SBIRT  Screening  Brief Intervention  Referral to Treatment for Substance Use Disorder (SUD)

MHN Quality Improvement Department
What is SBIRT?

SBIRT is an approach to early intervention and treatment for people with or at risk for substance use disorders and is the recommended approach by CMS and SAMSHA\(^1\)
Presentation Agenda and Objectives
Introduction to SBIRT for Substance Use Disorder (SUD)

1. Impact of alcohol and drugs
2. Why brief interventions work in the PCP setting
3. SBIRT elements
4. Implementing SBIRT
5. 14-day follow-up visit
6. SBIRT training for PCPs/staff
7. Practitioner and member resources
8. Questions and answers

Goals: promote routine screening, skillful interventions, and follow-up
Objectives – after this course you will know:

1. Describe the advantages of screening, assessing and initiating treatment for SUD in the PCP setting

2. State the key components of the SBIRT process

3. Describe SBIRT training requirements

4. List three topics to cover during the 14-day follow-up session

5. Identify when it is necessary to refer patients to behavioral health services for SUD treatment
ALCOHOL and OPIOID USE
Impact & Response to Alcohol Misuse

Alcohol:
- 3rd leading preventable cause of death
- 17 million adult Americans have alcohol use disorder
- causal factor in more than 200 diseases/injuries, TB and HIV/AIDS

**BUT...**

Only 8.4 percent receive treatment!

**Binge drinking** has become the #1 form of alcohol misuse

- Most binge drinkers are **not alcohol dependent** and are over the age of 26 with household incomes of $75,000 or more
- Binge drinkers are **14 times more likely** to report alcohol-impaired driving than non-binge drinkers
Impact & Response to RX Opioid Abuse

Opioid use has now reached epidemic proportions\textsuperscript{5}

- In 2009, 7 million Americans abused prescription drugs (more than the number using cocaine, heroin, hallucinogens, and inhalants combined)

- Opioid RX misuse increased over 400 percent from 1998-2008

- Drug overdose is now the 2\textsuperscript{nd} leading cause of accidental death, exceeded only by car crashes
Brief Interventions Work in the PCP Setting
SBIRT Works in the PCP Setting

Patients form trusting bonds with their PCP

Why SBIRT in the PCP setting?\(^6\)

Patients prefer follow-up with their PCP

SBIRT has been shown to reduce:\(^7\)

- Emergency Department Visits: 20%
- Fatal Injuries: 33%
- Hospitalizations: 37%
- Arrests: 46%
- Motor Vehicle Crashes: 50%
Concerns of Using SBIRT in the PCP Setting:

- Takes too long
  - SBIRT services can be 15 to 30 minutes and is billable
  - Follow-up visits consist of a conversation about how well the patient is progressing and setting new goals

- Treatment should be in a behavioral health setting
  - PCPs are the most trusted health care providers and have the greatest impact on patient’s wellness
  - Office staff can become qualified to administer all aspects of SBIRT working under supervision of PCP or licensed clinical staff
  - The four hour online training is available through several websites

- Patients will take offense
  - If patients indicate, through the screening, they have an alcohol or drug use issue, they are likely to be relieved or even appreciative to have a discussion with someone they trust with this issue
  - Evidence shows brief discussions have a positive effect on creating awareness and changing behavior
  - Patients will be more likely to return to their PCP than to a treatment program
ELEMENTS OF SBIRT SERVICES
SBIRT Components

Screening for alcohol and drug misuse
Screening:

- Should be performed on an annual basis
- Can take as little as a minute to complete or ten minutes for a more in-depth look
- Can be administered face-to-face, through a paper questionnaire, or online in the office
## Additional Screening Tools

