

# *Recognizing Depression and* Enhancing Treatment

*Tools for successful patient management*



**Christian Aparicio,**  
Health Net  
*We offer tools and resources  
for improving member health.*

# Contents

- 1 Overview
- 3 Tips for managing depression in primary care
- 5 Step 1: Detection and screening
- 5 Step 2: Preparation and patient education
- 8 Step 3: Diagnosis and treatment
  - Conditions associated with mood symptoms or major depressive episodes
- 13 Step 4: Follow-up care
- Insert** Provider contact information



**Herminia Escobedo,**  
**Health Net**  
*We support positive  
health outcomes.*

This toolkit provides information on identifying and treating depression, coordinating care, promoting medication adherence, and communicating with your patients.

The toolkit has been adapted from the Health Net Clinical Practice Guidelines for Major Depression & Depression in Older Adults Management in Primary Practice – Depression Toolkit developed by the Practicing Physician Education Project.<sup>1</sup>

# Overview

The information in this toolkit can assist providers in recognizing and diagnosing depression, educating patients and their families about depression, assessing treatment preferences, engaging patients' participation, explaining the process of care, using evidence-based guidelines and management tools for treating depression, and monitoring patient response to treatment. Recognizing that cultural background can be a barrier to diagnosing depression, included are tools to assist in negotiating cultural background. Enclosed is information on the following topics:

- Tips for managing depression in primary care
- Detection and screening

- Preparation and patient education
- Diagnosis and treatment
- Follow-up care

By using these tools, providers can implement positive changes in their interactions with patients who suffer from depression.

In addition, easy-to-use, interactive tools for providers and patients are available in English, Spanish and traditional Chinese.

All of these tools are located on the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com). Once logged in, select *Working With Health Net > Quality > Quality Improvement Corner > Depression Program Provider Toolkit*.

Providers can implement positive changes in their interactions with patients who suffer from depression.





# Tips for Managing Depression in Primary Care

Process	Changes	Actions	Provider tools and resources*	Patient handouts*
<b>Detection and screening</b>	Streamline depression detection processes in your practice.	<ul style="list-style-type: none"> <li>• Use Two-Question Depression Screening Tool</li> <li>• As an alternative to the two-question approach, the medical interview is a powerful tool for recognizing depression</li> </ul>	<ul style="list-style-type: none"> <li>• Two-Question Depression Screening Tool</li> <li>• The Interview Approach</li> </ul>	N/A
<b>Preparation and education</b>	Improve the quality and efficiency of the diagnostic evaluation by organizing the gathering of information and educating the patient and family prior to the visit.	<ul style="list-style-type: none"> <li>• Have patients complete the self-administered Patient Health Questionnaire – PHQ-9 prior to the office visit to gather information useful to differentiate diagnosis and capture a baseline for outcome monitoring</li> <li>• Offer patients and their families information in their preferred language about the purpose and structure of the visit and decisions they may need to face during the evaluation process</li> </ul>	<ul style="list-style-type: none"> <li>• PHQ-9 Nine Symptom Depression Checklist</li> <li>• How to Score PHQ-9</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• <i>How Do I Know if I'm Depressed?</i></li> <li>• Managing Your Depression</li> <li>• Diagnosis and Treatment of Depression</li> <li>• Drug Treatment of Depression</li> <li>• FAQs About Antidepressants</li> <li>• Psychotherapy Treatment of Depression</li> </ul>

\* Available on [provider.healthnet.com](http://provider.healthnet.com) > Working With Health Net > Quality > Quality Improvement Corner > Depression Program Provider Toolkit

