

Depression Screening Background

As many as 1 in 6 people over 65 suffer from depression. Estimates show depression occurs in 25% of older Americans with other illness, such as:

- Cancer
- Arthritis
- Stroke
- Chronic lung disease
- Cardiovascular disease
- Chronic pain

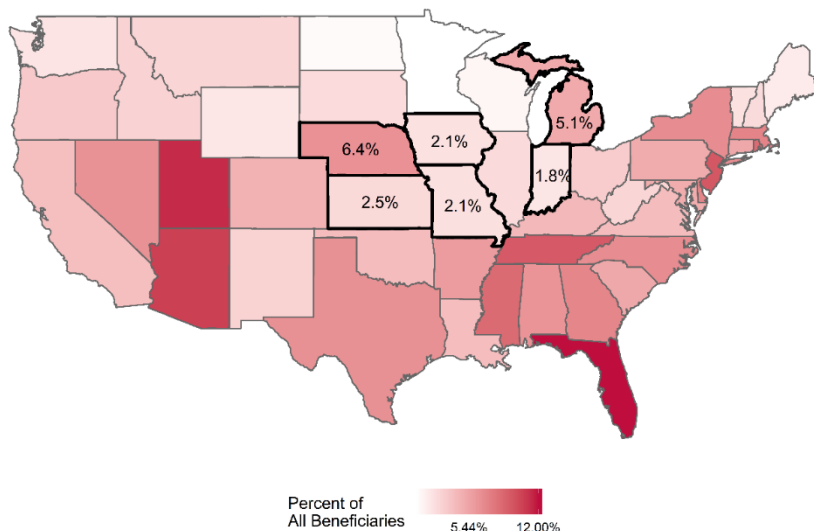
Factors such as loss of loved ones or friends increase the likelihood of depression.

Health care providers miss opportunities to improve mental health and general medical outcomes when mental illness is under-recognized and undertreated in primary care settings.

Depression Screening Utilization

Data analysis shows WPS GHA providers in Jurisdiction 5 (J5) and Jurisdiction 8 (J8) are underutilizing depression screening. The 2019 rate of depression screening ranges from 1.8% to 6.4% of beneficiaries. See below for specific state data.

2019 Depression Screening (G0444) Rate by State
National Average Screening Rate: 5.44%

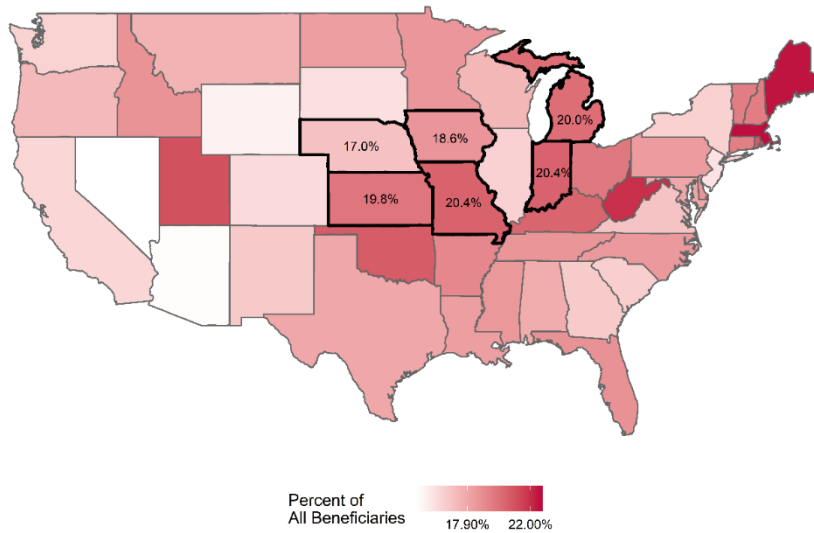


The average screening rate of all beneficiaries is:

- Jurisdiction 5 (J5) is about 2.8%
- Jurisdiction 8 (J8) is about 3.8%
- National screening rate is 5.44% for all Medicare Administrative Contractors (MACs).

