



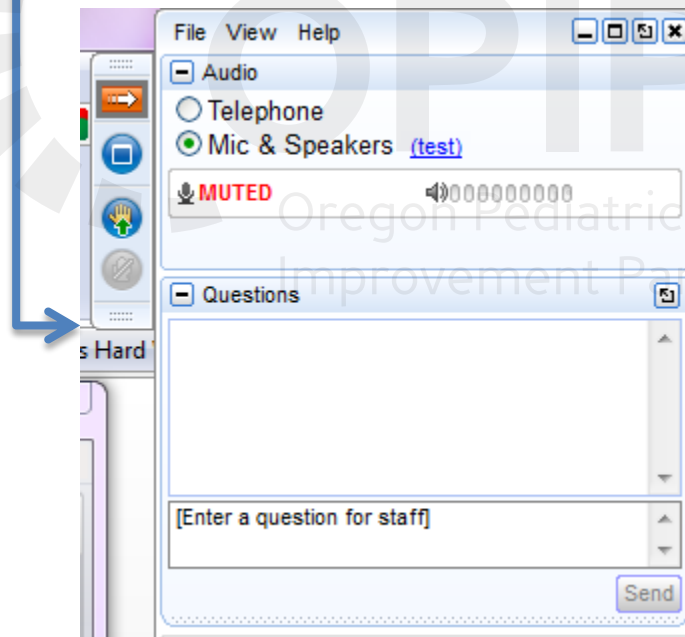
Depression Screening and
SBIRT for **Adolescents**:
Practical Considerations for
Implementing the CCO
Incentive Metrics

Oregon Pediatric
Improvement Partnership

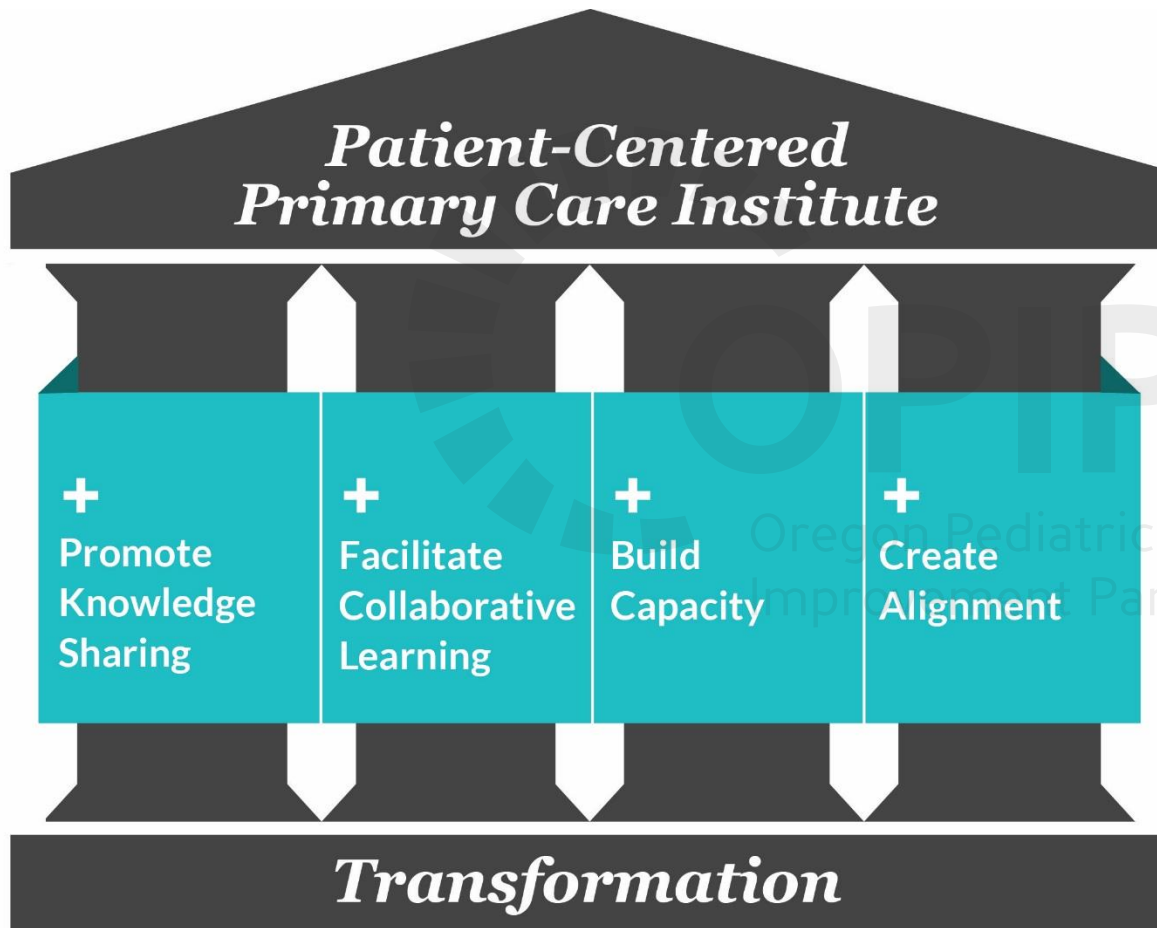
June 16th, 2015

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PCPCH Model of Care

Oregon's PCPCH Model is defined by six core attributes, each with specific standards and measures

- **Access to Care** *"Health care team, be there when we need you"*
- **Accountability** *"Take responsibility for making sure we receive the best possible health care"*
- **Comprehensive Whole Person Care** *"Provide or help us get the health care, information and services we need"*
- **Continuity** *"Be our partner over time in caring for us"*
- **Coordination and Integration** *"Help us navigate the health care system to get the care we need in a safe and timely way"*
- **Person and Family Centered Care** *"Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness"*

Learn more: <http://primarycarehome.oregon.gov>

Presenters



- **Colleen Reuland, MS** Director, Oregon Pediatric Improvement Partnership / Instructor, Department of Pediatrics at Oregon Health & Science University.