### Commonly used evidence-based screening tools

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Screening for</th>
<th># of Questions</th>
<th>Target Patients</th>
<th>Minutes to Administer</th>
<th>Other Info:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT</td>
<td>Alcohol</td>
<td>10</td>
<td>Adults</td>
<td>2-4</td>
<td>Detects at-risk, heavy and binge drinking. Free from cultural bias</td>
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<tr>
<td>AUDIT - C</td>
<td>Alcohol</td>
<td>3</td>
<td>Adults</td>
<td>1</td>
<td>Brief alcohol screen for hazardous or harmful drinking</td>
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<tr>
<td>CAGE-AID</td>
<td>Alcohol and drugs</td>
<td>4</td>
<td>Adults and adolescents</td>
<td>1</td>
<td>does not ask about tobacco or assess for severity of SUD</td>
</tr>
<tr>
<td>CRAFFT</td>
<td>Alcohol, drugs, Opioids (similar to CAGE for adults)</td>
<td>6</td>
<td>Teens and adolescents</td>
<td>5</td>
<td>Does not assess severity of problem or ask about tobacco</td>
</tr>
<tr>
<td>DAST 10</td>
<td>Drugs</td>
<td>10</td>
<td>Adults and adolescents</td>
<td>3</td>
<td>Includes screen for RX use</td>
</tr>
<tr>
<td>HSA</td>
<td>Alcohol</td>
<td>1</td>
<td>Adults</td>
<td>Part of larger screen</td>
<td>For Medi-Cal members</td>
</tr>
<tr>
<td>NIDA Quick screen</td>
<td>All substances</td>
<td>5</td>
<td>Adults</td>
<td>2-3</td>
<td>If yes to any questions, screen further with appropriate tool*</td>
</tr>
<tr>
<td>NM ASSIST</td>
<td>Drugs</td>
<td>15</td>
<td>Adults</td>
<td>15</td>
<td>Screens for all substances and frequency of use</td>
</tr>
<tr>
<td>Opioid Risk Tool (ORT)</td>
<td>Opioids</td>
<td>5</td>
<td>Adults</td>
<td>1</td>
<td>Risk for aberrant behavior when prescribed opioids for chronic pain</td>
</tr>
</tbody>
</table>
SBIRT Components

Screening for alcohol and drug misuse

Brief Intervention
Brief Intervention – 7 steps

Step 1: Confirm your concern about responses to the screen

1. Discuss responses to the screening tool
2. Make sure your patient was clear about what the screening questions were asking
Brief Intervention

Step 2: Ask about the patient’s view of the situation

- Patients who do not feel they have a problem will be more resistant to treatment.
  - To help create awareness, ask patients about the effects their drinking has on family and friends

- Try not to label their drinking as a problem until the patient comes to view it that way.
  - Labeling a patient’s SUD as a problem may work against the treatment

- Ask patients to identify the factors in their environment that make it difficult to quit.
  - Help your patient identify friends, family, activities or other triggers that make it difficult to quit
Brief Intervention

Step 3: Discuss the consequences of their SUD and provide time for questions.

As a health care provider, express your concern about:

**Social risks:**
- Detachment from family and friends
- Isolation
- Domestic violence
- Incarceration

**Health risks:**
- Heart disease
- Cancer
- Brain deterioration
- Depression
- Memory loss
- High blood pressure

**Injury risks:**
- Auto accidents
- Falls
- Head trauma
- Victim of crime
Brief Intervention

Step 4: Effective Patient Communication

Targeted communication
- Discuss advantages of changing behavior
- Use open-ended questions
- Offer specific advice about changing behavior

Non-judgmental advice
- Empathize with your patient
- Convey a non-judgmental attitude
Step 5: Treatment options

- Trial period of graduated reduction
  - Ask the patient what steps need to be taken to cut back
  - Set limit on number of drinks per week
  - Reinforce / limit number of days to drink

- Trial period of abstinence (as appropriate)

- Use of medication, if necessary
Brief Intervention

Step 6: Provide patient support and encouragement

Encourage your patient to change habits

Motivate your patient to commit to changes when there are failures

Provide information about community resources and support groups

Identify sources of support

- Family
- Friends
- Work associates
- Church or other social groups
- 12-step programs
- Learn to meditate
- Learn to dance
Step 7: Patient education

Provide printed educational materials

Provide online educational materials (resources information in the reference section)

* Schedule a follow-up appointment within 14 days of Dx.

Schedule 2 more follow-up appointments within 30 days of the 1st appointment.

