PROVIDER QUALITY NEWSLETTER

MAY 2018

MedPOINT MANAGEMENT
Pointing Healthcare In The Right Direction

The May 2018 Episource Report is Posted!

The May Episource Report is posted at **https://hedis.episource.com/Account/Login** and includes data up to 4/30/18. Please let us know if you would like a quick training over the phone on how to use the Member Compliance and Summary reports to your advantage.

Access to Care Survey is Underway!

This summer, your office will be contacted by health plans for the annual Access and Availability survey, as required by the Department of Managed Health Care (DMHC). They will also call after business hours to check compliance for after-hours availability.

Please alert your staff to expect the call, review the standards below and answer and reply to the questions when you are called.

Patient Experience

Timely service, appropriate diagnoses, friendly customer service and proper education about patients' health are all ways you can positively impact patient experience. Specific provider tips are:

- Evaluate office procedures to improve getting patients scheduled as quickly as possible for their symptoms.
- Determine why the patient perceives difficulty in getting timely care, if necessary.
- Educate the patient on time frames for getting appointments according to their symptoms.
- Assist in coordination of non-emergency transportation, if necessary.
- Listen closely to the patient in a respectful manner and explain things in an easy, understandable way, and ensure all patient concerns are discussed.

To review the CG-CAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) patient satisfaction survey questions, please visit **ahrq.gov/cahps/surveys-guidance/cg**

Medication Adherence - Did You Know?

Up to 50% of treatment failures may be attributed to medication non-adherence, according to the American College of Preventive Medicine **(acpm.org)**. Talking with your patient to understand why they are not taking their medication as prescribed can reveal barriers that may be eliminated.

Primary Care Doctors

Routine appointment (non-urgent): 10 business days

Urgent appointment (no authorization required): 48 hours

After-hours

(must be compliant in all three):

Access - After Hours recording or answering service must state emergency instructions to address medical emergencies (e.g. "If this is an emergency, please dial 911 or go to your nearest emergency room.").

Access - After-hours recording or answering service must state a way of contacting the provider (e.g. leave a message and the provider will call back, page provider, etc.).

Timeliness - Recording or live person must state that provider will call back within 30 minutes.

Coding for Depression Screening

There are three HEDIS measures for depression you should be aware of: (1) Depression Screening and Follow-Up for Adolescents and Adults (DSF), (2) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS) and (3) Depression Remission or Response for Adolescents and Adults (DRR).

Please use one of the following codes to document the completed "Screening" to meet the measures:

G8431
Screening for depression is documented as being positive and a follow-up plan is documented (G8431)

G8510
Screening for depression is documented as negative, a follow-up plan is not required (G8510)

Use the PHQ-2 depression screening tool for initial screening and if negative, code G8510. If positive, convert the PHQ-2 to a PHQ-9 tool and if still positive, code G8431 and a follow-up or an antidepressant prescription is required within 30 days. Phone encounters will count toward follow-up to help you meet this measure. Check to see if you are submitting encounters for phone conversations regarding depression and if not, start doing this as soon as possible.

Please see the attached PHQ screening form and instructions. Also visit **http://www.phqscreeners.com/select-screener/36** to download the form in different languages.

MONTHLY HEALTH THEMES

May

May is National Osteoporosis Month and you can find information and resources here: **https://www.nof.org/national-osteoporosis-month/** This is a good time to review the Episource report to see if you have anyone in the Osteoporosis Management in Women Who Had a Fracture (OMW) HEDIS measure. This measure applies to female patients age 67-85 years who had a fracture from 7/1/17 – 6/30/18 that need a bone density test or prescription to treat osteoporosis in the 6 months after the fracture. You can also promote bone health with the attached flyer.

May is also Healthy Vision Month. For your diabetic patients, retinal eye exams are required every one or two years, depending on if they have retinopathy. You can use the attached flyers to promote and educate you patients on the importance of eye health.

June

June is Men's Health Month **(http://www.menshealthmonth.org/)** and the perfect time to remind your patients about the preventive benefits of colon cancer screenings. HEDIS requires one of the following screening for people age 50-75 years: colonoscopy every 10 years or a FOBT/iFOBT test every year. Share the attached educational flyers with your patients to help them understand the importance of this screening.

