Depression Screening Billing/Coding Guide

The following document presents a billing and coding guide for the Depression Screening measure. This billing and coding guide is meant to capture the primary means through which compliance can be achieved. It is not meant to be all inclusive. For additional codes that bring compliance for the measure, please see Evolent's value sets and the depression screening measure definition accessed directly within the Evolent Vision solution.

Depression Screening Measure Definition

The definition for the depression screening measure is presented below for reference.

Measure Category	Eligible Population	Measures	Provider Attribution	Attribution Specialty Tiers
Depression Screening	Patients 12 through 18 years of age. Exclusions: - Hospice Ever - Any diagnosis of depression, bipolar, or delirium before the qualifying depression screen in measurement year or year prior to the measurement year	- Evidence of depression screening with any provider during the measurement year.	The provider responsible for the measure is the provider from a relevant specialty with the most visits with the patient during the measurement year and year prior. Preventive Visits are weighted more heavily to indicate that provider has assumed responsibility of screening and prevention care. Urgent Care encounter will not be considered for attribution. Rank, most seen, and last seen logic apply. Relevant specialties include: **See specialty tier column.**	1) Pediatric Medicine 2) Child and Adolescent Psychiatry, Licensed Clinical Social Worker, Psychiatry, Psychology

Depression Screening Billing and Coding Framework

Children's Health Network recognizes that certain assessments and screenings occur as part of an office encounter and are not expected to be paid separately by the payer (e.g. screening for tobacco use). In these cases, it is expected that the practice will not be paid for the services. Due to the uncertainty of whether the recommended depression screening code is a payable CPT code, CHN recommends including the depression screening code with an encounter that includes at least 1 billable CPT code (e.g. a well-visit CPT code).

Receipt of payment for depression screening is dependent on whether the service is a covered benefit for an individual patient. Regardless of coverage, the payer should accept and process the claim if the proposed framework is followed. If you have issues with payers processing the recommend depression screening code, please contact your Provider Relations representative.

Depression Screening Billing/Coding Guide

Depression Screening (Non-Payable / Payable Services)

A depression screening performed using a common standardized instrument such as PHQ-2 or PHQ-9 should be coded using the following CPT code.[1]

Code	Description
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION INVENTORY, ATTENTION-DEFICIT/HYPERACTIVITY DISORDER [ADHD] SCALE), WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT

The above CPT code is often not a payable service. However, as discussed above, payers should accept and process the code as long as the CPT code is associated with an encounter that includes at least 1 billable CPT code (i.e. a well-visit CPT code).

Please note the same CPT code (i.e. 96127) is used for both the abbreviated 2-question PHQ-2 instrument and the longer 9-question PHQ-9 instrument.

When using the PHQ-2 screening, CHN recommends including the diagnosis code Z13.89 (Encounter for screening for other disorder). If a full PHQ-9 is completed, a more applicable depression-related diagnosis may be warranted based on the PHQ-9 score (see page 6).

Recommended Standardized Depression Screening / Assessment Tool

Various depression screening instruments are available and CHN practices can select the instrument(s) best suited to their practice. Two good resources regarding depression screening include:

- Contemporary Pediatrics - Screening Adolescents for Depression[2]
- American Family Physician – Screening for Depression[3]

One of the most widely used standardized depression screening tools is the Patient Health Questionnaire (PHQ). The PHQ assessment tool is available in either a 2 question format (PHQ-2) or 9 question format (PHQ-9). The PHQ-2 takes approximately 1 minute to complete and the PHQ-9 takes approximately 5 to 10 minutes to complete.

For purposes of a brief depression screening during a typical well-visit encounter, Children's Health Network recommends using the PHQ-2 depression screening tool. Those adolescents who screen positive for the PHQ-2 may be further evaluated with the remaining questions of the PHQ-9 (the PHQ-2 consists of the first 2 items of the PHQ-9). The PHQ assessments have been effective in identifying when further depression screening is necessary (PHQ-2) and have demonstrated good sensitivity and specificity for detecting major depression (PHQ-9).

Tip: If configurable or available, you should consider integrating these assessment tools into your practice's EMR as a standard questionnaire for patients 12 and over.

