



**BlueCross BlueShield
of New Mexico**



Depression Screening and Outpatient Provider Incentive Overview

Behavioral Health Quality

Depression Screening

- 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.
- Who Should be Screened for purposes of this incentive?
 - Members who are 18 years of age and older
 - Members without an active diagnosis of depression, bipolar disorder or other mood symptoms.
- Patients should be screened with an age-appropriate, standardized depression screening tool. For example, the PHQ-9 can be completed by patients in your office and is easily accessible in multiple languages at www.phqscreeners.com.

Depression Screening

- Patients who are not eligible or may not be clinically indicated for the depression screening measurement:
 - Patients who have had an annual depression screening 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

Depression Screening

- 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:
 - 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



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Behavioral Health Outpatient Provider Incentive Initiative

Behavioral Health Quality

Outpatient Provider Incentive Initiative

- Purpose:
 - To improve follow-up visits within 30 days of discharge after an acute mental health admission.
- How:
 - When a Blue Cross member is seen in-office or via telehealth for psychotherapy or pharmacologic management within 30 days post-discharge:
 - Add the procedure code G9002, then U9 in the modifier section on the CMS 1500
 - Receive an additional \$30 per qualifying claim.
 - The additional payment is effective for dates of service (DOS) from March 4, 2020, through December 31, 2021 (unless ended sooner by BCBSNM).

Outpatient Provider Incentive Initiative

- FYI:
 - Only one provider may use the code and modifier for the same member within the same 30-day period
 - Any reimbursement will be made according to medical/reimbursement policies for services and other billing and reimbursement practices.
- Questions??
 - Email **BHQualityImprovement@bcbstx.com**