<i>Process</i>	<i>Changes</i>	<i>Actions</i>	<i>Provider tools and resources*</i>	<i>Patient handouts*</i>
<b>Diagnosis and treatment</b>	<ul style="list-style-type: none"> <li>• Document the depression evaluation efficiently and with sufficient information for an adequate differential diagnosis of the depressive illness</li> <li>• Ensure patients understand treatment options, and negotiate the treatment plan with the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Use the forms provided to prompt for and record the necessary evaluation and treatment plan</li> <li>• Work with patients and their families to select a treatment approach and set goals for treatment outcomes</li> <li>• Discuss phases of treatment (acute, continuation and maintenance)</li> </ul>	<ul style="list-style-type: none"> <li>• Depression Evaluation – Initial Visit</li> <li>• Medical History</li> <li>• Assessing Suicide Risk</li> <li>• Working With MHN</li> <li>• Cultural Approaches and Tools to Assist in Diagnosing Depression</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis and Treatment of Depression</li> <li>• Drug Treatment of Depression</li> <li>• FAQs About Antidepressants</li> <li>• Psychotherapy Treatment of Depression</li> <li>• Mental Health Specialists and Depression</li> <li>• Working With MHN – Tip Sheet for Patients</li> <li>• Taking Care of Yourself</li> <li>• We Speak Your Language</li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>• Monitor progress with therapy</li> <li>• As indicated, change treatment plan or refer patient to a behavioral health practitioner</li> </ul>	<ul style="list-style-type: none"> <li>• If needed, consult with or refer patient to a behavioral health practitioner</li> <li>• Use forms and tools provided to follow outcome assessment for improvement</li> <li>• Monitor and respond to failure to improve, and adverse effects of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Working With MHN</li> <li>• Using the PHQ-9 to Assess Patient Response to Treatment</li> <li>• PHQ-9 Flow Chart</li> <li>• Strategies for Managing Antidepressant Side Effects</li> <li>• Behavioral Health Care Coordination Form</li> <li>• Additional Resources for Physicians</li> </ul>	<ul style="list-style-type: none"> <li>• <i>What if I Don't Feel Better?</i></li> <li>• Mental Health Specialists and Depression</li> <li>• Working With MHN – Tip Sheet for Patients</li> <li>• Taking Care of Yourself</li> <li>• We Speak Your Language</li> </ul>

\* Available on [provider.healthnet.com](http://provider.healthnet.com) > Working With Health Net > Quality > Quality Improvement Corner > Depression Program Provider Toolkit

## Step 1: Detection and screening

1. Through interview and examination, the physician may suspect depression.
  - **Two-Question Depression Screening Tool** – During the patient interview, the two-question screen has demonstrated effectively detecting depression
  - **The Interview Approach** – As an alternative or enhancement to the two-question screen, the medical interview is a powerful tool for recognizing depression, using direct questions about the patient's mood and function
  - **The Patient's Health Beliefs Assessment** – This is the most flexible approach for patients with diverse cultural backgrounds without assuming that cultural background is in fact influencing a patient's behavior or choices. It allows the provider to frame the depression discussion in a way enabling the patient meaningful participation in discussing and formulating responses to depression
2. Diagnostic criteria are explored and, if appropriate, a depression diagnosis is confirmed. The *Patient Health Questionnaire (PHQ-9)* contains a brief nine-item, patient self-reported depression assessment specifically developed for use in primary care. It may be used when a physician suspects depression or the *Two-Question Depression Screening Tool* result is positive. It can be self-administered by the patient before or during an office visit. The PHQ-9 score helps quantify the severity of depression and can be used to monitor treatment. Patients should not be diagnosed solely on the basis of a PHQ-9 score; clinicians should corroborate the score with clinical determination and rule out other causes of depressive symptoms.

## Step 2: Preparation and patient education

Some patients may not be willing to accept a diagnosis of depression or may begin treatment, but then not continue. One of the key components of depression management is helping the patient recognize that he or she is depressed and that treatment is needed to improve quality of life for both the patient and his or her family, and to engage the family's participation in the care process.

To improve the quality and efficiency of the diagnostic evaluation process, Health Net has developed provider and patient tools to help physicians gather information prior to the initial visit, and educate the patient about depression, the availability of effective treatments, what can be expected from treatment, and the patient's role in managing depression. Refer to [provider.healthnet.com](http://provider.healthnet.com) > *Working With Health Net* > *Quality* > *Quality Improvement Corner* > *Depression Program Provider Toolkit* for provider and patient interactive tools.

### Optimize education about depression

Convey the following five key messages:

1. Depression is a medical illness, not a character defect or weakness.
2. Recovery is the rule, not the exception.
3. Treatments are effective and many options are available.
4. The aim of treatment is complete remission and staying well, not just masking symptoms.
5. Patients and families should be aware and alert for early signs and symptoms of depression, and seek help right away, since there is risk of recurrence.



Patients should not be diagnosed solely on the basis of a PHQ-9 score; clinicians should corroborate the score with clinical determination and rule out other causes of depressive symptoms.