Convey to your patient your concern about their well-being
14-day Follow-up Appointment
Follow-Up Visit Within 14 Days

1. Review Patient Risks
   - Medical risks
   - Increased probability of traumatic injury or death
   - Relationships with family, friends and work

2. Review Goals
   - Steps needed to cut back on drinking
   - Drink limit per week
   - Encourage abstinence, if appropriate
   - Number of days per week to drink

3. Review Barriers to Goals
   - What stands in the way to cut usage?
   - What are the 3 most common triggers for drinking or drug using
   - Are there social situations to avoid
   - Address triggering events

4. Review Sources of Support
   - Family - friends - work associates - church
   - 12-step programs
   - Activity groups - learn to meditate - learn to dance

*Schedule 2 more appointments in the next 30 days or refer to behavioral health*
Brief Intervention – PCP pocket guide

1. Screen for alcohol/drug use.

2. If results are positive:
   A. Increase patient insight and awareness
   B. Set and agree on goals and motivate/assist toward change
   C. Discuss barriers to goals – how to overcome
   D. Identify sources of support and engage in activities
   E. Schedule a follow-up appointment within 14 days

3. Schedule 14-day appointment:
   A. Review patient progress in changing behaviors
   B. Review reasons to cut back or abstain
   C. Review sources of support/programs for recovery

   Proceed with one of the following:
   D. Schedule 2 more appointments within the next 30 days or
   E. Refer to behavioral health services if appropriate
Follow-Up Appointments Affect HEDIS* Scores

Initiation and Engagement of Alcohol and Other Drugs (IET-AOD)

1. **Initiation Phase**: follow-up appointment within 14 days of diagnosis
2. **Engagement Phase**: 2 more appointments within 30 days of the 14-day apppt

Health Net current rate for 14-day measure:

- Commercial LOBs: 28 – 36 percent
- Medicare LOBs: 16 – 38 percent

*HEDIS – Healthcare Effectiveness Data Information Set

Goal:

- 50th percentile
  - Comm: 39%
  - MCR: 37%
Working With Special Populations
SBIRT for Teens

According to the National Institute on Alcohol and Alcoholism\textsuperscript{18}

- One in 3 children start drinking by the end of 8\textsuperscript{th} grade – half of them report being drunk
- Drinking often goes undetected
- Many teens will discuss drinking when they are assured of confidentiality
- PCP is in a prime position to identify and treat drinking

HEDIS also measures follow-up visits for 13-17 year olds
SBIRT for Teens

Considerations When Treating Minors

1. Patient confidentiality for minors:

   - CA grants confidentiality to minors, 12 and over, for SUD\textsuperscript{19}
   - AZ grants confidentiality to minors, 12 and over, for SUD\textsuperscript{20}
   - OR grants confidentiality to minors, 14 and over, for SUD\textsuperscript{21}

   *Always check for regulatory updates to laws that govern care for minors

2. Appropriate screening – 2 questions\textsuperscript{22}

   - Screen aims to help prevent alcohol related problems at an early age
   - Empirically based and a strong predictor of negative consequences of alcohol
   - First tool to include friends’ drinking

   \textbf{IF} there is no evidence of harm to self or others and does not include use of methadone or other medications

   \textbf{Question 1:} Ask about friends’ drinking

   \textbf{Question 2:} Ask about patient drinking
3. Appropriate interventions

- Provide brief advice - Explore options and troubleshoot - Ask if parents know
- Arrange for follow-up or refer to specialty services based on severity

Resources For Teens 11-13:

- NIAAA’s The Cool Spot, an interactive Web site to help kids identify and resist peer pressure to drink  [www.thecoolspot.gov/](http://www.thecoolspot.gov/)

Support for patients whose parents have drinking problems:

- Al-Anon Family Groups, including Alateen  [www.al-anon.alateen.org](http://www.al-anon.alateen.org)
- National Association for Children of Alcoholics “Just 4 Kids” page  [www.nacoa.org/kidspage.html](http://www.nacoa.org/kidspage.html)
Adolescents differ from adults physiologically and emotionally:

- Their substance use may stem from different causes
- Difficult to project the consequences of their drinking

Any teen/adolescent should be screened who:

- Entered the child welfare system
- Has run away
- Dropped out of school
- Needs emergency services
- Shows significant changes in school functioning
- Develops medical problems or an infection associated with substance use
- Shows increased oppositional behavior
Treating Teens/Adolescents

Treatment works best when their individual needs and concerns are addressed.