- **RJ Gillespie, MD, MHPE.** General Pediatrician, The Children's Clinic in Portland / Medical Director, Oregon Pediatric Improvement Partnership at Oregon Health & Science University, Member of Metrics and Scoring



- **Elizabeth Thorne, MPH** Adolescent Health Policy and Assessment Specialist for the Oregon Public Health Division.

Learning Objectives

- Learn the **rationale of including adolescents** in the CCO incentive metrics related to depression screening & follow-up and alcohol and drug misuse (SBIRT)
- Learn about the **specific CCO guidance** for these metrics.
- Learn about specific **real-world strategies and issues for consideration** as practices consider medical chart documentation and submission of billing claims codes aligned with the CCO incentive metric:
 - Processes addressing **privacy and confidentiality** for adolescents
 - Adolescent **depression screening** and follow-up
 - Adolescent **substance abuse screening** and follow-up

Rationale of Including Adolescents in the CCO Incentive Metrics Related to Depression Screening and SBIRT

- As a member of Metrics and Scoring, why I supported and advocated that the age-range for this measure include adolescents:
 - Bright Futures Recommendations
 - Prevalence of depression in adolescents in Oregon and impact of undetected and untreated mental health issues
 - Prevalence of drug and alcohol misuse in adolescents in Oregon and impact of undetected and untreated substance abuse
 - Long-term consequences of behaviors established in adolescents that are carried forward to adulthood

Guidelines in Support of Change

- Multiple guidelines recommend annual screening in adolescents:
 - Bright Futures Recommendations
 - Society of Adolescent Medicine
 - Maternal and Child Health Bureau
 - American Academy of Pediatrics
 - Substance Abuse and Mental Health Services Administration
- USPSTF has assigned a “B” recommendation for the SBIRT process.
 - Adequate evidence that numerous screening instruments can detect alcohol misuse with acceptable sensitivity and specificity.
- The USPSTF also recommends screening of adolescents (12 – 18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.

CCO Incentive Metrics

- **Guidance Documents:**
<http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>
- **Substance Abuse Screening & Brief Intervention**
 - Based on **claims data ONLY**
- **Depression Screening and Follow-Up to Depression Screening**
 - Specifications based on the Meaningful Use measure
 - Data extracted from electronic health records and submitted to CCO/OHA.

SBIRT (Screening, Brief Intervention & Referral to Treatment)

- **Numerator:** Unique counts of members age 12 years or older who completed a full, standardized screening tool for alcohol/ substance use, or received screening and a brief intervention.
- **Denominator:** Unique count of members age 12 years or older, and having received an outpatient service.
- No exclusion criteria, no continuous enrollment criteria.
- Technical Specifications:
 - <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>
 - <http://www.oregon.gov/oha/amh/Pages/sbirt.aspx>

Depression Screening & Follow-Up

- **Numerator:** Patients screened for depression on the date of the encounter, using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.
- **Denominator:** All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.
- **Exclusions and Exceptions to the Denominator:**
 - Check specifications
 - Example of Exclusion: Active diagnosis of depression, bipolar
 - Example of Exception: Patient refuses to participate; or Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status
- **Measurement Period:** Previous 12 months or Last Quarter of Measurement Year
- **Technical Specifications:**
 - <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

Implementing Care Aligned with the CCO Incentive Metrics for Adolescents

Critical to consider unique differences for adolescents, as compared to adult patients:

1. Adolescent access to **confidential care** – **Considering the laws**
 - Provision of **information and explanation** of the teen's rights to private/confidential care
2. Appropriate **implementation of screening tools** for adolescents
 - **Screening tools** often provided in the context of an **adolescent well-visit**
 - Value of risk- AND strength-based screening
 - Importance of the teen having **one-on-one time** with the provider
3. Use of **billing codes and documentation** that take into account protections or considerations of care provided to the adolescent confidentiality or privately
 - Potential **breaches to confidentiality** when specific documentation or claims are used