### Approach for patient education

Physicians and their office staff can help patients by providing educational materials and support in terms and a language the patient and family thoroughly understands. For many cultural groups, emotional distress is expressed through physical symptoms.

Some patients may expect their physician to recommend care for their body that will improve their mental or behavioral health.

The physician can consider including the following items in their discussion with the patient.

<i>Topic</i>	<i>Approach</i>	<i>Patient handouts</i>	<i>Description</i>
<b>Understanding depression</b>	Provide patients and their families information in their preferred language about the cause, symptoms and natural history of depression.	<ul style="list-style-type: none"> <li>• <i>Depression</i></li> <li>• <i>How Do I Know if I'm Depressed?</i></li> </ul>	Brief and easy-to-understand information about depression
<b>Managing depression</b>	Convey to patients and their families the purpose of the visit and decisions they may need to face during the evaluation process.	<ul style="list-style-type: none"> <li>• <i>Managing Your Depression</i></li> </ul>	Brief and easy-to-understand information about managing depression
<b>Diagnosis and treatment</b>	Discuss with patients and their families: <ul style="list-style-type: none"> <li>• Treatment options, including indications, means of action, cost, risks, and benefits</li> <li>• Anticipated outcomes in terms of symptom relief, functional ability and quality of life</li> <li>• Potential difficulties in complying with treatment and strategies to handle these problems</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Diagnosis and Treatment of Depression</i></li> <li>• <i>Drug Treatment of Depression</i></li> <li>• <i>FAQs About Antidepressants</i></li> <li>• <i>Psychotherapy Treatment of Depression</i></li> <li>• <i>Mental Health Specialist and Depression</i></li> <li>• <i>Working With MHN – Tip Sheet for Patients</i></li> <li>• <i>Taking Care of Yourself</i></li> </ul>	Explanation of how antidepressants work, steps patients should take, common questions and answers about antidepressant medications, information on psychotherapy options, types of mental health specialists, what to expect, and how to access these services
<b>Follow-up</b>	Discuss with patients and their families: <ul style="list-style-type: none"> <li>• Potential difficulties in complying with treatment, and strategies to handle these problems</li> <li>• Early warning signs of relapse or recurrence</li> </ul>	<ul style="list-style-type: none"> <li>• <i>What if I Don't Feel Better?</i></li> <li>• <i>Mental Health Specialist and Depression</i></li> <li>• <i>Working With MHN – Tip Sheet for Patients</i></li> <li>• <i>Taking Care of Yourself</i></li> </ul>	Self-management information to avoid relapse or recurrence

## Other available Health Net resources

### *For physicians:*

- Contact the MHN Physician Help Line at (800) 289-2040, Monday through Friday, 7:30 a.m. to 4:30 p.m. Pacific time (PT), for assistance in finding appropriate care for Health Net members. MHN is Health Net's behavioral health subsidiary and Physician Help Line staff can answer general questions regarding MHN, its network practitioners, the referral process, member eligibility, and benefits. By calling the Physician Help Line, you can also schedule an appointment to speak

with an experienced psychiatrist for a general consultation about treatment of depression or other behavioral health conditions

- To request a hard copy of the clinical practice guidelines for depression, contact the Health Net Provider Services Center using the contact information provided on the insert in the pocket of this toolkit

### *For members:*

- Health Net provides HMO, EPO, PPO, Point of Service (POS), and Medicare Advantage (MA) members with access to a Decision Power\*\* Health Coach. These health professionals are available 24 hours a day, seven days a week, at (800) 893-5597 (TTY/TDD (800) 276-3821). Members may also choose the Decision Power option from the Customer Contact Center line



Physician Help Line staff can answer general questions regarding MHN, its network practitioners, the referral process, member eligibility, and benefits.



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\*Health Net members have access to Decision Power® through their current enrollment with any of the following Health Net companies: Health Net of Arizona, Inc., Health Net of California, Inc., Health Net Health Plan of Oregon, Inc., and Health Net Life Insurance Company.

Decision Power is not part of Health Net's commercial medical benefit nor affiliated with Health Net's provider network and it may be revised or withdrawn without notice. Decision Power is part of Health Net's Medicare Advantage benefit plans, but it is not affiliated with Health Net's provider network. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees of the above listed Health Net companies. Health Net and Decision Power are registered service marks of Health Net, Inc. All rights reserved.

