2021.
[2] Trangle, M., Gursky, J., Haight, R., Hardwig, J., Hinnenkamp, T., Kessler, D., Mack, N. and Myszkowski, M. (2016). "Health Care Guideline: Adult Depression in Primary Care." *Institute for Clinical Systems Improvement*. https://www.icsi.org/wp-content/uploads/2019/01/Depr.pdf. Accessed April 2, 2021.
[3] [Email from CMS Practice Improvement and Measures Management Support (PIMMS) Team]. (May 3, 2021).
[4] Oregon Health Authority. (2014). "Depression Screening and Follow-Up Plan Guidance Document." https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/Depression-Screening-Guidance-Document.pdf. Accessed April 14, 2021.

Referral to a practitioner or program for further evaluation for depression. This can include, but is not limited to, referral to a psychiatrist, psychologist, social worker, mental health counselor, and/or to a mental health service such as family or group therapy, support group or depression management program.

This can also include a warm hand-off to a behavioral health clinician embedded within the practice.[5]

The referral to a practitioner or program for further evaluation for depression must be made on the date of the eligible encounter for it to be an eligible follow-up action. The patient, however, can make a follow-up appointment with the practitioner or program on a subsequent date.

Pharmacologic interventions. This can include a prescription for antidepressants, including tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs) and atypical antidepressants (e.g., bupropion, mirtazapine, nefazodone, trazodone, etc.)). It can also include a prescription for other medications, such as antipsychotics, for the treatment of depression as advised by the practitioner.[6,7,8]

The prescription must be written on the date of the eligible encounter for it to be an eligible follow-up action. The prescription, however, can be filled by the patient on a subsequent date.

Treatment for depression is often indicated during pregnancy and/or lactation. Review and discussion of the risks of untreated versus treated depression is advised. Consideration of each patient's prior disease and treatment history, along with the risk profiles for individual pharmacologic agents, is important when selecting pharmacologic therapy with the greatest likelihood of treatment effect. There may be some instances in which a patient refuses pharmacologic intervention due to the risks associated with antidepressants, even when the provider advises starting treatment.[9]

Other interventions or follow-up for the diagnosis or treatment of depression. This can include behavioral health evaluation,[10] psychotherapy or additional treatment options.

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[5] Savoy, M. and O'Gurek, D. (2016). "Screening Your Adult Patients for Depression." *Fam Pract Manag,* 23(2): 16-20. https://www.aafp.org/fpm/2016/0300/p16.html. Accessed April 13, 2021.

[6] Mulder, R., Hamilton, A., Irwin, L., Boyce, P., Morris, G., Porter, R.J., Malhi, G.S. (October 16, 2018). "Treating Depression with Adjustive Antipsychotics." *Bipolar Disorders*, 20(52), 17-24. https://doi.org/10.1111/bdi.12701.

[7] While not an eligible follow-up activity for the purposes of this measure, a provider could consider having a registered nurse (RN) or pharmacist follow-up with (1) the patient in three to five weeks to assess the effectiveness and side effects of the medication and (2) the prescribing provider to discuss titration of the medication. [Email from J. Gates]. (April 26, 2021).

[8] If necessary and deemed appropriate, a provider should consider a follow-up assessment with a pharmacist or trained nurse specialist on medication adherence for depression. Such follow-up is typically conducted after an individual has been on a prescription for some time, i.e., would occur on a date other than the eligible encounter, and therefore would not be considered an eligible follow-up activity.
U.S. Preventive Services Task Force. (2016). "Depression in Adults: Screening." https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening#fullrecommendationstart. Accessed April 13, 2021.

[9] Ibid.

[10] Behavioral health evaluation is an eligible follow-up activity if it is performed by a provider other than the provider that conducted the initial positive screen because it would be classified as a "referral to a practitioner or

Examples of psychotherapy can include cognitive behavioral therapy (CBT), interpersonal therapy (IPT), dialectical behavior therapy, psychodynamic therapy, psychoanalysis, supportive therapy and more.[11]

Additional treatment options can include enrolling the patient in a collaborative care model to treat and manage depression,[12] acupuncture, or St. John's wort.[13]

It can also include a follow-up assessment with a community health worker or medical assistant with a practice-approved checklist.[14]

Continuation of an existing treatment for a condition other than depression that can also aid in the treatment of a newly diagnosed case of depression, as described above, is an eligible follow-up action.