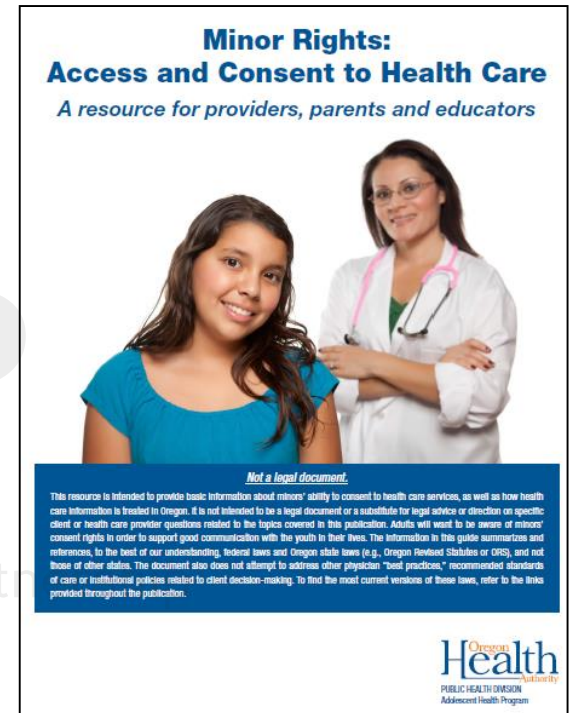
Consent and Confidentiality: What are Adolescent's Rights



Elizabeth Thorne, Oregon Health Authority, Office of Adolescent Health

Consent

- **15 and over:** Medical and dental services (ORS 109.640)
- **14 and over:** Mental health and chemical dependency (ORS 109.675)
- **Any age:** family planning/sexual and reproductive health care (ORS 109.610, ORS 109.640)



<https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Documents/MinorConsent2012.pdf>

Do not cite or reproduce without appropriate citation.

Confidentiality

- Federal law
 - HIPAA
 - ERISA
 - Title X
- State law and regulations
- Agency/corporate policy
- Professional ethical obligations
- Best practice recommendations

Confidentiality

Why is it important?

- Expectation underlying health care.
- Youth are more likely disclose sensitive information if it can be kept confidential.
- Delay seeking care, or face emotional or physical repercussions.

When is it a challenge?

- Across the patient experience of care:
 - Clinic workflow (appointment setting)
 - Client communication (after visit summary, patient portal)
 - Electronic health records (EHR) and Health Information Exchange (HIE)
 - Insurance billing communication

Confidentiality

- No “right” to confidentiality or “right” to disclosure. **Provider best judgment** (ORS 109.650)
 - EXCEPT:
 - 42 CFR Part 2: if minor is able to self consent for drug or alcohol treatment, treatment records cannot be released without minor’s written consent.
 - Reproductive health services conducted in a Title X family planning clinic

Consent and confidentiality

LIMITS

Adolescents should be *informed of exceptions* to confidentiality:

- RISK OF HARM TO SELF OR OTHERS
- ABUSE



Tips from the Ground: How Have Folks Operationalized This Into Primary Care Practice

1. Explicit processes transitioning the **adolescent to being the primary patient**
 - Intentional, explicit, repeated, and EMPOWERING messaging that you are transitioning to the **adolescent being the primary patient**
 - Practice-wide transition policies
2. Intentional and explicit discussions about the adolescent's rights related to **confidential care**
 - **Written information** explaining privacy and confidentiality
3. Provision of **written information** about what to expect with a well-visit

Example: Adolescent Transition Policy

Transitioning From Pediatric to Adult Health Care

Transitioning from pediatric to adult health care can be a challenge for teens and young adults. The Children's Clinic is committed to helping our patients make a smooth transition during this process.

This process involves working with youth, beginning at ages 12 to 14, and their families to prepare for the change from a "pediatric" model of care where parents make most decisions to an "adult" model of care where the youth take full responsibility for making decisions.



- We will work together with youth and families regarding the age for transferring to an adult provider and recommend that this transfer occurs before age 22.



- Encourage teens and young adults to assume more responsibility and make more independent judgments for their health care needs.



- Our providers will identify and assist those patients who are at risk of having a more complicated transition due to special medical, developmental, social and/or environmental needs.



Examples of Explaining Privacy and Confidentiality

Customizable Handouts and Posters

From the Adolescent Health Initiative



Link to Tool:

<https://projects.oregon-pip.org/resources/adolescent-care>

Health Rights for Teens



1. You will not be treated differently because of your race, skin color, place where you were born, religion, sex, age, sexual orientation, gender identity, disability, or health insurance.
2. You will be treated with respect by all health center staff.
3. If your parents are with you, we ask your parents to leave for part of your visit – this is your time to talk to us privately. We also encourage you to share with your parent/caregiver or another trusted adult in your life the information we discuss.
4. The private information you share with our health center staff will not be shared with other people without you saying it is okay (giving consent).
- A) According to Michigan law, all teens can get the following services **without** the permission of his/her parent or legal guardian*:
 - Pregnancy Testing, Prenatal Care and Pregnancy Services
 - Birth Control Information and Contraceptives
 - Testing and Treatment for Sexually Transmitted Infections
 - Substance Abuse Treatment
- B) According to Michigan law, teens 14 or older can get the following services **without** the permission of his/her parent or legal guardian:
 - Outpatient Counseling (mental health) Services, up to 12 visits
- C) We must share your private information (by law) when:
 - a. You tell our staff or we suspect that an adult is hurting you.
 - b. You tell our staff that you want to hurt yourself.
 - c. You tell our staff you want to hurt someone else.
 - d. You are **under** 12 years old and are sexually active.
5. We will work in partnership with you to determine the care you need. You will receive the best possible care and have your options for care explained to you.
6. You have the right to review your health center record.
7. If you have questions about your rights or feel you have been mistreated, please inform the health center staff.

**Some insurance plans may mail a list of tests received to your house. Talk to your provider if you are using your family's insurance and want confidential care.*

Examples of Explaining Privacy and Confidentiality

[insert logo here]

Teen Patient Handout



[Clinic welcome statement]

We provide quality care for teens and young adults and your family to meet all of your health care needs.