### Step 3: Diagnosis and treatment

#### Cultural considerations

Cultural competency is essential in diagnosing and treating patients for depression. According to the U.S. Census Quick Facts (2010 data), 16.3 percent of the nation's population is Hispanic/Latino, 5.5 percent is Asian and 2.6 percent is African-American. Furthermore, 19.6 percent (2010 data) of the population (over age five) speaks a language other than English at home.

Considering these statistics, providers can reasonably assume that they will see patients from diverse cultural backgrounds and languages who need treatment for depression. Once the diagnosis is confirmed, one of the key components to the treatment and management of depression is helping the

patient recognize he or she is suffering from depression, while navigating cultural and ethnic perceptions and stigma. Educating patients and their families in their preferred language about depression, and engaging their participation in the care process to improve quality of life for the patient and his or her family, may help overcome some cultural barriers. Other culturally based perceptions of depression may be deeply embedded and might respond better to being discussed as physiological symptoms.

#### Key points to remember when discussing cultural background

Providers cannot be expected to understand everything about their patients' cultures; however, the following key points may encourage more culturally sensitive care.



One of the key components to the treatment and management of depression is helping the member recognize he or she is suffering from depression while navigating cultural and ethnic perceptions and stigma.

<b>Build a rapport</b>	Focus your attention on the patient when addressing him or her. Explain the different roles of staff in your office.
<b>Ensure the patient knows what to do</b>	Prepare a handout that explains office hours and provides contact information. Have instructions available in common languages spoken by patients seen in your office. Review any follow-up procedures with the patient.
<b>Determine whether the patient needs an interpreter for his or her visit</b>	Document the patient's preferred language and assess your bilingual staff for interpreter abilities. Additional interpreter services resources can be accessed from Health Net, 24 hours a day, seven days a week, at no cost.

Refer to [provider.healthnet.com](http://provider.healthnet.com) > *Working With Health Net* > *Quality* > *Quality Improvement Corner* > *Depression Program Provider Toolkit* > *Provider Tools* for a range of tools that physicians can use to discuss cultural background and assist in the diagnosis and treatment of depression.

#### Language assistance

Contact Health Net at the telephone numbers provided on the regional contacts insert in the pocket of this toolkit.

#### Diagnosis

The Depression Evaluation: Initial Visit tool is included under Provider Tools at [provider.healthnet.com](http://provider.healthnet.com) > *Working With Health Net* > *Quality* > *Quality Improvement Corner* > *Depression Program Provider Toolkit* to assist you in obtaining a diagnosis. This is an easy-to-use form for use during the initial visit to record initial findings about the patient with depression and possible other causes of depressive symptoms.