For all of the above examples, referrals to or receipt of psychotherapy or other treatment options must be made on the date of the eligible encounter for it to be an eligible follow-up action. The patient, however, can make an appointment with the provider on a subsequent date.

Additional treatment options do **not** include those explicitly excluded in the measure specifications, i.e., additional evaluation or assessment for depression or suicide risk assessment, follow-up conducted by non-licensed provider that is not working under the supervision of a licensed provider, follow-up conducted on a day other than the eligible encounter.

There may be situations in which a patient has a positive screen for depression, but a provider on the basis of their clinical judgment does not implement one of the specified follow-up actions. This is why the target for this measure will never be 100%.

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program for further evaluation for depression." It is also an eligible follow-up activity if behavioral health evaluation is used as an intervention to treat depression.
[Email from CMS PIMMS Team]. (May 3, 2021).

[11] Parekh, R., Givon, L. (January 2019). "What Is Psychotherapy?" American Psychiatric Association. https://www.psychiatry.org/patients-families/psychotherapy. Accessed April 26, 2021.

[12] Community Preventive Services Task Force. (2010). "Improving Mental Health and Addressing Mental Illness: Collaborative Care for the Management of Depressive Disorders." https://www.thecommunityguide.org/sites/default/files/assets/Mental-Health-Collaborative-Care.pdf. Accessed April 14, 2021.

[13] Agency for Healthcare Research and Quality. (2015). "Nonpharmacological Versus Pharmacological Treatment for Adult Patients with Major Depressive Disorder." https://pubmed.ncbi.nlm.nih.gov/26764438/. Accessed April 14, 2021.

[14] While not an eligible follow-up activity for the purpose of this measure, any concerning findings from the checklist should result in a follow-up assessment by a RN or a visit with a provider within seven days.
[Email from J. Gates]. (April 26, 2021).

Screening for Clinical Depression and Follow-up Plan Measure Specifications

Steward: Centers for Medicare and Medicaid Services Merit-based Incentive Payment System 2021, Modified by Rhode Island Executive Office of Health and Human Services
As of June 24, 2021

SUMMARY OF CHANGES FOR 2021 (PERFORMANCE YEAR 4)

- Modified for reporting in QPY4 to specify that *for the purpose of this measure* what is an indication of a positive screen and needed follow-up based on the standardized depression screening tool.
- Removed "additional evaluation or assessment for depression" and "suicide risk assessment" as an eligible follow-up activity.
- Revised the exclusions to focus on patients who have ever had a diagnosis of depression or bipolar disorder vs. patients who have an active diagnosis of either condition.
- Updated the list of eligible codes for the denominator to align with the measure specifications.
- Added the "Positive Depression Screen" section, which outlines the definition of a positive score for each standardized depression screening tool mentioned in the measure specifications.
- Added a reference to the "Guidance Document to Define "Follow-up" for the Screening for Depression Follow-up Plan Measure," which should be used to identify eligible follow-up activities.

Description

Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

Definitions

Screening	Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms
Standardized Depression Screening Tool	A normalized and validated depression screening tool developed for the patient population in which it is being utilized. An age-appropriate, standardized, and validated depression screening tool must be used for numerator compliance. The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record. Examples of screenings tools include but are not limited to those provided in the three rows below.
Adolescent Screening Tools (12-17 Years)	Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D), Patient Health Questionnaire (PHQ-9), Pediatric Symptom Checklist (PSC-17), and PRIME MD-PHQ-2