National Cancer Survivor's Day is June 3rd **(http://www.ncsd.org/)** so please remind your female patients to be up-to-date with their breast cancer and cervical cancer screenings.

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COLORECTAL CANCER SCREENING

Screen for life
National Colorectal Cancer Action Campaign

What Is Colorectal Cancer?

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

Screening Saves Lives

Colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If you are 50 or older, getting a colorectal cancer screening test could save your life. Here's how:

- Colorectal cancer usually starts from precancerous polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find precancerous polyps, so they can be removed before they turn into cancer.
- Screening tests also can find colorectal cancer early, when treatment works best.

Who Gets Colorectal Cancer?

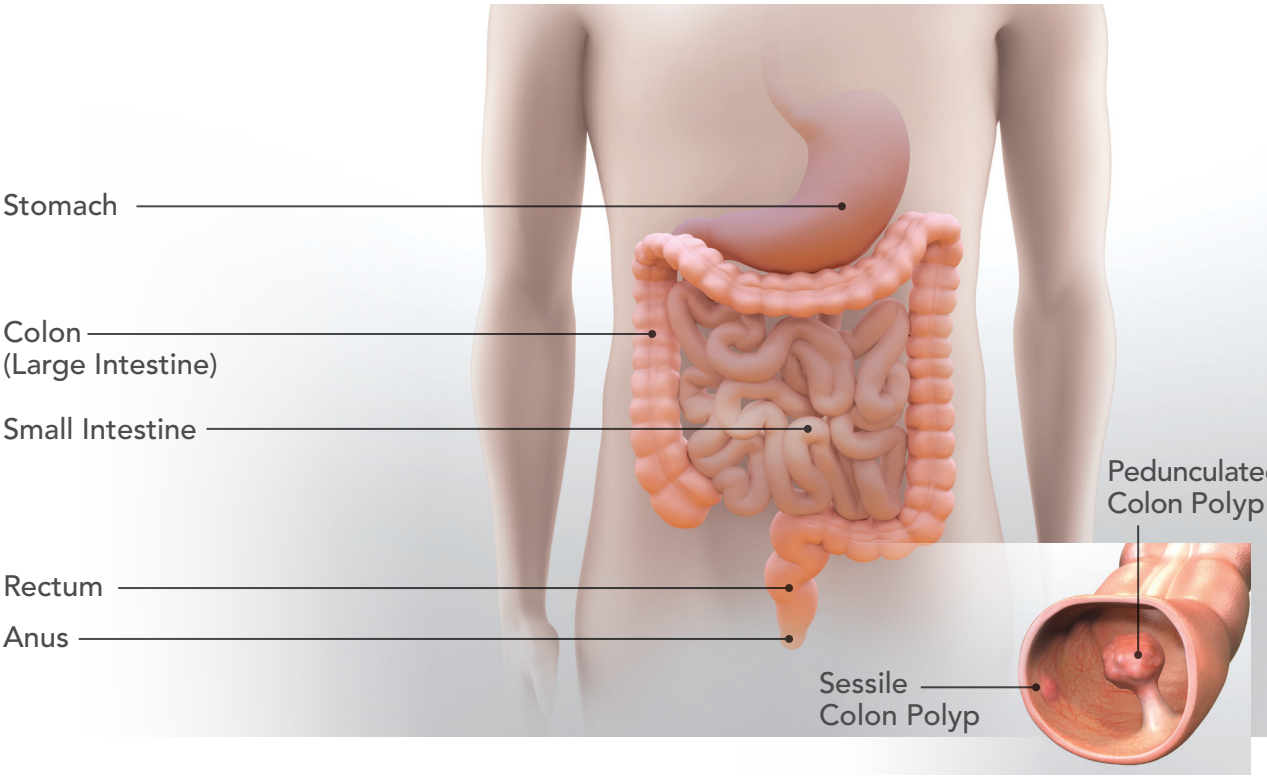
- Both men and women can get it.
- It is most often found in people 50 or older.
- The risk increases with age.

Are You at Increased Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.

People at increased risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when to begin screening, which test is right for you, and how often you should be tested.



Colorectal Cancer Can Start With No Symptoms

Precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.

What Are the Symptoms?