### Differential diagnosis

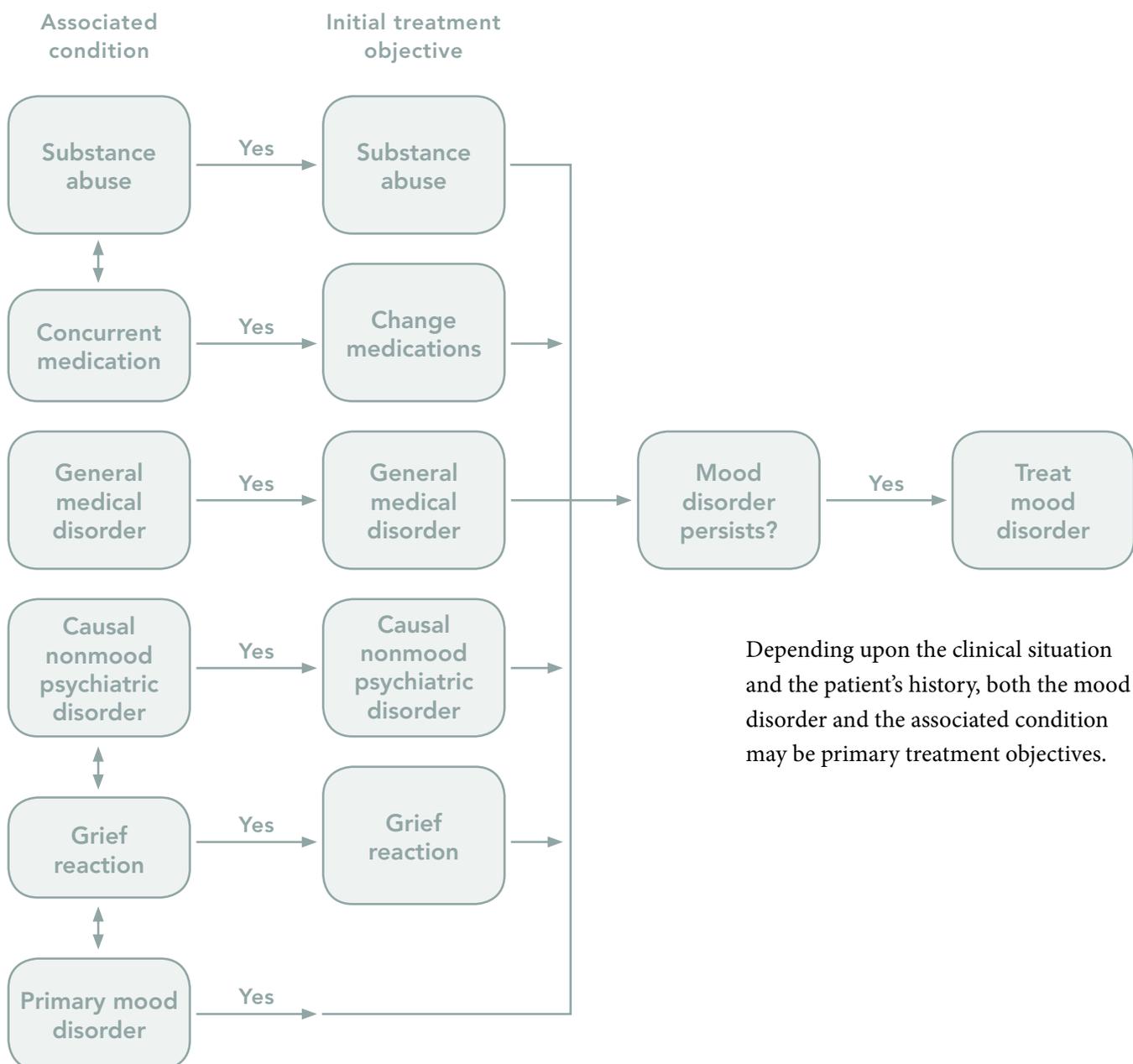
A number of medical conditions can cause or contribute to depression. Before prescribing treatment, look for the presence of other factors that may suggest a different diagnosis. Consult the diagram below.

### Other important assessment considerations for suicide/homicide risk

Whenever a patient is diagnosed with depression, he or she must be assessed for suicide or homicide risk. It is estimated that as many as 15 percent of patients with recurrent major depression die from suicide.

Whenever a patient is diagnosed with depression, he or she must be assessed for suicide or homicide risk. It is estimated that as many as 15 percent of patients with recurrent major depression die from suicide.

## Conditions associated with mood symptoms or major depressive episodes





Make sure patients understand that there are two phases in antidepressant treatment. The acute phase lasts 8 to 12 weeks. The continuation phase lasts three to nine months.

### Diagnosis resources

To help determine the cause of depression, gather the patient's medical history and educate him or her on available treatment options. Health Net has included the following applicable tools online at [provider.healthnet.com](http://provider.healthnet.com) > *Working With Health Net* > *Quality* > *Quality Improvement Corner* > *Depression Program Provider Toolkit* > *Provider Tools*:

- Medical History Form
- Depression Evaluation – Initial Visit Form
- Cultural Approaches and Tools to Assist in Diagnosing Depression
- Assessing Suicide Risk
- Working With MHN

### Treatment

As with any therapeutic decision in which several options may be equally efficacious, the physician and patient must discuss and select an appropriate treatment approach.

Most patients benefit from a combination of psychotherapy and antidepressant medication. A complete treatment plan includes family, social and community support. Instruments for assessing effectiveness of treatment, such as the PHQ-9, may be helpful.

### Treatment approaches

The following are suggestions for treatment approaches.

#### 1 Antidepressant medication

The selection of a specific antidepressant medication is based on individual clinical circumstances and should be guided by a combination of the experience of the practitioner and the American Psychiatric Association's Practice Guideline for the Treatment of Patients with Major Depression.

Antidepressants are effective for depression treatment. In offering this option, a discussion of side effects and response time is appropriate. Besides medication, the patient should be provided education on proper use and possible side-effects.

