
PROVIDER BULLETIN

Depression Screening Requirement for Cal Medi-Connect Members

Preferred IPA providers are required to provide their Cal Medi-Connect members over the age of 18 with a depression screening using standard depression screening tools such as the PHQ-2 and/or PHQ-9 either during a physical exam or any other time during a physician visit. The screening tools are available on-line at www.phqscreeners.com. The encounters must be submitted through the standard encounter data submission process.

The eligible codes for submission are:

| Procedure Code | Description |
|----------------|--|
| G8431 | Screening for clinical depression is documented as being positive and a follow-up plan is documented |
| G8510 | Screening for clinical depression is documented as negative, a follow-up plan is not required |

The screening must be performed in conjunction with and on the same date as an outpatient visit that is being billed using one of the following codes:

| | | | |
|-------|-------|-------|-------|
| 90791 | 92567 | 99201 | 99214 |
| 90792 | 92568 | 99202 | 99215 |
| 90832 | 92625 | 99203 | G0101 |
| 90834 | 92626 | 99204 | G0402 |
| 90837 | 96150 | 99205 | G0438 |
| 90839 | 96151 | 99212 | G0439 |
| 92557 | 97003 | 99213 | G0444 |

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

- Additional Evaluation
- 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 and treatment of depression

The documented follow-up must be related to positive depression screening, for example, "Patient referred for psychiatric evaluation due to positive depression screening."

If you have any questions, please contact Liza Johnson (x232) or Rus Billimoria (x203) at 818-265-0800.

Patient Health Questionnaire-2 (PHQ-2). This questionnaire is used as the initial screening test for major depressive episode.

PHQ-2

Over the past two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Feeling down, depressed, or hopeless.

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Total point score: _____

Score interpretation:

| <i>PHQ-2 score</i> | <i>Probability of major depressive disorder (%)</i> | <i>Probability of any depressive disorder (%)</i> |
|--------------------|---|---|
| 1 | 15.4 | 36.9 |
| 2 | 21.1 | 48.3 |
| 3 | 38.4 | 75.0 |

Information from Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284-92.

Thibault JM, Prasaad Steiner, RW. Efficient identification of adults with depression and dementia. American Family Physician, Vol. 70/No. 6 (September 15, 2004)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult