



The Importance of a Depression Screening and Follow-up Plan

According to the Substance Abuse and Mental Health Service Administration (SAMHSA), 6.6 percent of adults (15.7 million) had at least one major depressive episode in 2014. Moreover, 4.3 percent of adults (10.2 million) had an episode with severe impairment. Among adolescents, SAMHSA also found that 11.4 percent of adolescents (ages 12–17) had at least one major depressive episode in 2014, and 8.2 percent had an episode with severe impairment.

According to the United States Preventive Services Task Force (USPSTF), depression is among the leading causes of disability in individuals ages 15 and older. Depression has a major effect on quality of life for patients and their family members, especially children, and society. The USPSTF recommends screening for depressive disorder in adolescents between ages 12 and 18, and in the general adult population, including pregnant and postpartum women. The recommendation for depression screening in primary care has also been supported by the World Health Organization and the American Academy of Family Physicians.

Health Net supports this recommendation by encouraging providers to screen all their patients ages 12 and older for clinical depression and that among those that are screened positive, have a documented follow-up plan either in the medical record or in the electronic health record. Health Net monitors depression screening and follow-up rates through the National Quality Forum performance measure, "Screening for Clinical Depression and Follow-Up Plan" (CDF). The description of the measure and coding references are below.

MEASURE DESCRIPTION

The percentage of patients ages 12 and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan are documented on the date of the positive screen. The name of the age-appropriate standardized depression screening tool that is used and follow-up (if applicable) must be documented in the medical record.

Examples of depression screening tools include, but are not limited to:

- Adolescent screening tools (ages 12–17): Patient Health Questionnaire for Adolescents (PHQ-A) and Beck Depression Inventory-Primary Care Version (BDI-PC).
- Adult screening tools (ages 18 and older): Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Geriatric Depression Scale (GDS), and Edinburgh Postnatal Depression Scale (EPDS) in postpartum and pregnant women
- The Patient Health Questionnaire (PHQ) is a self-administered diagnostic tool for mental health disorders used by health care professionals that is quick and easy for patients to complete. Members can access the tools at <http://www.phqscreeners.com/select-screener>.

FOLLOW-UP PLAN

THIS UPDATE APPLIES TO ARIZONA PROVIDERS:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO
- PPO
- CommunityCare HMO
- Centene Corporation Employee Self-Insured PPO Plan
- Medicare Advantage (HMO)
- Ambetter from Health Net (Health Insurance Marketplace)

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Documented follow-up for a positive depression screening must include one or more of the following:

- Additional evaluation for depression.
- Suicide risk assessment.
- Initiate treatment or 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.

A patient is not eligible if one or more of the following conditions are documented:

- Patient has an active diagnosis of depression.
- Patient has a diagnosed bipolar disorder.
- 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 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.

CODING FOR THE CDF MEASURE

The following HCPCS/Quality Data Codes (QDC) are used to report the screening and establish a follow-up plan satisfactorily:

CDF Screening and Follow-Up Codes		
	CODE	DEFINITION
CODES FOR REPORTING SCREENING RESULTS	G0444	Annual depression screening, 15 minutes
	G8431	Screening for clinical depression is documented as being positive, and a follow-up plan is documented
	G8432	Screening for clinical depression is not documented; reason not given
	G8433	Screening for clinical depression is not documented; documentation states patient is not eligible
	G8510	Screening for clinical depression is documented as negative, and a follow-up plan is not required
	G8511	Screening for clinical depression is documented as positive, and follow-up plan is not documented; reason not given

Note: It is recommended providers use one of the HCPCS/QDC codes listed in the CDF Screening and Follow-Up Codes table to document the presence or absence of a clinical depression screening and follow-up plan.

ENSURING ADEQUATE SYSTEMS ARE IN PLACE

- The USPSTF's recommendation also includes emphasis on ensuring adequate systems are in place to address patients that have a positive screen. This is also one of the barriers to implementing and adhering to depression screening protocols and standards.
- Access the Depression Screening Toolkit, available online at provider.healthnet.com under *Working with Health Net > Quality Improvement Center > Depression Program Provider Toolkit*.
- When necessary, refer members to case management as follows:
 - For PPO members, assist the member in contacting the telephone number on the back of their member identification (ID) cards to support self-referral for behavioral health services.
 - For HMO members, contact the MHN Physician Help Line at (800) 289-2040.

ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at AZ_InternetProviderInquiries@healthnet.com, through the Health Net provider website at provider.healthnet.com, or by telephone as listed in the right-hand column on page 1.

REFERENCES:

Substance Abuse and Mental Health Services Administration. 2015. Behavioral Health Trends in the United States; Results from the 2014 National Survey on Drug Use and Health. Rockville, M.D., www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf.

Siu, A.L., USPSTF. 2016. "Screening for Depression in Adults." *Journal of the American Medical Association* 315 (4): 380-7.

Siu, A.L., USPSTF. 2016. "Screening for Depression in Children and Adolescents: U.S. Preventive Service Task Force Recommendation Statement." *Annals of Internal Medicine* 164: 360-6. doi:10.7326/M15-2957.

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