# Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) HEDIS® Tip Sheet MY 2026

WellSense HEALTH PLAN

## Measure definition

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

*Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument.
*Follow-up on Positive Screen.* The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

| Plans(s) | Quality Program(s) | Collection and Reporting |
|---|---|---|
| Commercial MedicaidMedicare | NCQA Accreditation NCQA Health Plan Ratings Select State Medicaid reporting | ECDS only |

## Best practices for quality care

- Screen all members aged 12 and older at least once during the measurement year.
- Incorporate depression screenings into:
  - Annual or preventive visits
  - New patient visits
  - School or sports physicals
- Ensure **positive screens receive documented follow-up care within 30 days.**
- Provide referral assistance when indicated.
- Offer flexible follow-up options such as telehealth, telephone visits, and e-visits.
- Discuss the importance of follow-up at the time of a positive screen.
- Document screening results and engage in safety planning when clinically appropriate.
- Coordinate care between primary care and behavioral health, ensuring required releases are on file.

## Quality score improvement tips

### Qualifying Follow-up Care

The following follow-up types count toward closing the DSF-E gap when completed within 30 days of a positive screen:

- Outpatient, telehealth, telephone, e-visit, or virtual check-in for depression or other behavioral health conditions
- Depression case management encounters documenting assessment or diagnosis
- Behavioral health visits, including assessment, therapy, collaborative care, or medication management
- Dispensed antidepressant medication
- Exercise counseling documented with a depression related encounter

**Alternate Same Day Resolution**

- If a brief screening is positive, an **additional full-length depression screening** performed **on the same day** that indicates:
  - No depression, **or**
  - No symptoms requiring follow-up meets the measure requirement.

**Workflow Optimization**

- Integrate standardized, age-appropriate depression screening tools into intake and annual visit workflows.
- Train staff to correctly score screenings, flag positive results, and initiate follow-up scheduling immediately.
- Ensure workflows support the 30-day follow-up requirement, particularly for pre-visit or electronic screenings.

## Exclusions

- Members with a history of bipolar disorder in the year before the measurement period,
- Members with depression that starts in the year before the measurement period.
- Members who die at any time during the measurement period.
- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.

## Numerator Codes

The following codes can be used to close HEDIS gaps in care. This list is not all inclusive or meant to direct your billing practices. CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season. For more information, please refer to the American Academy of Professional Coders (AAPC).

## Depression Screening Instrument:

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

| Instruments for adolescents (12-17 years) | Total Score LOINC® Codes | Positive Finding |
|---|---|---|
| Patient Health Questionnaire (PHQ-9)® | 44261-6 | Total score ≥10 |
| Patient Health Questionnaire Modified for Teens (PHQ-9M)® | 89204-2 | Total score ≥10 |
| Patient Health Questionnaire-2 (PHQ-2)®[1] | 55758-7 | Total score ≥3 |
| Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2] | 89208-3 | Total score ≥8 |
| Center for Epidemiologic Studies Depression Scale—Revised (CESD-R) | 89205-9 | Total score ≥17 |
| Edinburgh Postnatal Depression Scale (EPDS) | 99046-5 | Total score ≥10 |
| PROMIS Depression | 71965-8 | Total score (T Score) ≥60 |

| Instruments for adults (18+ years) | Total Score LOINC® Codes | Positive Finding |
|---|---|---|
| Patient Health Questionnaire (PHQ-9)® | 44261-6 | Total score ≥10 |
| Patient Health Questionnaire-2 (PHQ-2)®[1] | 55758-7 | Total score ≥3 |
| Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2] | 89208-3 | Total score ≥8 |
| Beck Depression Inventory (BDI-II) | 89209-1 | Total score ≥20 |
| Center for Epidemiologic Studies Depression Scale—Revised (CESD-R) | 89205-9 | Total score ≥17 |
| Duke Anxiety—Depression Scale (DUKE-AD)®[2] | 90853-3 | Total score ≥30 |
| Geriatric Depression Scale Short Form (GDS)[1] | 48545-8 | Total score ≥5 |
| Geriatric Depression Scale Long Form (GDS) | 48544-1 | Total score ≥10 |
| Edinburgh Postnatal Depression Scale (EPDS) | 99046-5 | Total score ≥10 |
| My Mood Monitor (M-3)® | 71777-7 | Total score ≥5 |
| PROMIS Depression | 71965-8 | Total score (T Score) ≥60 |
| PROMIS Emotional Distress—Depression—Short Form | 77861-3 | Total score (T Score) ≥60 |
| Clinically Useful Depression Outcome Scale (CUDOS) | 90221-3 | Total score ≥31 |

[1]Brief screening instrument. All other instruments are full-length.
[2]Proprietary; may be cost or licensing requirement associated with use.

## How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.