Some people with colorectal polyps or colorectal cancer do have symptoms. They may include:

- Blood in or on your stool (bowel movement).
- Stomach pain, aches, or cramps that don't go away.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. They may be caused by something other than cancer. However, the only way to know is to see your doctor.

Types of Screening Tests

The U.S. Preventive Services Task Force recommends that adults aged 50–75 be screened for colorectal cancer. The decision to be screened after age 75 should be made on an individual basis. If you are aged 76-85, ask your doctor if you should be screened.

Several different screening tests can be used to find polyps or colorectal cancer. They include:

Stool Tests

Guaiac-based Fecal Occult Blood Test (gFOBT): uses the chemical guaiac to detect blood in stool. At home you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.

Fecal Immunochemical Test (FIT): uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. This test is done the same way as gFOBT.

FIT-DNA Test (or Stool DNA test): combines the FIT with a test to detect altered DNA in stool. You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

How Often: gFOBT Once a year. FIT Once a year. FIT-DNA once every one or three years.

Flexible Sigmoidoscopy

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.

How Often: Every five years, or every 10 years with a FIT every year.

Colonoscopy

Similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

How Often: Every 10 years.

CT Colonography (Virtual Colonoscopy)

Computed tomography (CT) colonography, also called a virtual colonoscopy, uses X-rays and computers to produce images of the entire colon. The images are displayed on a computer screen for the doctor to analyze.

How Often: Every five years.

Which Test is Right for You?

There is no single "best test" for any person. Each test has advantages and disadvantages. Talk to your doctor about which test or tests are right for you and how often you should be screened.

Free or Low-Cost Screening

Colorectal cancer screening tests may be covered by your health insurance policy without a deductible or co-pay. Where feasible, CDC's Colorectal Cancer Control Program grantees provides free or low-cost screenings to eligible men and women. To find out more visit www.cdc.gov/cancer/crccp/contact.htm.

The Bottom Line

If you're 50 or older, talk with your doctor about getting screened. For more information, visit www.cdc.gov/screenforlife or call 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Screen for life
National Colorectal Cancer Action Campaign

www.cdc.gov/screenforlife
1-800-CDC-INFO

CDC Publication #99-6949, Revised April 2017

PRUEBAS DE DETECCIÓN DE CÁNCER COLORRECTAL

Screen for life
Campaña Nacional contra el Cáncer Colorrectal

¿Qué es el cáncer colorrectal?

El cáncer colorrectal es un cáncer que aparece en el colon o en el recto. Algunas veces se le llama cáncer de colon. El colon es el intestino grueso. El recto es el conducto que conecta el colon con el ano.

Las pruebas de detección salvan vidas

El cáncer colorrectal es la segunda causa de muerte por cáncer en los Estados Unidos, pero no debería ser así. Si usted tiene 50 años o más, hacerse una prueba de detección para el cáncer colorrectal podría salvar su vida. Aquí le decimos cómo:

- El cáncer colorrectal generalmente empieza con pólipos precancerosos en el colon o en el recto. Un pólipo es un crecimiento excesivo del tejido que no debería estar ahí.
- Con el paso del tiempo algunos pólipos pueden convertirse en cáncer.
- Las pruebas de detección pueden encontrar pólipos precancerosos que pueden ser extirpados antes de que se conviertan en cáncer.
- Las pruebas de detección también pueden descubrir el cáncer colorrectal en sus primeras etapas, cuando el tratamiento es más eficaz.

¿Quién puede tener cáncer colorrectal?

- Los hombres y las mujeres pueden tener cáncer colorrectal.
- El cáncer colorrectal es más común en las personas de 50 años o más.
- El riesgo de tener cáncer colorrectal aumenta con la edad.

¿Tiene usted un alto riesgo?