To optimize use of antidepressants:

- Start with a selective serotonin reuptake inhibitor (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI). Avoid or minimize use of minor tranquilizers
- Convey these seven key messages about medication for depression:
  1. Take antidepressant as prescribed.
  2. It may take two to four weeks to achieve noticeable effect.
  3. Continue to take the antidepressant even if feeling better.
  4. Do not stop taking the antidepressant without checking with your physician.
  5. Contact your physician with any questions.
  6. Keep follow-up appointments with your physician.
  7. Remember to refill prescriptions continuously during the acute and continuation phases (or as advised by your physician).
- Make sure patients understand that there are two phases in antidepressant treatment. The acute phase lasts 8 to 12 weeks. The continuation phase lasts three to nine months
- Monitor response to treatment using a standardized measure, such as the PHQ-9
- Ask frequently about adherence in a non-judgmental way. Medications do not work in patients who do not take them appropriately. There should be no gaps during the acute and continuation phases

- Schedule short, depression-related follow-up visits. Look for a clinically significant response within four to eight weeks. Modify treatment if you do not see one

## 2 Counseling and psychotherapy

Individuals with mild to moderate depression can be treated with time-limited psychotherapies. Cognitive behavioral therapy, interpersonal therapy and problem-solving treatment have been shown to be equally efficacious to antidepressant medication, although improvement is initially slower than with medication. Consider offering the patient counseling and psychotherapy services as a treatment option, and referring the patient to behavioral health care if the patient:

- Prefers psychotherapy
- Had a previous positive response to psychotherapy
- Has an excessive medical risk to, or cannot tolerate, medication
- Had an incomplete response to an adequate trial of medication
- Has presence of significant psychosocial stressors
- Focuses on problem-solving skills; interpersonal effectiveness, such as how to be more assertive; or thinking about how to reduce cognitive patterns, such as using all-or-none categories

Providers should:

- Encourage patients to engage in regular exercise and increase pleasurable activities
- Encourage patients to use other self-help resources, such as books and websites, including the following:

Books:

- Feeling Good: The New Mood Therapy (Burns, 1999)

- Control Your Depression (Lewinsohn et al., 1996)

- Mastery of Your Anxiety and Worry, 2<sup>nd</sup> Ed.: Workbook (Craske & Barlow)

Websites:

- [www.nimh.nih.gov/health/topics/depression/index.shtml](http://www.nimh.nih.gov/health/topics/depression/index.shtml)
- [www.getfit.samhsa.gov](http://www.getfit.samhsa.gov)
- <http://healthcoach.myselfhelp.com/index.html>
- [www.moodgym.anu.edu.au/](http://www.moodgym.anu.edu.au/)
- <http://catchit-public.bsd.uchicago.edu/>
- [www.healthnet.com](http://www.healthnet.com)

- Refer eligible members to MHN

- If the member needs psychotherapy or psychopharmacologic consultation, refer MHN-eligible members for specialty behavioral health care. Encourage members to call the telephone number on the back of their Health Net identification (ID) card and follow the prompts

- Physicians and their office staff may also refer MHN-eligible members to MHN by contacting MHN's Physician Help Line at (800) 289-2040, or by visiting MHN's website at [www.mhn.com](http://www.mhn.com)

To request a hard copy of the clinical practice guidelines for depression, contact the Health Net Provider Services Center using the information provided on the insert in the pocket of this toolkit.

### Continuity and coordination of care

Continuity and coordination of care between medical and behavioral health practitioners helps ensure good health outcomes. Both Health Net and MHN strongly encourage coordination of care in the following situations:

- The physician or other medical provider refers a patient to a behavioral health practitioner



Continuity and coordination of care between medical and behavioral health practitioners helps ensure good health outcomes.

- When a behavioral health practitioner begins prescribing psychotropic medications or makes significant changes to the regimen
- When a physician begins prescribing psychotropic medications or makes significant changes to the regimen of a patient who is in treatment with a behavioral health practitioner
- When a behavioral health practitioner begins psychotherapy with a patient for a significant behavioral health condition, such as major depression

### ***Exchange of information***

Health Net strongly encourages regular, open communication and exchange of information between the patient's physician and behavioral health care providers. To help facilitate this, refer to and print copies of the Behavioral Health Care Coordination form included in Provider Tools on [provider.healthnet.com](http://provider.healthnet.com) > *Working With Health Net* > *Quality* > *Quality Improvement Corner* > *Depression Program Provider Toolkit*.