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Adult Screening Tools (18 Years and Older)	Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale for Depression in Dementia (CSDD), PRIME MD-PHQ-2, Hamilton Rating Scale for Depression (HAM-D), Quick Inventory of Depressive Symptomatology Self-Report (QID-SR), Computerized Adaptive Testing Depression Inventory (CAT-DI), and Computerized Adaptive Diagnostic Screener (CAD-MDD)
Perinatal Screening Tools	Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, Patient Health Questionnaire (PHQ-9), Beck Depression Inventory, Beck Depression Inventory–II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale
Positive Depression Screen	The definition of a positive depression screen varies based on the standardized depression screening tool. See the "Positive Depression Screen Crosswalk" section below for more information on what constitutes a positive depression screen for each tool. Practices can use a "yes/no" assessment of whether a patient has depression to identify a positive depression screen ***only if*** the practice EMR is unable to capture data on the numerical score from the screen but can record a summary "yes/no" finding in a structured field. If the EMR can only capture a "yes/no" assessment for individual questions and not for the screen overall, practices must manually calculate the numerical score to identify whether the patient has depression and record the finding in the medical record for assessment of numerator compliance. If the practice does not calculate the overall assessment for whether a patient has a positive depression screen, the patient is considered numerator non-compliant.
Follow-up Plan	Documented follow-up for a positive depression screening ***must*** include one or more of the following: • 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 Please refer to the "Guidance Document to Define "Follow-up" for the Screening for Depression and Follow-up Plan Measure" for more information on what is an eligible follow-up plan.

Eligible Population

Product lines	Medicaid
Stratification	None
Ages	Ages 12 and older

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Continuous enrollment	Enrolled in the MCO for 11 out of 12 months during the measurement year
Anchor date	December 31 of the measurement year
Lookback period	12 months
Event/diagnosis	Patient has at least one eligible encounter during the measurement period. See the "Denominator" section below for a list of eligible encounters
Exclusions	Patients who have ever had a diagnosis of depression or a diagnosis of bipolar disorder prior to the eligible encounter
Exceptions	• Patient refuses to participate • Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status • Situations where the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools (e.g., certain court appointed cases or delirium)

Administrative Specification[15]

Denominator	The eligible population 1. Patients aged ≥12 years on date of encounter AND 2. Patient encounter with a primary care clinician associated with the AE anytime during the performance period: a. Eligible CPT/HCPCS office visit codes: 59400, 59510, 59610, 59618, 90791–90792, 90832, 90834, 90837, 92625, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161–97163, 97165–97167, 99078, 99202–99205, 99212–99215, 99304–99310, 99315–99316, 99318, 99324–99328, 99334–99337, 99339–99340, 99401–99403, 99483–99484, 99492–99387, 99394–99397, G0101–G0402, G0438–G0439, G0444 b. Eligible telephone visit, e-visit or virtual check-in codes: i. CPT/HCPCS/SNOMED codes: 98966-98968, 98969-98972, 99421-99423, 99441-99443, 99444, 11797002, 185317003, 314849005, 386472008, 386473003, 386479004 ii. Any of the above CPT/HCPCS codes in 2.a. with the following POS codes: 02 iii. Any of the above CPT/HCPCS codes in 2.a. with the following modifiers: 95, GT AND NOT

[15] Modified from: https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2021_Measure_134_MIPSCQM.pdf.

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	3. Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder: G9717 AND NOT 4. Not Eligible for Depression Screening or Follow-Up Plan (Denominator Exclusion) – a. Patients who have been diagnosed with depression - F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340, O99.341, O99.342, O99.343, O99.345 b. Patients who have been diagnosed with bipolar disorder - F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9 AND NOT 5. Patients with a Documented Reason for not Screening for Depression (Denominator Exception) – One or more of the following conditions are documented during the encounter during the measurement period: a. Patient refuses to participate b. Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status c. Situations where the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium
Numerator	Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter 1. Performance Met: Screening for depression is documented as being positive AND a follow-up plan is documented (G8431) OR 2. Performance Met: Screening for depression is documented as negative, a follow-up plan is not required (G8510) OR 3. Denominator Exception: Screening for depression not completed, documented reason (G8433) OR 4. Performance Not Met: Depression screening not documented, reason not given (G8432) OR 5. Performance Not Met: Screening for depression documented as positive, follow-up plan not documented, reason not given (G8511) **Note**: See "Positive Depression Screen Crosswalk" section below for