As you become more independent and take on more input from you about your health. Oregon law allows health care services on their own. Starting at age 14 [or clinic], it is our practice to ask all parents and guardians to wait outside for part of the visit. This gives you and your provider a chance to talk about uncomfortable talking about in front of others.

Your safety is most important to us. Know that if you are hurting yourself, or others, or if someone is hurting you, we will always encourage you to talk to your parent or guardian to help start the conversation.

We will always encourage you to talk to your parent or guardian to help start the conversation.

As you begin to take more responsibility for your health:

- Learn about your medical problems, and let us know something we are discussing
- Follow the treatment plan that we agree upon
- Be honest. Tell us about your medical history you are taking
- Let us know when other healthcare providers to send us a report whenever you see them
- Be on time for your appointments. If you are late, please reschedule or cancel them at least 24 hours in advance
- Call us if you do not receive test results within 48 hours
- Use the "after hours" line only for issues that are urgent
- Come to our health center when you are sick, so that someone who knows you and your health can help
- Tell us how we can improve our services

We are always available to discuss your health problems and work with you to help you make the best choices for your health.

**Some insurance plans may mail information about your health to your provider if you are using your family's insurance.*

[insert clinic logo]

Parent or Caregiver Handout



[Clinic welcome statement]

Adolescence is a time of rapid change and development. Teens and young adults need specialized medical care and a provider with whom they can discuss anything, from normal body growth and development, illness, preventive care, sexual concerns and emotional problems. Parents and guardians also benefit from special guidance and support through these years. Our practice goal is to provide comprehensive health care to our patients and their families.

As teens begin to develop into adults and take more responsibility for their lives, we ask for more input from them about their health. Starting around age 14 [or clinic's standard age], it is our practice to ask all parents or guardians to wait outside for part of the visit.

If teens feel they can speak with clinicians in confidence, this opens the door for conversations about the risks of certain behaviors that may lead to serious problems. Sometimes teenagers will hide their behavior so parents are not the first to find out. Our goal is to help prevent and identify any issues before they become serious. Data indicate that many youth are facing health challenges that we are well-positioned to help with.

Among 11th graders in Oregon*:

- 27% were depressed in the past year
- 15% seriously considered suicide in the past year
- 45% have had sex
- 31% drank in the past month
- 21% used marijuana in the past month

We know that parents and guardians are an important source of health information for youth, and that you likely help in decisions around your teen's care. We always encourage the teen to discuss important issues with their parent or guardian. Private time during the visit helps youth gain more independence in accessing health care, and helps to build trust in their care team. The best approach gives parents a role in young people's lives while empowering our teen patients to take responsibility for their own health.

We let all teen patients know that our services are confidential. However, safety of our patients is our priority, and there are some cases when we are required to break confidentiality for safety reasons.

The staff is always available to discuss health problems or answer questions. Our staff wants to work with you to help your teen(s) make the best choices for a healthy future. Please let us know if you have any questions or concerns.

*2013 Oregon Healthy Teens Survey.

Customizable Handouts and Posters

From the Adolescent Health Initiative, Updated by OHA Adolescent Health



Link to Tool:

<https://projects.oregon-pip.org/resources/adolescent-care>

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Examples of Explaining Privacy and Confidentiality



CONFIDENTIALITY

Your privacy and safety are important to us. In general, adolescents may request privacy regarding some health information. If there is a safety concern, privacy cannot be maintained when you are less than 18 years of age or when we are required to report by law.

Having your parent or guardian included in your healthcare is important. We will work with you to involve them as needed while still protecting your privacy.

Oregon state law allows:

- General medical service may be provided to all clients 15 years and older without parent or guardian consent.
- Mental health (counseling) which includes drug and alcohol services may initially be provided to a person 14 years or older without parent or guardian consent.
- Family planning (birth control) and sexually transmitted disease services may be provided to a person of any age without parent or guardian consent.

There are certain situations related to your safety that must be reported, such as:

- You tell us that you plan to cause serious harm or death to yourself or someone else.
- You are doing things that could cause serious harm or death to you or someone else.
- You tell us you are being abused (physically, sexually or emotionally).
- You tell us you have been abused in the past (physically, sexually or emotionally).
- You tell us that you are having sex with someone who is three or more years older than you.
- You have a life threatening health problem.

You have the right to ask about treatment planned for you and to refuse that treatment.
You have the right to a chaperone during an examination. (A chaperone is someone who watches the examiner during the examination).