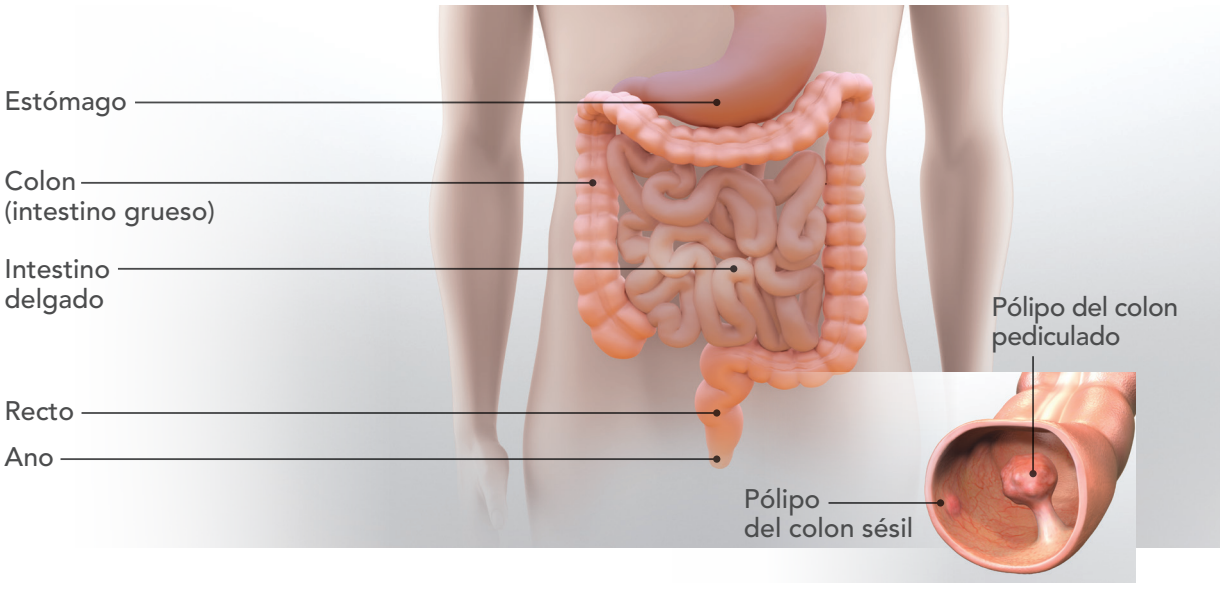
El riesgo de que usted tenga cáncer colorrectal puede ser mayor de lo normal si:

- Usted o un familiar cercano ha tenido pólipos colorrectales o cáncer colorrectal.
- Usted tiene una enfermedad inflamatoria intestinal, enfermedad de Crohn o colitis ulcerosa.
- Usted tiene un síndrome genético, por ejemplo poliposis adenomatosa familiar (PAF) o cáncer colorrectal hereditario no polipósico.

Las personas con alto riesgo de cáncer colorrectal pueden necesitar pruebas de detección más temprano en su vida y con mayor frecuencia que otras personas. Pregúntele a su médico cuándo comenzar a hacerse las pruebas de detección y con qué frecuencia.

El cáncer colorrectal puede empezar sin síntomas

Los pólipos precancerosos y el cáncer colorrectal de etapa temprana no siempre presentan síntomas, especialmente al principio. Esto significa que una persona puede tener pólipos o cáncer colorrectal y no saberlo. Por eso es muy importante hacerse las pruebas de detección.



¿Cuáles son los síntomas?

Algunas personas que tienen pólipos o cáncer colorrectal sí presentan síntomas. Los síntomas incluyen:

- Sangre en la materia fecal.
- Dolor de estómago, molestias o cólicos persistentes.
- Pérdida de peso sin razón conocida.

Si usted tiene cualquiera de estos síntomas hable con su médico. Estos síntomas podrían ser ocasionados por alguna otra causa. Sin embargo, la única manera de saberlo es consultando a su médico.

Tipos de pruebas de detección

El Grupo de Trabajo sobre Servicios Preventivos de los Estados Unidos (U.S. Preventive Services Task Force o USPSTF) recomienda que los adultos entre los 50 y los 75 años de edad se realicen una prueba de detección de cáncer colorrectal. La decisión de realizarse las pruebas de detección después de los 75 años deberá ser tomada según las necesidades de cada persona. Si usted tiene entre 76 y 85 años, pregúntele a su médico si debe hacerse una prueba de detección.

Hay diferentes pruebas para detectar los pólipos o cáncer colorrectal. Estas incluyen:

Análisis de heces

La prueba gFOBT de alta sensibilidad (análisis de sangre oculta en materia fecal): utiliza la sustancia química guayacol (guaiac) para detectar sangre en la materia fecal. En su casa, usted utiliza un palillo o pincel para obtener pequeñas muestras de materia fecal. Luego, lleva las muestras al médico o al laboratorio donde son examinadas para detectar sangre.