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	more information on what constitutes a positive depression screen for the purpose of this measure. Practices can use a "yes/no" assessment of whether a patient has depression to identify a positive depression screen ***only if*** the practice EMR is unable to capture data on the numerical score from the screen but can record a summary "yes/no" finding in a structured field. If the EMR can only capture a "yes/no" assessment for individual questions and not for the screen overall, practices must manually calculate the numerical score to identify whether the patient has depression and record the finding in the medical record for assessment of numerator compliance. If the practice does not calculate the overall assessment for whether a patient has a positive depression screen, the patient is considered numerator non-compliant.

Clinical Specification[16]

Denominator	The eligible population
Numerator	Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter **Note**: See "Positive Depression Screen Crosswalk" section below for more information on what constitutes a positive depression screen for the purpose of this measure. Practices can use a "yes/no" assessment of whether a patient has depression to identify a positive depression screen ***only if*** the practice EMR is unable to capture data on the numerical score from the screen but can record a summary "yes/no" finding in a structured field. If the EMR can only capture a "yes/no" assessment for individual questions and not for the screen overall, practices must manually calculate the numerical score to identify whether the patient has depression and record the finding in the medical record for assessment of numerator compliance. If the practice does not calculate the overall assessment for whether a patient has a positive depression screen, the patient is considered numerator non-compliant.

Positive Depression Screen

The list of standardized depression screening tools included in the measure specifications differ in what they are evaluating. For example, some tools are designed to detect different levels of severity of depression (e.g., the PHQ-9), whereas others do not.

[16] Modified from: https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2021_Measure_134_MIPSCQM.pdf.

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EOHHS has adopted a score of 10+ as an indication of a positive score for the PHQ-9. This is commonly accepted as the cut-point for moderate depression and is identified as a positive depression score by NCQA in its "Depression Screening and Follow-up for Adolescents and Adults" measure.[17] The table below identifies the definition of a positive screen for the other screening tools included in the measure specifications, which is usually the score used to identify moderate depression. The table also indicates if a tool has multiple cut points for a positive score or does not have a clear definition of a positive screen.

As a reminder, practices can use a "yes/no" assessment of whether a patient has depression to identify a positive depression screen ***only if*** the practice EMR is unable to capture data on the numerical score from the screen but can record a summary "yes/no" finding in a structured field. If the EMR can only capture a "yes/no" assessment for individual questions and not for the screen overall, practices must manually calculate the numerical score to identify whether the patient has depression and record the finding in the medical record for assessment of numerator compliance. If the practice does not calculate the overall assessment for whether a patient has a positive depression screen, the patient is considered numerator non-compliant.

Tool Name	Intended Population Use	Definition of a Positive Depression Screen
Patient Health Questionnaire for Adolescents (PHQ-A)	Adolescent (12-17 years)	A score of 10+ (could be indicative of moderate depression)[18,19]
Beck Depression Inventory-Primary Care Version (BDI-PC)	Adolescent (12-17 years)	A score of 8+ (could be indicative of moderate depression)[20]
Beck Depression Inventory (BDI or BDI-II)	Adult (18 years and older), Perinatal	A score of 20+ (could be indicative of moderate depression)[21,22]
Computerized Adaptive Diagnostic Screener (CAD-MDD)	Adult (18 years and older)	No clear cutoff for a positive score, as the tool is adaptive and does not have all patients answer the same questions[23]
Computerized Adaptive Testing Depression Inventory (CAT-DI)	Adult (18 years and older)	A score of 66+ (could be indicative of moderate symptoms of depression)[24]

[17] National Committee for Quality Assurance (NCQA). "Proposed Changes to Existing Measures for HEDIS MY 2020: Depression Screening and Follow-up Measures." https://www.ncqa.org/wp-content/uploads/2020/02/20200212_18_Depression_Measures.pdf. Accessed April 26, 2021.

