



Screening for Clinical Depression Initiative

Although many patients may present to their provider’s office with nonspecific physical symptoms consistent with depression such as pain, poor sleep or poor appetite, their comorbid diagnosis of depression may go unrecognized.

Providers may not have the tools or the time needed to screen or treat such patients. Blue Cross and Blue Shield of New Mexico (BCBSNM) understands these challenges and wants to help.

Did you know?

- Major Depressive Disorder (MDD) remains a treatable cause of pain, suffering, disability and death.
- Primary Care Clinicians detect MDD in one-third to one-half of their patients and about half of these go untreated.
- Additionally, more than 80% of patients with depression have a medical comorbidity.

For questions, you may contact your Provider Representative

or email Behavioral Health

Quality Improvement at

BHQualityImprovement@bcbsnm.com.

Williams Jr JW, Noel PH, Cordes JA, et al. Is this patient clinically depressed? JAMA 2002;287:1160-70.

Schonfeld WH, Verboncoeur CJ, Fifer SK, et al. The functioning and well-being of patients with unrecognized anxiety disorders and major depressive disorder. J Affect Disord 1997;43:105-19.

Klinkman MS. The role of algorithms in the detection and treatment of depression in primary care. J Clin Psychiatry 2003;64[suppl 2]:19-23.

Practice guidelines are meant to serve as general guidelines and are not intended to substitute for clinical judgment in individual cases.

The Patient Health Questionnaire (PHQ-9) is a publicly available screening tool available from Pfizer Inc.

All providers referenced in this document are not employed by and are independent from BCBSNM.

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What will you need to know and how may we help?

- BCBSNM reimburses providers that participate in the Blue Cross Community Centennial network for administering an annual depression screening tool using procedure code G0444 that may be reimbursed up to 4 times a year.
- Results are reported simultaneously with either G8431 (positive screen with plan) or G8510 (negative screen) result code. Currently, an additional \$10 reimbursement is provided for G8431 and G8510.
- A follow-up plan related to a positive screen includes one or more of the following:¹
 - Additional evaluation for depression
 - Suicide risk assessment
 - Referral to a practitioner qualified to diagnose and treat depression
 - Pharmacological interventions
 - Other interventions or follow-up for the diagnosis or treatment of depression
- The PHQ-9 is completed by patients in your office and is easily accessible in multiple languages at www.phqscreeners.com.

Add the modifier, U8, in the modifier section on the CMS 1500 when submitting the claim that includes G0444 with the addition of either G8431 or G8510. Any reimbursement will be made according to Blue Cross Community Centennial medical/reimbursement policies for services and other billing and reimbursement practices.

¹CMS Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)

Who should I screen?

- Blue Cross Community Centennial members who are 18 years of age and older
- Blue Cross Community Centennial members without an active diagnosis of depression, bipolar disorder or other mood symptoms.

Patients who are not eligible or may not be clinically indicated for the depression screening measurement:

- Patients who have had an annual depression screen or refuse to participate
- Patients who are in an urgent or emergent situation where a delay in treatment may jeopardize the patient’s health status
- Patients whose functional capacity or motivation to improve may impact the accuracy of results (e.g., certain court-appointed cases or cases of delirium)
- Patients who already have an active diagnosis of depression or bipolar disorder

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 <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>

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