Signed _____ Reviewed with _____ Date _____

*Oregon State law requires a parent or legal guardian's consent to provide medical treatment to an individual under 15 years of age except for family planning and sexually transmitted disease services. ORS 109.610, ORS 109.640, ORS 109.675



Link to Tool:

<https://projects.oregon-pip.org/resources/adolescent-care>

Review Work Flow and Processes to Identify Potential Areas Where Breaches of Information Can Occur

Examples:

- Visit reminders
- After visit summaries and medication lists (e.g. birth control)
- Electronic medical record
 - Parental access
- Explanation of benefits that accompanies bills (more on billing later)

Implementing Care Aligned with the CCO Incentive Metrics for Adolescents

Critical to consider unique differences for adolescents, as compared to adult patients:

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 - **Screening tools** often provided in the context of an **adolescent well-visit**
 - Value of risk- AND strength-based screening
 - Importance of the teen having **one-on-one time** with the provider
3. Use of **billing codes and documentation** that take into protections or considerations of care provided to the adolescent confidentiality or privately
 - Potential **breaches to confidentiality** when specific documentation or claims are used

Resources that Provide Detailed & Specific Information about Rationale & Specific Screening Tools and Follow-Up Steps

- **Previous PCPCI Webinar:**

Enhancing Adolescent Well-Visits: Getting Them In, Setting the Stage, and Implementing Strength & Risk Screening Tools

<http://www.pcpci.org/resources/webinars/enhancing-adolescent-well-visits>

- **Oregon Pediatric Society's START Program**

<http://oregonstart.org/modules>

Video on Conducting a Brief Intervention for Substance Use:

<https://www.youtube.com/watch?v=GvaOXREccHI>

Use of Broad-Based Tools that Incorporate Screening for Depression and Substance Abuse

- All of the practices we have worked with built screening into well-visits
 - A number of issues identified with opportunistic screening at sick visits
- Given screening is ONE part of the larger visit, wanted to streamline all relevant items into one form that included depression AND substance abuse screening
- Strongly encouraged the use of a **strength-based approach**
 - Don't just talk about sex, drugs and rock & roll
 - Also gives you things that you WILL talk about with the parent
- Value in a tool the parent completes and then a tool the adolescent completes
- Ensure the tool results are reviewed during the time the adolescent is ALONE with the provider
- Examples of tools are here: <https://projects.oregon-pip.org/resources/adolescent-care>

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Screening Tools for Adolescent Substance Use

- Generally, CRAFFT is recommended.
- CCO Guidance document counts CRAFFT as a full screener ***if a discussion is had with the adolescent about the results.***
- Note that the determining factor to differentiate the CRAFFT screening is not based on the score, but on the education or brief intervention offered and facilitated by the provider.
- Anticipatory Guidance is recommended for both high and low risk adolescents.
 - Reinforcing good choices/behaviors of low risk adolescents
 - Motivating change in high risk adolescents

Tools for Depression Screening in Adolescents

Generally, for adolescents, the tools most used are:

- PHQ-2
- PHQ-9 Modified for Teens
 - PHQ-9 can be considered a “follow-up” step to PHQ-2
- <http://www.uacap.org/uploads/3/2/5/0/3250432/phq-a.pdf>

PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

| | (0) Not at all | (1) Several days | (2) More than half the days | (3) Nearly every day |
|--|----------------------|------------------------|---|-------------------------------|
| 1. Feeling down, depressed, irritable, or hopeless? | | | | |
| 2. Little interest or pleasure in doing things? | | | | |
| 3. Trouble falling asleep, staying asleep, or sleeping too much? | | | | |
| 4. Poor appetite, weight loss, or overeating? | | | | |
| 5. Feeling tired, or having little energy? | | | | |
| 6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down? | | | | |
| 7. Trouble concentrating on things like school work, reading, or watching TV? | | | | |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? | | | | |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? | | | | |

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

☐ Yes ☐ No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

☐ Yes ☐ No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐ Yes ☐ No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only:

Severity score: _____

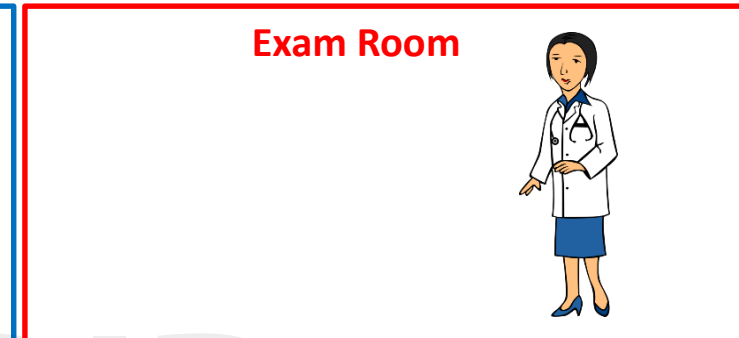
Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

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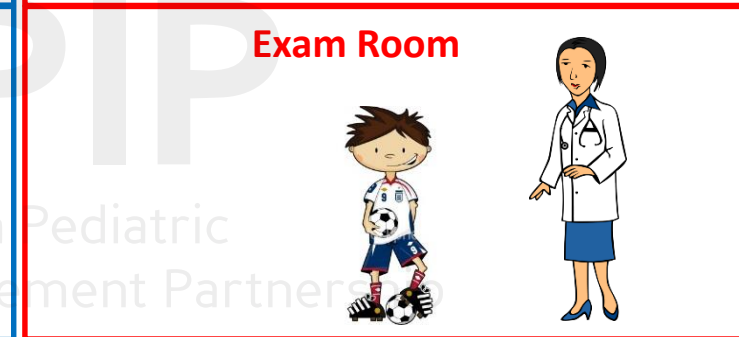
Example #1: Work Flow to Ensure Private One-on-One Time

Together in Waiting Room – Both Complete Tools, Adolescent Alone in Exam,
Parent Joins Them At End of Visit