[18] This tool is sometimes referred to as the Patient Health Questionnaire Modified for Teens (PHQ-9M). American Academy of Child & Adolescent Psychiatry. "Scoring the PHQ-9 Modified for Teens." https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf. Accessed April 20, 2021.

[19] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.

[20] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.

[21] The National Child Traumatic Stress Network. "Beck Depression Inventory-Second Edition." https://www.nctsn.org/measures/beck-depression-inventory-second-edition. Accessed April 26, 2021.

[22] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.

[23] Graham, A.K., Minc, A., Staab, E., Beiser, D.G., Gibbons, R.D., Laiteerapong, N. (2019). "Validation of the Computerized Adaptive Test for Mental Health in Primary Care." *Annals of Family Medicine*, 17(1): 23-30. https://www.annfammed.org/content/annalsfm/17/1/23.full.pdf. Accessed April 20, 2021.

[24] Ibid.

Tool Name	Intended Population Use	Definition of a Positive Depression Screen
Center for Epidemiologic Studies Depression Scale (CES-D)	Adolescent (12-17 years), Adult (18 years and older), Perinatal	A score of 17+ (could be indicative of clinical depression)[25,26,27]
Cornell Scale for Depression in Dementia (CSDD)	Adult (18 years and older)	A score of 6+ (could be indicative of presence of depressive symptoms)[28,29,30]
Depression Scale (DEPS)	Adult (18 years and older)	A score of 9+ (could be indicative of any level of depression)[31]
Duke Anxiety Depression Scale (DADS)	Adult (18 years and older)	A score of 5+ (could be indicative of anxiety and/or depression symptoms)[32]
Edinburgh Postnatal Depression Scale	Perinatal	A score of 10+ (could be indicative of possible depression)[33,34]
Geriatric Depression Scale (GDS)	Adult (18 years and older)	A score of 10+ (for the 30-item survey) [could be indicative of mild depression][35,36] A score of 5+ (for the 15-item survey)

[25] American Psychological Association. (2011). "Center for Epidemiological Studies-Depression." https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/depression-scale. Accessed April 20, 2021.

[26] Boyd, J.H., Weissman, M.M., Thompson, W.G., Myers, J.K. (1982). "Screening for Depression in a Community Sample: Understanding the Discrepancies between Depression Symptom and Diagnostic Scales. *Archives of General Psychiatry*, 39(10)L 1195-1200. https://doi.org/10.1001/archpsyc.1982.04290100059010.

[27] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.

[28] Alexopoulos, G.S. (2002). "The Cornell Scale for Depression in Dementia: Administration and Scoring Guidelines." *Cornell Institute of Geriatric Psychiatry*. http://www.scalesandmeasures.net/files/files/The%20Cornell%20Scale%20for%20Depression%20in%20Dementia.pdf. Accessed April 26, 2021.

[29] Bienenfeld, D and Stinson, K.N. (December 23, 2018). "Screening Tests for Depression." Medscape. https://emedicine.medscape.com/article/1859039-overview#a1. Accessed April 20, 2021.

[30] Edelstein, B.A., Drozdick, L.W., Ciliberti, C.M. (2010). "Assessment of Depression and Bereavement in Older Adults" in *Handbook of Assessment in Clinical Gerontology*. https://www.sciencedirect.com/science/article/pii/B9780123749611100016. Accessed April 29, 2021.

[31] Poutanen, O., Koivisto, A.M., Kaaria, S., Salokangas, K.R. (2010). "The Validity of the Depression Scale (DEPS) to Assess the Severity of Depression in Primary Care Patients." *Family Practice*, 27(5): 527-534. https://academic.oup.com/fampra/article/27/5/527/717051. Accessed April 20, 2021.

[32] Duke University Medical Center. (2016). "Duke Anxiety-Depression Scale." https://fmch.duke.edu/sites/cfm.duke.edu/files/cfm/Research/HealthMeasures/DukeAD.pdf. Accessed April 20, 2021.

[33] University of California San Francisco School of Medicine Fresno. "Edinburgh Postnatal Depression Scale." https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf. Accessed April 20, 2021.