[1] Coding for Pediatrics 2017 – A Manual for Pediatric Documentation and Payment. 22nd Edition. American Medical Association.
[2] Screening Adolescents for Depression. Contemporary Pediatrics. July 1, 2013. http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/content/tags/depression/screening-adolescents-depression
[3] Screening for Depression. American Academy of Family Physicians. http://www.aafp.org/afp/2012/0115/p139.html

Appendix A: Overview of PHQ Depression Screening Assessment Tools

Patient Health Questionnaire-2 (PHQ-2) Overview[4]

- The PHQ-2 includes the first two items of the PHQ-9
- The purpose of the PHQ-2 is not to establish a diagnosis or to monitor depression severity, but rather to screen for depression in a "first step" approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for depressive disorder
- **Clinical Utility:** Reducing depression evaluation to 2 screening questions enhances routine inquiry about the most prevalent and treatable mental disorder in primary care.

Patient Health Questionnaire-9 (PHQ-9) Overview[5]

- The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.
- The tool rates the frequency of symptoms which factors into the scoring severity index.
- Question 9 on the PHQ-9 screens for the presence and duration of suicide ideation.
- A follow up, non-scored question on the PHQ-9 screens and assigns weight to the degree to which depressive problems have affected the patient's level of function.
- **Clinical Utility:** The PHQ-9 is brief and useful in clinical practice. The PHQ-9 is completed by the patient in minutes and rapidly scored by the clinician. The PHQ-9 can also be administered repeatedly, which can reflect improvement or worsening of depression in response to treatment.

[4] Information sourced directly from: http://www.cqaimh.org/pdf/tool_phq2.pdf
[5] Information sourced directly from: http://www.agencymeddirectors.wa.gov/files/AssessmentTools/14-PHQ-9%20overview.pdf

The Patient Health Questionnaire (PHQ-2)

Patient Name _____ Date of Birth: _____ Sex: ____ Date:_____

	Over the past 2 weeks, how often have you been bothered by any of the following problems?	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, irritable, or hopeless?	0	1	2	3

If a patient **does not** respond with "Not at All" to **either** question, a patient should be further evaluated with the remaining questions in the PHQ-9 assessment.

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.
 http://www.phqscreeners.com/select-screener/36

The Patient Health Questionnaire (PHQ-9) Modified for Adolescents

Patient Name _____ Date of Birth: _____ Sex: ____ Date:_____

	Over the past 2 weeks, how often have you been bothered by any of the following problems?	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, irritable, or hopeless?	0	1	2	3
3.	Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
4.	Poor appetite, weight loss, or overeating?	0	1	2	3
5.	Feeling tired, or having little energy?	0	1	2	3
6.	Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?	0	1	2	3
7.	Trouble concentrating on things like school work, reading, or watching TV?	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 were 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

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those 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

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-- PHQ-A Modified for Adolescents (PHQ-A) -- Adopted.
https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Depression-Child-Age-11-to-17.pdf

The Patient Health Questionnaire (PHQ-9) Scoring

Use of the PHQ-9 to Make a Tentative Depression Diagnosis:

The clinician should rule out physical causes of depression, normal bereavement and a history of a manic/hypomanic episode.

Step 1: Questions 1 and 2

Need one or both of the first two questions endorsed as a "2" or a "3"
(2 = "More than half the days" or 3 = "Nearly every day")

Step 2: Questions 1 through 9

Need a total of five or more boxes endorsed within the shaded area of the form to arrive at the total symptom count. (Questions 1-8 must be endorsed as a "2" or a "3"; Question 9 must be endorsed as "1" a "2" or a "3")

Step 3: Question 10

This question must be endorsed as "Somewhat difficult" or "Very difficult" or "Extremely difficult"

Use of the PHQ-9 for Treatment Selection and Monitoring

Step 1: A depression diagnosis that warrants treatment or a treatment change, needs at least one of the first two questions endorsed as positive ("more than half the days" or "nearly every day") in the past two weeks. In addition, the tenth question, about difficulty at work or home or getting along with others should be answered at least "somewhat difficult."

Step 2: Add the total points for each of the columns 2-4 separately
(Column 1 = Several days; Column 2 = More than half the days; Column 3 = Nearly every day. Add the totals for each of the three columns together. This is the Total Score.
The Total Score = the Severity Score

Step 3: Review the Severity Score using the following table.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation Patient preferences should be considered
5-9	Minimal Symptoms*	Support, educate to call if worse, return in one month
10-14	Minor Depression ++ Dysthymia* Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major Depression, moderately severe	Antidepressant or psychotherapy (especially if not improved on monotherapy)
>20	Major Depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

* If symptoms present ≥ two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?")
++ If symptoms present ≥ one month or severe functional impairment, consider active treatment

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