BHIP Provider/ Coding Support | FY26 V1

Screening for Depression and Follow Up Plan

Measure Description:

- The percentage of beneficiaries ages 12 and older screened for depression on the date of the encounter or up to 14 days prior using an age-appropriate standardized depression screening tool, and if the screen is positive, a follow-up plan is documented on the date of the eligible encounter.
- The measure reports rates for two age breakouts (12–17 and 18+), requiring both to meet thresholds independently for payment under ACC Phase III.
- This measure is identical to the CMS Child Core Set (CDF-CH) and Adult Core Set (CDF-AD) specifications and the 2025 DOI Primary Care APM measure, using administrative or hybrid data collection methods.
- Screening must use validated tools (e.g., PHQ-9 for adults, PHQ-A for adolescents) to assess symptoms, with positive screens triggering documented plans like referrals or interventions.
- Reportable via EHR documentation or claims, with emphasis on same-day follow-up for positive screens to improve behavioral health outcomes.

Numerator:

- Beneficiaries in the denominator who were screened for depression using a standardized tool, with negative screens compliant automatically and positive screens requiring a documented follow-up plan on the same day.
- Follow-up plans can include referrals to behavioral health, pharmacological interventions, additional evaluation, or other actions, documented in the EHR or claims.
- Rates calculated independently for ages 12–17 and 18+, with payment requiring both to meet thresholds for comprehensive coverage across adolescent and adult populations.

Denominator:

- All beneficiaries age 12 and older as of the measurement year (CY2026) who had at least one eligible outpatient visit during the year, with separate denominators for age breakouts 12–17 and 18+.
- Members must be enrolled in Medicaid during the encounter to be included in the denominator.
- Eligible visits include preventive, evaluation, or management encounters where screening can occur, without continuous enrollment requirements for broader inclusion.

Services to Support Depression Screening:

- Outpatient or preventive care visits, where screening can be integrated into routine checks for ages 12 and older.
- Behavioral health or mental health consultations, including integrated care models in primary care settings.
- Community mental health centers or school-based services for adolescents, providing access to standardized tools and follow-up.
- Telehealth or virtual visits for screening and planning documentation, especially for remote or underserved populations.

More information can be found here: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html

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- Pharmacy services for pharmacological follow-up, such as antidepressant initiation, if part of the plan.

Best Practices:

- Integrate screening into every eligible outpatient visit for ages 12 and older per USPSTF guidelines, using EHR templates to prompt tools like PHQ-9 (adults) or PHQ-A (adolescents) for efficiency.
- Use validated tools consistently and train staff on scoring to ensure accurate identification of positive screens (e.g., PHQ-9 score ≥10 indicates positive).
- Educate patients and caregivers on depression symptoms and screening benefits using the "Teach Back Method" to confirm understanding, such as asking them to repeat what a positive screen means.
- Document the tool, score, and follow-up plan (e.g., referral to psychiatrist or therapy) in structured EHR fields to facilitate data capture and hybrid reporting, avoiding free-text notes that may not count.
- Partners with behavioral health provide immediate referrals on positive screens and follow up with patients to ensure plan adherence and reduce no-shows.
- Conduct outreach to patients who miss visits via phone, text, or portal messages, offering flexible scheduling or telehealth for screening in high-risk groups (e.g., teens or those with chronic conditions).
- Common miss: Positive screen without same-day documented plan — always use G8431 in claims for positive with plan and note exclusions like bipolar diagnosis with G9717 to avoid invalidation.
- Submit claims promptly with G-codes to ensure screenings are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in rates by age group and target interventions (e.g., higher misses in adolescents due to stigma).
- Collaborate with RAE quality teams for resources like free screening tools, training on integrated care, or incentives to improve equity in depression screening access.

CY 2026 Payment Threshholds on next page.

More information can be found here: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html

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CY 2026 Payment Thresholds

Age Group	Level	Required Rate	Payout %	Description
12–17	Basecamp	≥11%	33%	Entry-level target for adolescent screening; focus on well-visit integration.
12–17	Tree Line	≥24%	67%	Mid-level target; emphasize follow-up plans for positives.
12–17	Summit	≥38%	100%	High-performance target; use EHR tools for tracking.
18+	Basecamp	≥28%	33%	Entry-level target for adults; focus on routine outpatient inclusion.
18+	Tree Line	≥44%	67%	Mid-level target; ensure documentation of negative screens.
18+	Summit	≥60%	100%	High-performance target; partner for behavioral referrals.

For the full list of codes, please see Appendix A on the following page.

More information can be found here: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html

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Appendix A

Codes to Identify Outpatient Visits	
Code Type	**Codes**
CPT	59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161-97167, 98966-98968, 99078, 99202-99205, 99212-99215, 99304-99310, 99315-99316, 99341-99342, 99344-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99403, 99424, 99441-99443, 99483-99484, 99491-99493
HCPCS	G0101, G0402, G0438, G0439, G0444

Codes to Identify Screening and Follow Up	
HCPCS	**Description**
G8431	Screening for depression documented as positive, and follow-up plan documented
G8510	Screening for depression documented as negative, follow-up plan not required

Codes for Exclusions	
HCPCS	**Description**
G9717	Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required
G8433	Screening for depression not completed, documented reason (e.g., medical reason)

Codes for Hospice Exclusions	
UBREV	**Description**
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)

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