[34] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.

[35] Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M., Leirer, V.O. (1983). "Development and Validation of a Geriatric Depression Screening Scale: A Preliminary Report." *Journal of Psychiatric Research*, 17:37-49. https://img.medscape.com/pi/emed/ckb/psychiatry/285911-1335297-1859039-1859094.pdf. Accessed April 26, 2021.

[36] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.

Tool Name	Intended Population Use	Definition of a Positive Depression Screen
		[could be indicative of depression][37,38] A score of 2+ (for the 5-item scale) [could be indicative of depression][39]
Hamilton Rating Scale for Depression (HAM-D)	Adult (18 years and older)	A score of 20+ (could be indicative of moderately severe depression)[40]
Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)	Adult (18 years and older)	A score of 11+ (could be indicative of moderate depression)[41]
Mood Feeling Questionnaire (MFQ)	Adolescent (12-17 years)	A score of 8+[42] or 11+[43] on the short questionnaire for children (could be indicative of major depression)
Patient Health Questionnaire (PHQ-9)	Adolescent (12-17 years), Adult (18 years and older), Perinatal	A score of 10+ (could be indicative of moderate depression)[44,45]
Pediatric Symptom Checklist (PSC-17)	Adolescent (12-17 years)	The following scores could be indicative of psychological impairment (not solely focused on depression) and suggests the need for further evaluation: A score of 28+ for ages 6-16 A score of 24+ for ages 4-5 A score of 30+ for the PSC-Y for ages 11+[46]
Postpartum Depression Screening Scale	Perinatal	A score of 80+ (indicates that a woman has a high probability of depression)[47]

[37] Anderson, J.E., Michalak, E.E., Lam, R.W. (2002). "Depression in Primary Care: Tools for Screening, Diagnosis and Measuring Response to Treatment." British Columbia Medical Journal, 44(8): 415-419. https://bcmj.org/articles/depression-primary-care-tools-screening-diagnosis-and-measuring-response-treatment. Accessed April 20, 2021.

[38] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.

[39] Bienenfeld and Stinson.

[40] Bienenfeld and Stinson.

[41] IDS-QIDS. (2021). "Interpretation: Inventory of Depressive Symptomatology (IDS) and Quick Inventory of Depressive Symptomatology (QIDS)." http://ids-qids.org/interpretation.html. Accessed April 26, 2021.

[42] Seattle Children's Hospital. "Short Mood and Feelings Questionnaire." https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/ratings/smfq-rating-scale.pdf. Accessed April 29, 2021.

[43] University of Washington. "Moods and Feelings Questionnaire." https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/3%20Assessment/Standardized%20Measures/Moods%20and%20Feelings%20Questionnaire%202.08.pdf. Accessed April 28, 2021.

[44] This definition was developed by the AE/MCO Work Group.

[45] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.

[46] Bright Futures. "Instructions for Using Pediatric Symptom Checklist." https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf. Accessed April 20, 2021.

[47] Mancini, F., Carlson, C., Albers, L. (2007). "Use of the Postpartum Depression Screening Scale in a Collaborative Obstetric Practice." *Journal of Midwifery & Women's Health*, 52(5): 429-434. https://www.medscape.com/viewarticle/563220. Accessed April 20, 2021.

Tool Name	Intended Population Use	Definition of a Positive Depression Screen
PRIME MD-PHQ-2	Adolescent (12-17 years), Adult (18 years and older)	A score of 3+ (could be indicative of having depression symptoms, but developer recommends administration of a PHQ-9, GAD-7 or other screening tool to determine whether a mental health condition is present)[48,49]
Zung Self-rating Depression Scale	Perinatal	A score of 60+ (could be indicative of moderate depression)[50]

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[48] Pfizer. "Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures." https://www.phqscreeners.com/images/sites/g/files/g10016261/f/201412/instructions.pdf. Accessed April 20, 2021.
[49] NCQA, Proposed Changes to Existing Measures for HEDIS MY 2020.
[50] Bienenfeld and Stinson.