Prueba Inmunoquímica Fecal (FIT por sus siglas en inglés): utiliza anticuerpos para detectar sangre en la materia fecal. Para realizar esta prueba su proveedor de atención de la salud le dará lo necesario para tomar la muestra. La prueba se realiza de la misma manera que la prueba gFOBT de alta sensibilidad.

Prueba FIT-ADN (o Análisis de ADN en heces): combina la prueba FIT con una prueba para detectar ADN alterado en las heces. Usted recoge una muestra completa de evacuación intestinal (materia fecal) y la envía al laboratorio para determinar la presencia de células cancerosas.

Frecuencia: gFOBT una vez al año. FIT-ADN una vez al año o cada tres años.

Sigmoidoscopia flexible

En esta prueba, el médico introduce por el recto un tubo corto, delgado, flexible y con una luz. El médico busca pólipos o cáncer en el recto y en el tercio inferior del colon.

Frecuencia: Cada cinco años, o cada 10 años si se hace una FIT una vez al año.

Colonoscopia

Esta prueba es parecida a la sigmoidoscopia flexible. La diferencia consiste en que el médico utiliza un tubo más largo, delgado, flexible y con una luz para buscar pólipos o cáncer en el recto y en todo el colon. Durante la prueba, el médico puede encontrar y remover la mayoría de los pólipos y algunos cánceres. La colonoscopia también se utiliza como prueba adicional cuando se ha encontrado algo extraño en alguna otra prueba de detección.

Frecuencia: Cada 10 años.

Colonografía TC (colonoscopia virtual)

La Colonografía por Tomografía Computarizada (TC), llamada también colonoscopia virtual, utiliza radiografías y computadoras para producir imágenes de todo el colon. El médico analiza las imágenes que aparecen en la pantalla de una computadora.

Frecuencia: Cada cinco años.

¿Cuál de las pruebas es la más adecuada para usted?

No hay una prueba "ideal" para cada persona. Todas las pruebas tiene ventajas y desventajas. Pregúntele a su médico cuál es la prueba o la combinación de pruebas más apropiada para usted y con qué frecuencia debería hacérsela.

Pruebas de detección gratuitas o de bajo costo

Su plan de seguro médico podría cubrir las pruebas de detección para el cáncer colorrectal sin deducibles o copagos. Cuando es posible, algunos de los beneficiarios de los subsidios del Programa de Control del Cáncer Colorrectal de los CDC ofrecen pruebas de detección gratuitas o de bajo costo a hombres y mujeres que reúnen los requisitos necesarios. Para obtener más información visite www.cdc.gov/spanish/cancer/dcpc/about/crccp.htm.

Lo fundamental

Si usted tiene 50 años o más, hable con su médico sobre las pruebas de detección. Para obtener más información, visite www.cdc.gov/spanish/cancer/colorectal/sfl o llame al 1-800-CDC-INFO (1-800-232-4636—oprima 2 para español). Los usuarios de teletipos (TTY) pueden llamar al 1-888-232-6348.

Departamento de Salud y Servicios Humanos de los EE.UU.
Centros para el Control y la Prevención de Enfermedades (CDC)

Screen for life
Campaña Nacional contra el Cáncer Colorrectal

www.cdc.gov/screenforlife
1-800-CDC-INFO

Publicación de los CDC No 99-6949, revisada en febrero de 2017

National Osteoporosis Foundation

WAYS TO IMPROVE BONE HEALTH

25 TIPS

BREAK FREE from OSTEOPOROSIS
National Osteoporosis Foundation

Get Enough Calcium and Vitamin D Every Day

1. Try low-fat yogurt or Greek yogurt to add more calcium to your diet.
2. Include green vegetables that have calcium into recipes. Good choices are broccoli, bok choy, kale and turnip greens.
3. Try foods that have calcium and vitamin D added. Fortified juices, cereals, and milk alternatives like soymilk are some good choices.
4. Take a calcium supplement if you aren't getting enough calcium from foods, but don't take more calcium than you need.
5. Take a vitamin D supplement if you need one. Find out how much vitamin D you need for your age.