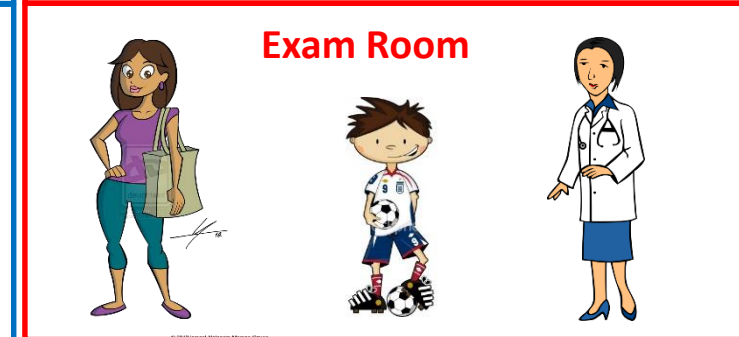
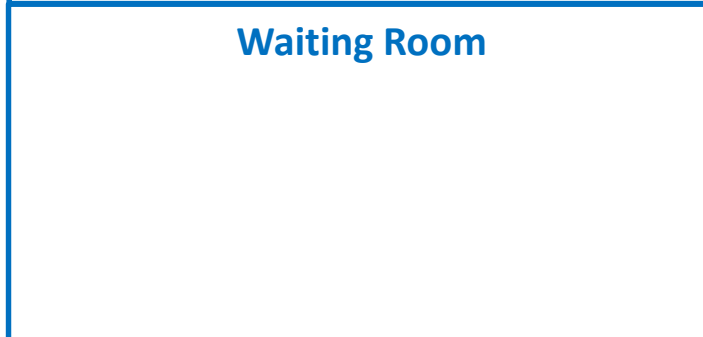
Step 1



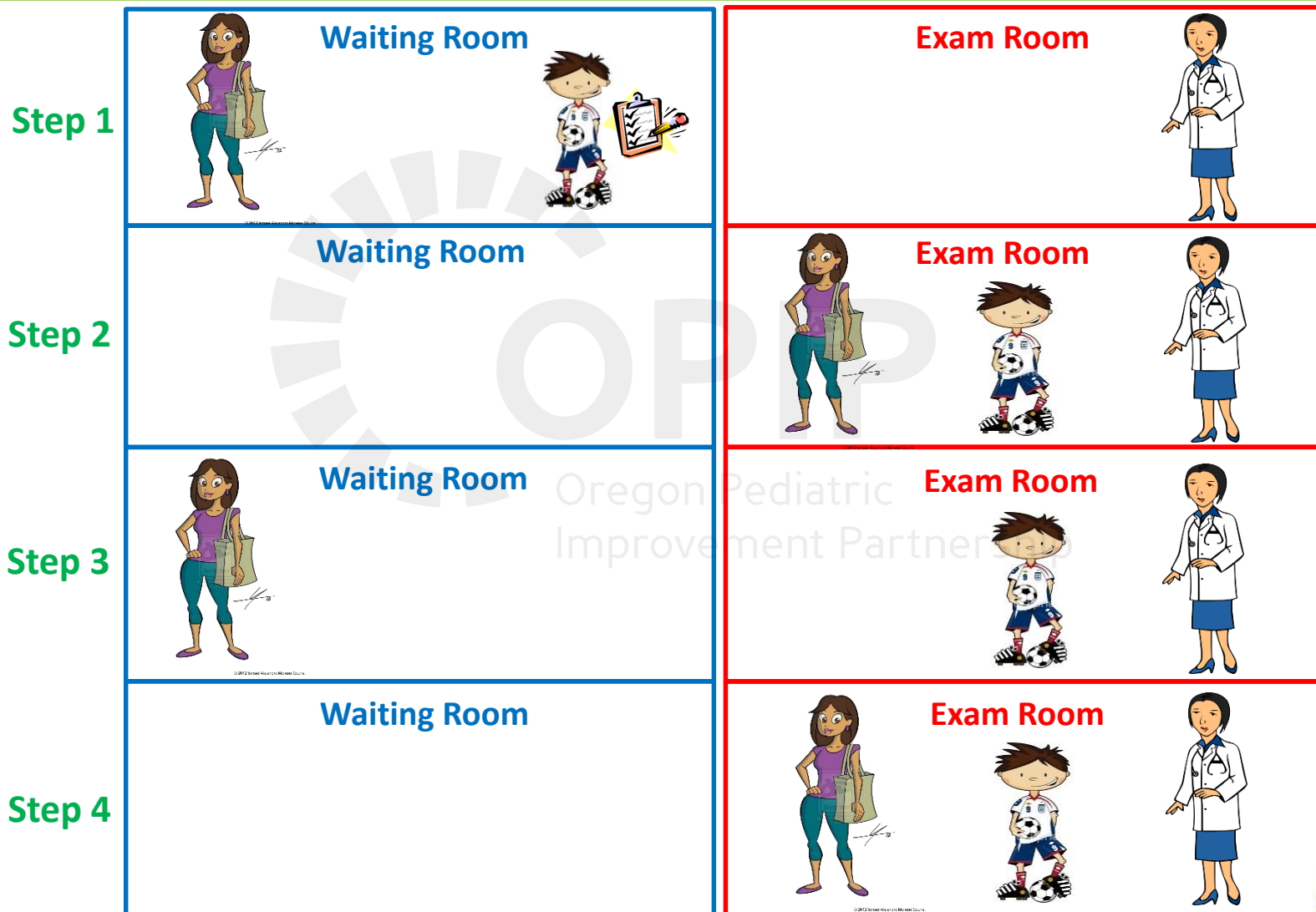
Step 2



Step 3



Example #2: Work Flow to Ensure Private One-on-One Time Together in Waiting Room, Together in Exam, Parent Leaves – Adolescent Alone, Then Parent Rejoins at End