Provide a copy of the Behavioral Health Care Coordination form to your patients receiving behavioral health services and request that they have their behavioral health provider complete the form to begin coordinating care. With the patient's consent, contact the behavioral health provider directly for an update on the patient's care if you have not received communication from the behavioral health provider.

### **Health Insurance Portability and Accountability Act**

The Health Insurance Portability and Accountability Act (HIPAA) permits the exchange of information for the purposes of treatment, payment and health care operations. In the event that information is exchanged between providers, it is the

provider's option to inform the patient of the exchange. This includes exchanges of medical record information between physicians and specialists, including behavioral health specialists.

Behavioral health specialists must obtain authorization from the patient prior to the exchange of psychotherapy notes, which are session notes that are kept separate from the medical record and contain information related to a private, group, joint, or family counseling session. Other general information about the treatment does not require patient consent.

### **Key points to remember about treatment strategies<sup>2</sup>**

1. During the initial evaluation, confirm a diagnosis of depression and appropriately document it in the medical record.
2. Track changes in depressive symptoms from visit to visit and adjust treatment based on the patient's response.
3. Educate the patient about depression, antidepressants and counseling so he or she becomes an active partner in the treatment.
4. Be sensitive to cultural differences and language needs of the patient.
5. Start with the best possible treatment option for the patient's condition(s), either prescribe antidepressants or refer the patient to a behavioral health provider for depression-specific psychotherapy, and provide patient education on self-help resources. Avoid minor tranquilizers.
6. If using antidepressants, use the right dose for the right duration.
7. If the best treatment option is to initiate psychotherapy, refer the patient to a behavioral health provider for skill-based procedures, such as cognitive behavioral therapy, interpersonal psychotherapy or problem-solving therapy.

HIPAA permits the exchange of information for the purposes of treatment, payment and health care operations.



- 8. Be attentive to adherence. High percentages of depressed patients discontinue treatment too early due to side effects or other reasons.
- 9. Communicate with other practitioners, such as behavioral health providers.

*Step 4: Follow-up care*

It is essential to monitor the patient’s response to treatment. Physicians can benefit by asking a nurse or support staff to help educate and

monitor patients with depression. Functions that can be delegated are as follows:

- Administering and scoring the PHQ-9 tool
- Answering patients’ questions, conducting patient education and sharing educational resources with patients and their families
- Scheduling follow-up appointments and assisting with the referral process for psychosocial counseling services

Below are minimum recommended guidelines (consensus-based) for establishing intervals of follow-up care.

<i>Treatment phase</i>	<i>Minimal appointment frequency recommended</i>	<i>Recommended process</i>
<b>Acute phase (first 3 months of treatment)</b>	At least 3 patient visits within the first 12 weeks of treatment. At least 1 of these visits must be with the prescribing practitioner.	<p><b>Initial Visit</b> During the initial follow-up visit, evaluate the patient’s response to the treatment plan and modify the treatment for any patient with a sub-optimal response.</p> <p><b>Acute-Phase Physician Follow-Up</b> The goal of acute-phase treatment is to achieve remission. Use tools, such as the PHQ-9, to assess the effectiveness of the treatment plan. If symptoms of depression do not improve or improve only slightly after six weeks:</p> <ul style="list-style-type: none"> <li>• Consider a referral to a psychiatrist for medication evaluation if treatment has only included psychotherapy</li> <li>• Review carefully the five Ds <ul style="list-style-type: none"> <li>– Dose (in maximal range?)</li> <li>– Duration (on the optimal dose for 6 weeks?)</li> <li>– Dependability (is the patient taking the medications as prescribed?)</li> <li>– Drugs (is there substance abuse?)</li> <li>– Diagnosis – medical and psychiatric (especially check for psychotic and bipolar depression)</li> </ul> </li> <li>• Document progress in the medical record</li> </ul>
<b>Continuation phase (months 4-12 of treatment)</b>	After achieving symptom remission, at least one follow-up contact during the fifth or sixth month of treatment and every two to three months thereafter.	<ul style="list-style-type: none"> <li>• Assess for continuing symptom remission and dosage and treatment adjustment</li> <li>• Additional patient follow-up care is recommended to consider either continuing treatment beyond the continuation phase, or attempting a trial of treatment discontinuation</li> </ul>



It is important for physicians to know how to submit a claim accurately when providing these services so the claim is not incorrectly denied or delayed in processing.