Considerations:

- Developmental stage (maturity level)
- The family
  (involve them in all phases of treatment, unless there is a history of abuse, instability, or violence)
- Ethnicity
  (immigrants, cultural traditions)
- Gender
  (females more likely to have been sexually or physically abused, or have children and need additional services)
- Coexisting Disorders
  (ADHD, anxiety, PTSD – may need referral)
An Invisible Epidemic: SUD Among Older Adults (60+)

- One of the fastest growing health problems
- Under identified, under diagnosed, and under treated
- SUD diagnosis difficult due to dementia or behavioral health disorders
- Families choose to not address SUD in older adults
- Unspoken, pervasive assumption that it is not worth treating

Effects of Alcohol on Older Adults

- Decrease in body water (increases concentration of alcohol)
- Higher alcohol concentration can lead to increased sensitivity to alcohol (increased accidents and injuries)
- Decrease in alcohol metabolism (due to decrease in dehydrogenase enzyme to metabolize alcohol in the GI tract)
Brief Interventions for Older Adults (60+)

Discuss:

- Reasons for drinking (coping with loss, loneliness, and isolation)
- Consequences of drinking even if within recommended limits
- Cutting down to maintain independence, financial security and mental capacity

Strategies to cut down:

- Develop social opportunities without alcohol
- Pursue volunteer activities or start a hobby
- Written drinking agreement in the form of an Rx, signed by the patient
SBIRT Components

Screening for alcohol and drug misuse

Brief Intervention

Referral for Treatment
Referring to Behavioral Health Treatment

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**Patient has a polysubstance use disorder**

**Patient has a co-occurring psychiatric disorder**

**Brief intervention appears to be insufficient treatment**

**Pharmacological treatments for addiction are needed and are beyond the scope of your practice.**

**Refer to treatment when:**
Referral to Treatment

• Health Net Commercial
• Health Net Medicare

Refer to MHN Physician Help Line (800) 289-2040
M-F 5 a.m. To 5 p.m. Pacific Time

• CalViva members

CalViva Health Member Services (888) 893-1569
Referral to Treatment for CA Medi-Cal members and AZ Medicaid (AHCCCS)

Medi-Cal members → County Mental Health Services

Arizona Medicaid members AHCCCS → Refer to RBHA Regional Behavioral Health Authority

Call the Maricopa County Regional Behavioral Health Authority (RBHA) at 1800-564-5465 or fax referral to 844-424-3975
SBIRT: BILLING AND TRAINING
## Summary of Billing Codes

### Billing codes for FFS (fee for service) plans:

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<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial Insurance</strong>*</td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
</tr>
<tr>
<td></td>
<td>CPT 99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
</tr>
<tr>
<td><strong>Medicare</strong>*</td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured assessment (AUDIT, DAST) and brief intervention (SBI) services; 15 to 30 minutes</td>
</tr>
<tr>
<td></td>
<td>G0397</td>
<td>Greater than 30 minutes</td>
</tr>
<tr>
<td><strong>Medi-Cal/Medicaid</strong>*</td>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
</tr>
<tr>
<td></td>
<td>H0050</td>
<td>Alcohol and/or drug screening, brief intervention, per 15 minutes</td>
</tr>
</tbody>
</table>

*Per Substance Abuse and Mental Health Services Administration (SAMHSA) website as of June, 2014

*See appendix for further details
SBIRT Training Information

- **www.sbirtTraining.com** – online training, approximately 4 hours with CME credits and certificate of completion. Cost is $50

- [http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx) - includes information about webinars and online training for PCPs and non-Primary Care.
PRACTITIONER and MEMBER RESOURCES
The Substance Abuse and Mental Health Services Administration (SAMHSA) has PCP materials and tips to assist in the treatment of SUD. These materials can be ordered at no cost from their website or downloaded and printed in your office. There are no copyright restrictions to print and distribute.