Example #3: Work Flow to Ensure Private One-on-One Time Together in Waiting Room, Adolescent Alone in Exam & Then Given Tool, Parent Joins Them At End of Visit

Step 1

Waiting Room

Exam Room



Step 2

Waiting Room

Exam Room



Step 3

Waiting Room

Exam Room



Step 4

Waiting Room

Exam Room



Implementing Care Aligned with the CCO Incentive Metrics for Adolescents

Critical to consider unique differences for adolescents, as compared to adult patients:

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IMPLEMENTATION TIPS: HOW IS THE FRONT LINE DOING THIS

Some Disclaimers Before We Share About HOW Practices Used Claims/Documentation to Meet Incentive Metrics

- There are some “grey” issues and we have seen variations by CCO and region
- Difference between public and privately insured
 - *Remember: Billing needs to be done universally; you can’t do things for just publicly insured.*
 - *Payment Policies likely vary and need to be taken into account*
 - *Some plans may apply charge to deductible*
 - *Have found that use of modifiers like -25 and -33 reduce likelihood of it being applied to deductibles*
 - *That said, when it doubt, CHECK FIRST!!*
- Purpose of this webinar is focused on how to bill/document for adolescents given the factors we just discussed
 - *These factors and considerations may not be as important or applicable for adult patients*
- Resources to help you in navigating your interpretation of the technical specifications:
 - metrics.questions@state.or.us

Refresher - SBIRT (Screening, Brief Intervention & Referral to Treatment)

- **Numerator:** Unique count of members age 12 years or older who completed a full, standardized screening tool for alcohol/substance use, or received screening and a brief intervention.
- **Denominator:** Unique count of members age 12 years or older, and having received an outpatient service.
- **Note – As we just described:** Most practices do screening in the context of a well-visit; measure is for **any outpatient visit.**

Billing Codes Aligned with Metrics And Factors to Consider for Adolescents

Overview of strategies practices have used related to the two parts:

- 1. Screening**
- 2. Brief Intervention**



Billing Codes Aligned with Metrics And Factors to Consider for Adolescents

- **Screening**

- Diagnosis code v79.1 or v82.9.
 - V79.1 – screening for alcohol use / abuse (For Metric- Accepted as a stand alone code)
 - v82.9 – screening for general condition (For Metric – NOT accepted as a stand alone code)
- Strategies Used: 99420, with diagnosis code v79.1 or v82.9.

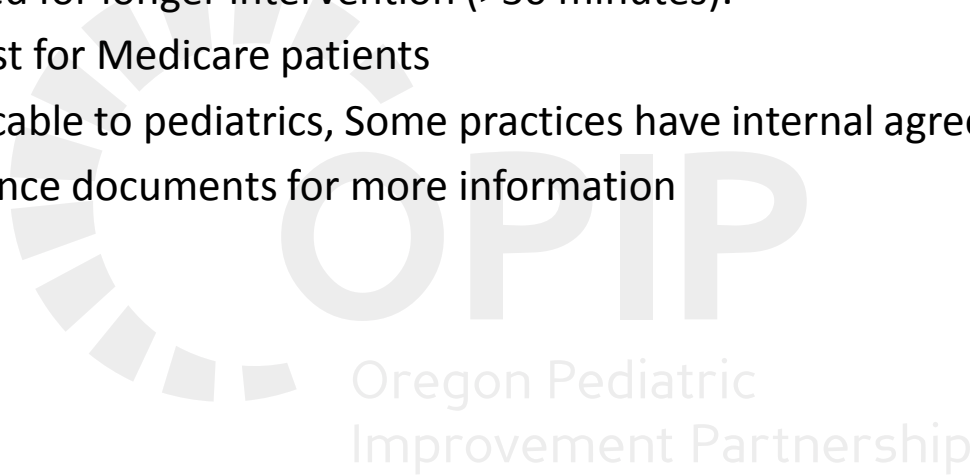
CONSIDER ADOLESCENT CONFIDENTIALITY

- **Most of our sites have used the non-specific codes for this reason,**
- **If you use the specific code, have a plan for how to explain to parents that may get an explanation of benefits**
- Use with modifier -25 to indicate is part of the visit, Can use modifier -33 to indicate it is a Bright Futures Recommendation
- Used for patients who had a full screen.
- No time limitations or requirements for this code.
- CRAFFT counts under this ***if a discussion about the results takes place with the patient.***

- **Brief Intervention:**

Billing Codes Aligned with Metrics And Factors to Consider for Adolescents

- **Screening**
- **Brief Intervention:**
 - 99408 – used for patients who were screened and had a brief intervention (15-30 minutes).
 - 99409 – used for longer intervention (>30 minutes).
 - G codes exist for Medicare patients
 - Not applicable to pediatrics, Some practices have internal agreements with CCO
 - See guidance documents for more information



Documentation for SBIRT (from CCO Guidance Documents)

- Total face-to-face time with the patient (because some SBIRT codes are time-based codes);
- Patient's progress, response to changes in treatment, and revisions of diagnosis;
- Rationale for ordering diagnostic and other ancillary services, or ensure that it can be easily inferred;
- For each patient encounter, document:
 - Reason for encounter and relevant history;
 - Date and legible identity of observer/provider;
 - Physical examination findings and prior diagnostic test results;
 - Assessment, clinical impression, and diagnosis;
 - **Plan of care.**

So What Goes Into the Plan of Care?