Do Weight-Bearing and Muscle-Strengthening Exercises

1. Take a brisk walk. Walking is good for bones.
2. Include muscle-strengthening (resistance) exercises in your workout by using a pair of light dumbbells or resistance bands.
3. Join a gym or sign up for a group exercise class.
4. Go dancing.
5. Try a new sport or activity such as tennis or hiking.

Keep Healthy Lifestyle Behaviors

1. Eat five or more fruits and vegetables every day.
2. If you smoke, quit! Work with your healthcare provider to find the right program for you.
3. Keep alcohol to less than three drinks a day.
4. Try not to eat too many salty or processed foods.
5. Learn about your personal risk factors for osteoporosis.

Talk to Your Doctor About Your Health

1. Make an appointment with your family doctor or other healthcare provider to talk about your bone health.
2. Bring a list of your bone health questions to your appointment and take notes.
3. Ask your healthcare provider if you need a bone density test.
4. Ask your healthcare provider about other tests you may need.
5. Work together with your healthcare provider to develop a plan to protect your bones.

Improve Your Balance and Prevent Falls

1. Do balance training exercises.
2. Fall proof your home.
3. Take a Tai Chi class.
4. Learn posture exercises.
5. Have your hearing and vision checked each year.

Life begins at 50
Vision loss doesn't have to!

Make Vision a Health Priority!

With today's medical advances, more and more people are living longer and celebrating good health: They are eating healthy foods, they are staying active, they are controlling their blood pressure and cholesterol levels, and they are not smoking.

Practice good eye health … See your eye care professional

Feeling good and living life to its fullest also means taking good care of your eyes. Even if you enjoy relatively good vision now, visiting your eye care professional once a year is the best thing you can do to care for your eyes. Getting an eye exam is more important now than ever before, because as you get older, you are at higher risk of developing several age-related eye diseases and conditions, including—

- Age-related macular degeneration
- Cataract
- Diabetic retinopathy
- Glaucoma

In their early stages, these diseases often have no warning signs or symptoms. In fact, the only way to detect them before they become serious and cause vision loss is through a comprehensive dilated eye exam. Fortunately, if your eye care professional catches and treats these conditions early, he or she can protect your eyesight.

Get a dilated eye exam!

What is a dilated eye exam?

A comprehensive dilated eye exam is important to maintain and protect healthy vision. During this exam, drops are placed in the eyes to dilate or widen the pupils (the round opening in the center of the eye). The eye care professional uses a special magnifying lens to examine the retina (the light-sensitive tissue at the back of the eye) and optic nerve (the bundle of fibers that send signals from the retina to the brain) for signs of damage and other eye problems.

Take charge of your vision

In addition to seeing your eye care professional routinely, you can do the following things to protect your vision:

- Stop smoking
- Eat a diet rich in green leafy vegetables and fish
- Exercise
- Maintain normal blood pressure
- Wear sunglasses and a brimmed hat anytime you are outside in bright sunshine
- Wear safety eyewear when working around your house or playing sports

Information and resources

The National Eye Institute (NEI) is part of the National Institutes of Health and the federal government's lead agency for vision research that leads to sight-saving treatments, and it plays a key role in reducing visual impairment and blindness. For more information, visit the NEI Website at www.nei.nih.gov.

Get a dilated eye exam.

If you are aged 50 or older, make a point of visiting your eye care professional annually. Having a dilated eye exam every year or as recommended by your eye care professional can help detect age-related eye diseases in their early stages. Early detection and treatment can help save your sight. So even if you are not experiencing vision problems, you should get an annual eye exam. This is one of the best things you can do to protect your sight.

For more information about age-related eye diseases and conditions, visit www.nei.nih.gov/agingeye.

La vida empieza a los 50 años de edad.
¡La perdida de la visión no tiene que empezar allí!

¡Haga de su visión una prioridad de su salud!

Gracias a los avances médicos, hoy en día las personas viven más años y celebran su buena salud. Comen alimentos saludables, se mantienen activos, controlan la presión arterial y colesterol y no fuman.