### Billing for treatment of depression and other behavioral health services

Health Net encourages physicians, who are comfortable doing so and when it is clinically appropriate, to provide members with basic behavioral health services, such as diagnosing, initiating treatment (for example, prescribing an antidepressant), and monitoring response to treatment, for members who prefer or request to be treated for depression in the primary care setting. It is important for physicians to know how to submit a claim accurately when providing these services so the claim is not incorrectly denied or delayed in processing.

Accurate billing for behavioral health services, including depression delivered in medical settings, ensures that the claim is processed in a timely manner and aids in data collection for various Health Net quality initiatives.

For providers who are reimbursed on a fee-for-service (FFS) basis, to bill for an office visit for a behavioral health condition:

1. Use the appropriate evaluation and management (E&M) CPT code in the 99201-99499<sup>3</sup> range for the visit.

Physicians should not use psychiatric procedure codes 90801-90899, since these are reserved for behavioral health specialty providers.

2. Include a behavioral health diagnosis as either the primary or secondary diagnosis.
3. Submit the claim to Health Net. Health Net processes claims within 45 business days.

For providers who are compensated on a capitated basis, the diagnosis and treatment in the primary care setting is included in the capitation payment, unless otherwise set forth in the *Provider Participation Agreement (PPA)*.

For additional billing and claims questions, contact the Health Net Provider Services Center using the contact information provided in the pocket of this toolkit.

Refer to Health Net's *Major Depression Clinical Practice Guidelines* for further information.

#### References:

<sup>1</sup>Practicing Physician Education in Geriatrics – The American Geriatrics Society: “Depression in Older Adults Management in Primary Practice – Depression Toolkit.”

<sup>2</sup>Modified from Impact Manual, see Unutzer et al, 2002.

<sup>3</sup>CPT code descriptions were taken from the 2010 AMA CPT Code Handbook



**Health Net**

National Provider Communications

11971 Foundation Place

Rancho Cordova, CA 95670



# Depression Program

## Provider Contact Information

California



Vicki Major  
Health Net

### Language assistance

HMO/POS, PPO, EPO,  
and Medicare Supplement

(800) 522-0088

8:00 a.m. to 6:00 p.m.

### After-hours language assistance

(800) 546-4570

### Healthy Families Program

(888) 231-9473

24 hours a day, 7 days a week

### Medi-Cal

(800) 675-6110

24 hours a day, 7 days a week

Health Net interpreter services reference  
sheet available online at

[provider.healthnet.com](http://provider.healthnet.com) > *Contractual* >

*Policy Library* > *Go to the Provider Library* >

*Contacts.*

### Provider Services Center

[provider\\_services@healthnet.com](mailto:provider_services@healthnet.com)

(excluding Medi-Cal)

### HMO/POS, PPO and EPO

(800) 641-7761

### Healthy Families Program

(888) 231-9473

### Medicare Programs

(800) 929-9224

### Medi-Cal

(800) 675-6110

### Quality improvement

[cqi\\_dsm@healthnet.com](mailto:cqi_dsm@healthnet.com)



Health Net ensures  
easy access to current  
contact information  
for providers.



# Depression Program

## Provider Contact Information

Arizona

### *Language assistance*

#### **Customer Contact Center**

(800) 289-2818

For Spanish, select option 2.

Monday through Friday

7:00 a.m. to 6:00 p.m.

### *Provider Services Center*

(800) 289-2818

[AZ\\_InternetProviderInquiries@healthnet.com](mailto:AZ_InternetProviderInquiries@healthnet.com)

### *Quality improvement*

[cqi\\_dsm@healthnet.com](mailto:cqi_dsm@healthnet.com)

Vicki Major  
Health Net



Health Net ensures  
easy access to current  
contact information  
for providers.



# Depression Program

## Provider Contact Information

*Oregon and Washington*

Vicki Major  
Health Net

### *Language assistance*

**Customer Contact Center**  
(888) 802-7001

For Spanish, select option 3.  
Monday through Friday  
7:30 a.m. to 5:00 p.m.

### *Provider Services Center*

(888) 802-7001  
[www.healthnet.com](http://www.healthnet.com)

### *Quality improvement*

[cqi\\_dsm@healthnet.com](mailto:cqi_dsm@healthnet.com)



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