

Screening for Clinical Depression & Follow-Up Plan for Members Enrolled in a Medicare-Medicaid Plan (MMP)

Purpose

- The *Centers for Medicare & Medicaid Services* requires all members enrolled in a Medicare-Medicaid Plan (also known as 'dual eligible') to be screened for depression on an annual basis using a standardized depression-screening tool. If positive, a follow-up plan is documented on the date of the positive screen. Depression screening and follow-up plan must be completed by a Molina Member Care Provider.
- All members age 18 and older who complete a physical or behavioral health outpatient visit must complete depression screening even in the absence of symptoms.
- This guidance is intended to ensure that Molina Member Care Providers are using a standardized screening tool, documenting a follow-up plan and correctly coding the service.

PHQ-9 (Standardized Depression Screening Tool)

- Molina endorses the use of the PHQ-9 (nine-question Patient Health Questionnaire), a standardized depression-screening tool with established clinical validity.
- The PHQ-9 screening tool, scoring instructions and description of depression risk levels (low/maintenance level; moderate; high/severe) can be found on the SAMHSA website at <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>
- Also refer to Molina's *Depression Clinical Guidelines Quick Reference Guide* for recommended patient interventions based on risk-

Codes for Documenting Clinical Depression Screen

- The following HCPCS codes are required to document either a positive or a negative depression screen:

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 as patient not eligible/appropriate for follow-up.

- To improve coding capture, save these G codes as 'favorites' in your electronic medical record (EMR).

Documenting the Follow-Up Plan

- The follow-up plan is the proposed outline of treatment to be conducted as a result of clinical depression screening. Follow-up for positive depression screening must include one (1) 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 of depression
- The documented follow-up plan must be related to positive depression screening, for example: **"Patient referred for psychiatric evaluation due to positive depression screening."**

Documenting Exclusions

- A patient is not eligible if one or more of the following conditions are documented in the patient's medical record:
 - Patient has an active diagnosis of Depression or Bipolar Disorder
 - Patient refuses to participate
 - Patient is in an urgent or emergent situation where time is of the essence and to delay the patient's treatment would jeopardize the patient's health status
 - Situations where the patient's functional capacity or motivation to improve may impact the accuracy of the screening tool, for example, court-appointed cases or cases of delirium

Codes for Documenting Exclusions

- The following HCPCS codes are required to document exclusions:

Code	Description
G8433	Screening for clinical depression not documented. Medical record documents that the patient is not eligible/appropriate.
G8940	Screening for clinical depression documented as positive. A follow-up plan not documented. Medical record documents that the patient is not eligible/appropriate.