Practique buena salud del ojo… Visite su oculista

Sentirse bien y vivir una vida a lo máximo significa cuidar bien sus ojos. Aunque usted esté disfrutando de una vista saludable ahora mismo, visitar su oculista una vez al año es lo mejor que puede hacer para cuidar su vista. Hacerse un examen de los ojos es más importante que nunca porque con la edad, el riesgo de desarrollar enfermedades del ojo y otras condiciones aumenta. Estas condiciones incluyen:

- La degeneración macular relacionada con la edad
- Catarata
- Retinopatía diabética
- Glaucoma

En las etapas tempranas, estas enfermedades no tienen señales de aviso o síntomas. La única manera para detectarlas antes de que sean muy serias y causen perdida de la visión es por medio de un examen de los ojos con dilatación de las pupilas. Afortunadamente, con detección y tratamiento temprano de su oculista, podrá proteger su vista.

Hágase un examen de los ojos con dilatación de las pupilas.

¿Qué es un examen con dilatación de las pupilas?

Un examen de ojos con dilatación de las pupilas es importante para mantener una vista saludable y protegerla. Durante este examen, el oculista le pone unas gotas en los ojos para dilatar o agrandar las pupilas. El oculista luego mira a través de un lente de aumento especial para examinar la retina (el tejido sensible a la luz situado en la parte posterior del ojo) y el nervio óptico para ver si hay señales de daño u otros problemas de los ojos.

Hágase cargo de su vista

Además de visitar su oculista regularmente, usted puede seguir los siguientes pasos para proteger su vista:

- Dejar de fumar
- Mantener una dieta con verduras de hoja verde y pescado
- Hacer ejercicio
- Mantener la presión arterial normal
- Usar anteojos/lentes de sol y un sombrero cuando está afuera en el sol
- Usar anteojos/lentes de protección cuando está trabajando en la casa o jugando deportes

Información y recursos

El Instituto Nacional del Ojo (NEI, por sus siglas en inglés) es parte de los Institutos Nacionales de la Salud (NIH, por sus siglas en inglés) y es la agencia principal del gobierno federal que realiza investigaciones sobre la visión las cuales llevan a tratamientos para salvar la vista. También desempeña un papel fundamental en la reducción del deterioro visual y de la ceguera. Para más información, visite el sitio web del NEI que se encuentra en www.nei.nih.gov.

Hágase un examen de los ojos con dilatación de las pupilas.

Si usted tiene 50 años de edad o más, asegúrese de visitar su oculista anualmente. Hacerse un examen de los ojos con dilatación de las pupilas cada año o de acuerdo a lo que su oculista recomienda puede ayudar a detectar enfermedades del ojo relacionas con la edad en una etapa temprana. La detección temprana y el tratamiento pueden ayudar salvar su vista. Aunque no tenga problemas con la vista, usted debe hacer un examen de los ojos anualmente. Esto es lo mejor que usted puede hacer para proteger su vista. **Para más información sobre enfermedades y condiciones de los ojos asociados con la edad, visite el sitio web del NEI que se encuentra en www.nei.nih.gov/agingeye.**

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, 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**
☐	☐	☐	☐

Depression Screening and Follow-up Plan

Standardized Tool

An assessment tool that has been appropriately normalized and validated for the population in which it is being utilized. The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record. Some depression screening tools are:

- Patient Health Questionnaire (PHQ-9)
- Beck Depression Inventory (BDI or BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Depression Scale (DEPS)
- Duke Anxiety-Depression Scale (DADS)
- Geriatric Depression Scale (GDS)
- Hopkins Symptom Checklist (HSCL)
- The Zung Self-Rating Depression Scale (SDS)
- Cornell Scale Screening (this screening tool is used in situations where the patient has cognitive impairment and is administered through the caregiver)
- PRIME MD-PHQ2

Follow-Up Plan

A follow-up plan refers to the proposed outline of treatment to be conducted as a result of a clinical depression screening. Follow-up for a positive depression screening must include one (1) or more of the following:

- 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

Diagnosis Codes

Codes to Identify Clinical Depression Screen	• **G8431**	Screening for clinical depression is documented as being positive and a follow-up plan is documented
	• **G8510**	Screening for clinical depression is documented as negative; a follow-up plan is not required
Codes to Identify Exclusions	• **G8433**	Screening for clinical depression not documented, documentation stating the patient is not eligible
	• **G8940**	Screening for clinical depression documented as positive, a follow-up plan not documented, documentation stating the patient is not eligible