Brochures for PCPs:

1. **TIP 24: A guide to Substance Abuse Services for Primary Care Clinicians**
   Content includes guiding clinicians through stages of primary care for SUD. Discusses warning signs, screening, follow-up, brief interventions, treatment models and legal issues.

   http://store.samhsa.gov/product/TIP-24-Guide-to-Substance-Abuse-Services-for-Primary-Care-clinicians/SMA08-4075

2. **TIP 26: Substance Abuse Among Older Adults**
   Content include shame in older adults, relationship between aging and substance abuse, unique vulnerabilities, guidance for addressing substance use and also dementia which can mimic SUD.

   http://store.samhsa.gov/product/TIP-26-Substance-Abuse-Among-Older-Adults/SMA12-3918
3. **Tip 31 and 32: Screening, Assessing, and Treating Adolescents For Substance Use Disorders**  
Content includes tips and tools to tailor screening, assessment of school and home life, and treatment for teens.

   http://store.samhsa.gov/product/Screening-Assessing-and-Treating-Adolescents-for-Substance-Use-Disorders/SMA01-3596

4. **Talking With Your Patients about Alcohol, Drugs, and/or Mental Health Problems – a guide for PCPs**  
Content includes tips on how to initiate a conversation with patients about emotional or other stresses and substance use.

   http://store.samhsa.gov/shin/content//SMA12-4584/SMA12-4584.pdf

5. **Medication for the Treatment of Alcohol Use Disorder: A Brief Guide – 2015**  
(For physicians who prescribe medications for SUD)

   Content includes evidence that medications for alcohol use and dependence are underused, data showing that 10 to 20% of patients in primary care have a diagnosable alcohol use disorder but most go untreated. Also contains a comparison between DSM-IV and 5 for SUD.

SBIRT Screening Tools – AUDIT
(to identify people at risk for alcohol problems)

1. How often do you have a drink containing alcohol?
   (0) Never – skip to question 9-10
   (1) Monthly or less  2) 2-4 times a month  (3) 2-3 times a week  (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2  (1) 3 or 4  (2) 5 or 6  (3) 7, 8, or 9  (4) 10 or more

3. How often do you have six or more drinks on an occasion?
   (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you started?
   (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) Daily or almost daily
6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) Daily or almost daily

7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?
   (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) Daily or almost daily

8. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) Daily or almost daily

9. Have your or someone else been injured as a result of your drinking?
   (0) No  (2) Yes, but not in the last year  (4) Yes, during the last year

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?
    (0) No  (2) Yes, but not in the last year  (4) Yes, during the last year

A score of 8 or more indicates harmful drinking behavior
Practitioner Resources

National Institute on Alcohol Abuse and Alcoholism (NIAAA) – materials for providers and patients

National Institute of Drug Abuse
http://drugabuse.gov

Department of Health and Human Services – Centers for Medicare and Medicaid

DHCS Website Document on SBIRT – January 23, 2014
http://www.dhcs.ca.gov/services/medi-cal/Documents/SBIRT%20Fact%20Sheet%20Dec%202016%202013.pdf

Overview and Materials for PCPs about SBIRT
http://www.integration.samhsa.gov/clinical-practice/SBIRT

Institute for Research, Education and Training in Addictions

Online Information - SAMHSA SBIRT Webinar
Practitioner Resources – screening tools

AUDIT Screening Tool - Complete guide to implementation in the PCP Setting

Staying Healthy Assessment (SHA) questionnaire - DHCS: plans may use alternate screens with prior approval from Medi Cal Managed Care Division
http://www.dhcs.ca.gov/formsandpubs/forms/Forms/DHCS_7098_H_ENGLISH_SHA_Adult.pdf

AUDIT, CAGE AID, AUDIT-c, DAST-10
Member Resources

National Institute on Alcohol Abuse and Alcoholism (NIAAA) – brochures and fact sheets for patients. Includes topics on risky drinking, cutting back, college drinking, pregnancy and drinking, driving and drinking, alcohol and women, alcohol and the Hispanic community, and alcohol and older adults