Providers in J5 and J8 underutilize depression screening, while the prevalence of depression is relatively high. The range is from 17% in Nebraska to 20.4% in Indiana and Missouri.

2019 Depression Rate by State
National Average Diagnosis Rate: 17.9%



The rates of all states except for that of Nebraska, are higher than the national rate of 17.9%.

Depression Screening Coverage Criteria

The following coverage criteria apply:

- Anyone eligible for Medicare
- Screening only. It does not apply to:
 - Depression treatment
 - Chronic condition caused by depression
- One year between screenings
 - 11 full months must pass following the month in which the screening occurred
 - Example: depression screening on 7/12/2019, next available 7/1/2020
- Furnished in a primary care setting with staff assisted depression care to ensure
 - Accurate diagnosis
 - Effective treatment
 - Follow-up
- Up to 15-minute screening
 - This includes time spent to:
 - Administer a screening tool
 - Interpret the results
 - Use the results as appropriate

Screening tests for depression do not diagnose depression but rather indicate the severity of depression symptoms within a given time-period. Interview patients scoring above a test's predetermined cut-off level for significance. The interview is specifically to assess for a diagnosis of a depressive disorder and receive clinically appropriate treatment.

Diagnosis Code for Depression Screening

Medicare does not require a specific diagnosis code. The Medicare system does recognize ICD-10-CM code Z13.31 – Encounter for screening for depression.

Procedure Code for Depression Screening

Medicare recognizes one procedure code for depression screening.

- G0444 – Annual depression screening, 15 minutes
 - This includes time spent to:
 - Administer a screening tool
 - Interpret the results
 - Use the results as appropriate
 - The service is only payable if documentation supports a significant and separately identifiable time for the code.

The CMS [National Coverage Determination \(NCD\) 210.9, Section B](#) states “up to 15 minutes.” It further adds the need for staff-assisted depression care supports for the following:

- Accurate diagnosis
- Effective treatment
- Follow-up

We interpret “up to 15 minutes” to indicate any amount of time spent on the depression screening. A professional trained to use the tool must document:

- Administration of a tool
- Interpretation of the results
- Adding the results to the medical record
- Use of the results by a professional

In most cases, the time spent would typically meet the mid-point of 15 minutes. Document time in the medical record, regardless of the amount of time spent doing the above tasks.

Bundling of Depression Screening into Other Services

In some cases, Medicare bundles depression screening into other services.

Depression screening can occur in the same visit as an evaluation and management (E/M) service. The depression screening service typically bundles into the E/M service. The E/M service requires Medicare to assign patient liability. Patients frequently do not understand why they receive a bill for the E/M service.

Medicare uses the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits to determine bundling.

Follow these steps to determine if a code pays separately:

- Use documentation to determine which procedure codes to bill
- Go to the NCCI [PTP Coding Edits](#) on the CMS website
- In the Related Links section, select the appropriate link based on the provider type, the date of service, and the procedure code performed along with depression screening
- Verify if HCPCS code G0444 is in column B with the other procedure code in column A
- Check column F to verify modifier usage
 - Documentation must support a separately identifiable service

Common services performed with G0444 and their bundling status:

- Initial Preventive Physical Exam (IPPE) G0402
 - G0444 bundles as a component of G0402
 - No modifier overrides this edit
- Annual Wellness Visit (AWV), initial G0438

- G0444 bundles as a component of G0438
 - No modifier overrides this edit
- Annual Wellness Visit, subsequent G0439
 - G0444 is separately billable from G0439
- No edit is active, no required modifier
- Evaluation and Management (E/M) Services
 - G0444 bundles as a component of the E/M
 - Verify column F indicates Medicare considers the services separately
 - When documentation supports it, use a modifier to show a separately billable service

Patient Liability for Depression Screening

Medicare waives deductible and copay for depression screening.

