



Department of Health Care Policy and Financing

Behavioral Health: Focus on Depression

Tool Kit for Primary Care Providers

The Department of Health Care Policy and Financing is committed to improving the health of our clients through improved **screening, diagnosis, treatment, and referral**.

This tool kit is intended to provide guidance on how to document and address issues of depression for Medicaid clients in the primary care setting.

For clinical guidelines on advancing the diagnosis and treatment of depression in the primary care setting, visit:

[HealthTeamWorks Depression Guidelines](#)

SCREENING:

To reimburse Medicaid providers for administering standardized assessment tools to **screen annually for depression in adolescent and adult clients ages 11 and older** as of January 1, 2015, **HCPCS code G8431** (Screening for clinical depression is documented as being positive) or **HCPCS code G8510** (Screening for clinical depression is documented as negative) **should be used**.

Tested and validated instruments are required (example, **PHQ-9, Edinburgh Postnatal Depression Scale**, other). Instructions and research supporting use of the PHQ-9 are available here:

[PHQ-9](#)

DIAGNOSIS:

Coding allows the Department to measure performance, identify interventions and policy considerations to improve the care for the Medicaid population, and improve health outcomes. **Measures are detailed in Appendix A.**

TREATMENT: (Reimbursement codes)

There are a number of clients who receive treatment for depression in the primary care setting. This is compensated as part of the standard Evaluation and Management (E&M) visit. Treatment for those positive screens may occur in the primary care setting as a brief intervention or it may result in a referral to a Behavioral Health Organization (BHO).

How you can help:

- ✓ REVIEW Clinical Guidelines
- ✓ SCREEN using Standardized Tools
- ✓ DIAGNOSE, recording specific ICD codes
- ✓ TREAT/ REFER, in the context of an E & M visit
- ✓ REFER to community resources
- ✓ TRACK Health Outcomes



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REFERRALS:

The following is the recommended process for referring a Medicaid client to a Behavioral Health Organization (BHO).

Clients or providers may call the customer service number and request a mental health assessment appointment, or may select a provider from the BHO’s Provider Directory. Initial appointments should be offered within seven business days of the request. If a client has Medicare in addition to Medicaid, the BHO can assist the client to find a provider who takes both kinds of insurance. If a client has commercial or other insurance in addition to Medicaid, the client should first access mental health services under the primary insurance policy, as Medicaid is always the payer of last resort. It is also important to get a signed release of information from the client so that PCPs and BHO providers may share important treatment information.

Medicaid clients only:

Resources for contacting BHOs are available online at [BHO Resources](#).

Access Behavioral Care	800-984-9133 (toll free)
Behavioral Healthcare, Inc.	844-818-2485 (toll free)
Colorado Health Networks	800-804-5008 (toll free)
Foothills Behavioral Health Partners	866-245-1959 (toll free)
Access Behavioral Care Northeast	844-880-8508 (toll free)

CHP+ clients:

CHP+ members do not need a referral from their primary care provider for mental health services. CHP+ members receiving care through their HMO must receive care by a mental health provider who is part of that HMO provider network for the care to be covered. Members should call their HMO directly for an appointment.

PROVIDER RESOURCES:

For support in the diagnosis and treatment of clients with depression in the primary care setting, providers can refer to the [Depression Guide](#) from HealthTeamWorks.

For specific recommendations and guidelines for depression during pregnancy and the postpartum period visit this link: [Pregnancy-Related Depression Symptoms Guidance](#)

When a provider is primarily seeing an infant for a well-child check, the provider may include postpartum screening of the Medicaid mother for depression as a separate service. The provider must work with the Behavioral Health Organization to get the mother appropriate treatment if needed.

COMMUNITY RESOURCES:

If a client has a mental health or substance abuse crisis, and cannot reach their BHO or Community Mental Health Center, they can call:

Metro Crisis Line at 888-885-1222.

If you are afraid that someone is at risk for suicide, call:

Colorado Lifeline 800-273-TALK 800-273-8255 - a 24 hour crisis line for depression/suicide.





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Appendix A

The Department is committed to improving the health outcomes of our clients. Performance measures used by the Department for tracking depression in Medicaid clients are outlined in Appendix A. Appropriate coding will provide the Department with the information we need to track changes in health outcomes. Data is available for review at [Healthy Living Performance Measures](#). For more information, please link to the [Healthy Living Initiatives](#).

Performance Measures for tracking Depression in the Medicaid population:

The Department performance measures related to depression are:

Goal: Advance the diagnosis and treatment of depression for clients on Medicaid

Process Measure:

Percent of youth and adults who received a depression screening

Percent of Medicaid adults whose antidepressant medication was managed effectively

- Acute Phase *HEDIS*
- Continuation Phase *HEDIS*

HEDIS: Healthcare Effectiveness Data and Information Set