National Institute on Drug Abuse
http://www.drugabuse.gov/Infofacts/Infofaxindex.html

Drink Alcohol Only in Moderation - Online Patient Education/Taking Action to Cut Back on Drinking
http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/heart-health/drink-alcohol-only-in-moderation

Online Publications: SAMHSA – Center for Integrated Health Solutions

Rethinking Drinking http://rethinkingdrinking.niaaa.nih.gov/
Harmful Interactions: Mixing Alcohol with Medications

Additional resources:
Alcoholics Anonymous – www.aa.org
Women for Sobriety - www.womenforsobriety.org/
THANK YOU

QUESTIONS?
References

1. http://www.samhsa.gov/sbirt/about
References

11 http://www.sbirttraining.com/node/473
12 http://www.sbirttraining.com/node/474
13 http://www.sbirttraining.com/node/475
14 http://www.sbirttraining.com/node/476
15 http://www.sbirttraining.com/node/477
16 http://www.sbirttraining.com/node/507
19 http://www.azmed.org/ckfinder/userfiles/files/arma_consent_confidentiality_booklet.pdf. This does not include treatment for mental health conditions
References


23 http://store.samhsa.gov/product/Screening-Assessing-and-Treating-Adolescents-for-Substance-Use-Disorders/SMA01-3596

24 http://store.samhsa.gov/product/TIP-26-Substance-Abuse-Among-Older-Adults/SMA12-3918

25 http://www.sbirttraining.com/node/6787

26 http://www.samhsa.gov/sbirt/coding-reimbursement
Cal MediConnect: Screening for Clinical Depression with a Follow-Up Plan

Presentation for: Provider Teleconference

April 2015
Candace Ryan, BSN, CPHQ
Learning Objectives

Participant will be knowledgeable of:

• Definition of Quality Withhold metrics for Cal MediConnect

• Coding required to meet documentation requirements for Clinical Depression Screening and Follow-Up metric

• Resources available to providers for depression screening
Cal MediConnect Quality Withhold

Quality withhold measures are a subset of a larger and more comprehensive set of quality and reporting requirements that health plans participating in Cal MediConnect must adhere to under the demonstration project period.
Screening for Clinical Depression and Follow-Up Plan Metric

Definition:
The percentage of Cal MediConnect enrollees age 18 and older with an outpatient visit who were screened for clinical depression using a standardized depression screening tool, and if positive, had a follow-up plan documented on the date of the positive screen.

Data Collection:
The data to measure this metric is collected from coding completed by providers.
# HCPCS Codes to Identify Clinical Depression Screen

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<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>G8431</td>
<td>Positive screen for clinical depression using a standardized tool and a follow-up plan documented</td>
</tr>
<tr>
<td>G8510</td>
<td>Negative screen for clinical depression using standardized tool, patient not eligible/appropriate for follow-up plan documented</td>
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</table>
## HCPC Codes to Identify Exclusions

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<th>HCPCS Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>G8433</td>
<td>Screening for clinical depression not documented, patient not eligible/appropriate</td>
</tr>
<tr>
<td>G8940</td>
<td>Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate</td>
</tr>
</tbody>
</table>
Documentation of Follow-Up for Positive Depression Screen

- 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 or treatment 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.”
Depression Screening and Follow-Up Resources
Standardized Depression Screening Tools

Depression screening tools usually incorporated into electronic health records

### Center for Epidemiologic Studies Depression Scale (CES-D)

**Patient Health Questionnaire (PHQ-9)**

**Beck Depression Inventory (BDI or BDI-II)**
Quality Improvement Corner

Accessible at www.provider.healthnet.com → Working with Health Net → Quality Improvement Tab
Quality Improvement Corner

Accessible at www.provider.healthnet.com → Working with Health Net → Quality Improvement Tab
Health Net Depression Toolkit

• Identifying depression
• Treating depression
• Coordinating care
• Promoting medication adherence
• Communicating with patients
• Educational materials for patients
Questions
Contact Information

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Candace.c.ryan@healthnet.com