Note: Other services performed in the same encounter do not waive the patient liability. Other services can include:

- Treatment of depression
- Evaluation and management services
- Diagnostic services

Depression Screening Tool

There are many depression screening tools available to providers. CMS allows providers to choose which tools to use for their practices. WPS GHA does not recommend one tool over another tool.

Providers should choose screening tests that make the most sense to their clinical practice and needs of the patient. The [American Psychological Association \(APA\) website](#) contains a list of various assessment tools. Providers can determine which tools are best suited for their patients and practices.

The tools on the APA list include both interview and self-report measures. Use tools for any or all the following reasons:

- Screen
- Diagnose
- Track treatment outcomes

Most tools on the APA list are available at no cost and proven valid and reliable. Medicare pays for depression screening with the use of any tool.

We encourage clinicians to review the evidence-based literature about the tools before choosing one. Items to consider when choosing a tool:

- Is the tool self-administered or an interview
- Is the tool age relevant
- How much time is needed to complete the assessment
- Is the tool designed to diagnose or screen

Remember to document the name of the tool and results from each screening.

Documenting Depression Screening

Medicare offers an annual depression screening benefit billable with procedure code G0444. Before billing Medicare, review the documentation requirements listed below.

Higher detailed screenings do not get higher reimbursement. Providers should choose a screening tool suiting the needs of the patient and facility. When determining actions based on the findings, follow all necessary steps for treatment. The content of the documentation is more important than the time taken to administer.

Need for Screening

These questions should help clue a provider to the need for depression screening:

- What disease process is present that may be an underlying factor as it relates to depression?
 - Depression in older adults may exist with other illnesses including cancer, arthritis, stroke, chronic lung disease, and cardiovascular disease.
- What risk factors is the patient exhibiting?
- Do they feel sad or empty?
- Are they less interested in daily activities?
- Are they experiencing weight loss or gain when not dieting?
- Do they show decreased ability to think or concentrate?
- Are they always tearful?
- Are they experiencing feelings of worthlessness and thoughts of death or suicide?

The documentation of this type of information will justify the medical necessity for the screening and reporting the G0444.

Documentation must state the name of the tool. We are unable to use the results if we do not know the tool used. Remember, the tool must be relevant for the patient needs.

Time

To meet the coding requirement, document the time to complete the assessment. We interpret “up to 15 minutes” to indicate any amount of time spent on the depression screening. Include all time spent doing the below mentioned tasks.

Tasks

A professional trained to analyze the tool must document:

- Administration of the tool
- Interpretation of the results
- Use of the results by the healthcare professional

Plan of Care/Follow Up

Any encounter a provider has with a beneficiary, should include a plan of care (POC). Positive or negative findings included.

Possible actions to include in the POC

- Negative findings
 - No further action
- Positive findings
 - Additional evaluation or assessment
 - Suicide risk
 - Referral for treatment

- Pharmacological intervention
 - Other intervention or treatment
- Patient's response and willingness to follow the POC

Covered Places of Service for Depression Screening


Medicare covers depression screening in the following places of service:

- Telehealth (02)
- Office (11)
- Outpatient hospital (22)
- Independent Clinic (49)
- State or Local Public Health Clinic (71)

Depression Screening Resources

WPS GHA [Depression Screening Fact Sheet](#)

CMS National Coverage Determination (NCD) [210.9](#)

CMS Internet-Only Manual Publication 100-04, [Chapter 18](#) , Section 190

CMS [Medicare Preventive Services](#) Tool

CMS [National Correct Initiative \(NCCI\) Edits](#)

[American Psychological Association \(APA\) website](#)

Decision Memo for Screening for Depression in Adults ([CAG-00425N](#))

CMS MLN Booklet [Telehealth Services](#) 

Additional Education by WPS GHA

Live Webinar 5/25/21: [Mental Health Awareness – Focus on Depression Screening](#)

[Screening for Depression in Adults - Medicare's Benefit Overview](#)

[Screening for Depression in Adults - Billing and Claim Submission](#)

[Depression Screening Documentation](#)

[Depression Screening Questions & Answers](#)

[On-Demand - Depression Screening](#)