- **Patient goals** (anchor to Motivational Interviewing/strength-based approach to care).
 - In terms of change language, cutting back can be as important as quitting.
- An assessment of **readiness to change**.
- An assessment of **barriers to change** (triggers, lack of healthier coping skills).
- **Any referrals done.**
- **Planned follow up.**

Depression Screening and Follow-Up



Billing Codes for Depression Screening and Factors to Consider for Adolescents

- CCO Incentive Metric is NOT claims-based and NOT for screening – it is an EHR based metric based on outcome of screening

That said, here are some options to consider to billing for the screening:

- Codes Related Screening
 - Use a modifier -25, Some have used modifier -33 as well
 - Remember issues with confidentiality

Option 1: CPT 96127 - Specific for emotional / behavioral screening tools

- Theoretically can be used for either PHQ-2 or PHQ-9
- Generally, -25 modifier is used on 96127 to indicate additional services attached to a well visit code.

Option 2: CPT 99420 - Non-specific screening tool

- Note: if you are doing internal tracking, need to be able to distinguish depression screening tool from SBIRT screening
- Payors may not reimburse for TWO 99420s

**** 96217 currently pays less than 99420**

Depression Screening Follow-Up Plans

- CCO Incentive Metric includes screening *and follow up plan*.
- Basics of documentation for everyone screened:
 - Screening tool administered, scored and interpreted
 - Guidance subjects discussed (positive capital, sleep hygiene, diet)
 - Follow-Up Plan for Those Identified at Risk

Follow-up to Depression Screening: CCO Incentive Metric Guidance

- **Follow-Up Plan** is the proposed outline of treatment to be conducted as a result of a positive depression screening.
- Follow-up for a **positive depression** screening must include one or more of the following:
 - Additional evaluation.
 - E.g. PHQ-9 Can be follow-up for those identified at risk via the PHQ-2
 - 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.

14-18yr Risk Behavior Screen: BRADLEY X TEST

14-18yr Risk Behavior Screen

All Discussed

Discussed

- ☐ Alcohol
- ☐ Tobacco
- ☐ Drugs
- ☐ Sexual Activity
- ☐ Adolescent questionnaire reviewed.

ALL Cardiac risk answers are negative. ☐ Yes ☐ No

PHQ2 Score:

CRAFFT Score:

Comment

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

14-18yr Risk Behavior Screen: BRADLEY X TEST

14-18yr Risk Behavior Screen

All Discussed

Discussed

- ☐ Alcohol
- ☐ Tobacco
- ☐ Drugs
- ☐ Sexual Activity
- ☐ Adolescent questionnaire reviewed.

ALL Cardiac risk answers are negative. ☐ Yes ☐ No

PHQ2 Score: 4

CRAFFT Score: 1

Print PHQ-9 blank

Add PHQ-9 form

Comment

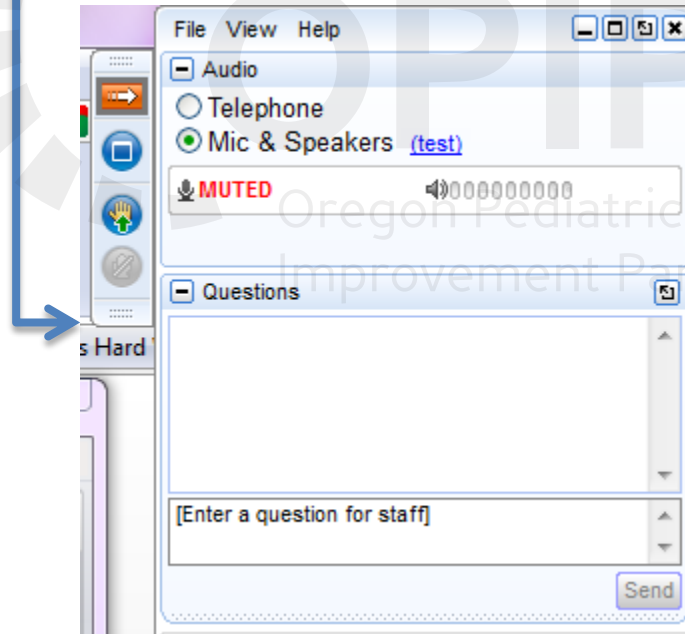
Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

What Questions Do You Have?

Type questions into the
Questions Pane at any time
during this presentation



Resources & Thanks!

- Resources:

- oregon-pip.org
- <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>
- <http://www.oregon.gov/oha/amh/Pages/sbirt.aspx>
- <https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Documents/MInorConsent2012.pdf>
- <https://projects.oregon-pip.org/resources/adolescent-care>
- <http://www.pcpci.org/resources/webinars/enhancing-adolescent-well-visits>
- <http://oregonstart.org/modules>

- Questions:

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- Thanks!

- Please complete post-webinar survey