QUICK START GUIDE FOR ADULT BEHAVIORAL HEALTH DEPRESSION SCREENING
Dear Colleague,

Thank you for your interest in providing Adult Behavioral Healthcare Screening Check-ups for you patients age 18 years and older. Kaiser Permanente (KP) and ValueOptions® are partnering together in an effort to provide you with the materials and assistance you will need to easily incorporate routine mental health screening into healthcare office visits with adult patients.

Included in this Quick Start Guide are several documents, which include:

- Patient Health Questionnaire (PHQ 2 incorporated into the PHQ 9 screening tool)
- When to utilize these assessment tools, and guidelines to scoring and interpretation
- Suicide Risk Assessment
- Information on making a referral to a ValueOptions® Mental Health Provider
- How to obtain reimbursement for an Adult Behavioral Healthcare Screening
- Member Consent to Exchange Information and coordinate care between a medical and BH provider
- Office Staff Checklist to optimize office work flow

If you have any questions regarding the behavioral aspect of the program or utilization of the assessment tools, please contact ValueOptions® Quality Department. For assistance in making a referral to a ValueOptions® Behavioral Health Provider, please contact a ValueOptions® Clinical Care Manager. Both resources can be reached at 877-695-9449. In addition, a routine Physician to Psychiatrist consultation hotline is available at 877-241-5575. For urgent consultations, please contact 877-695-9449.

For questions regarding claims, please contact Member Services at 1-888-681-7878. If you have any questions on implementation or the clinical aspects of the program, please contact KP Quality Consultant at 719-867-2100.

Please let us know if you welcome any additional information or if you have any suggestions on how adult behavioral healthcare screenings can be provided to more patients in your practice or community.

Sincerely

Rick Spurlock, MD, MBA
Medical Director
Kaiser Permanente
Southern Colorado

Christopher Dennis, MD, MBA
Chief Medical Officer,
Commercial Division
ValueOptions®
# TABLE OF CONTENTS

Why Screen For Depression
   A. Depression Facts—An Overview .................................................. Page 4
   B. Depression in Primary Care .......................................................... Page 4

Key Learning Objectives ........................................................................ Page 5

Patient Health Questionnaire (PHQ)
   A. PHQ 2 ......................................................................................... Page 6
   B. PHQ 9 ......................................................................................... Page 7

Highlights of the PHQ 9 ................................................................. Page 7

The PHQ 9 Questionnaire ............................................................. Page 8

Key Tips to Implement, Document & Refer to ValueOptions® .................................................. Page 10

Release of Information ....................................................................... Page 12

ROI (Member Consent to Exchange Information) .................................... Page 13

Resources for KP Affiliated Providers ........................................... Page 16

Community Resources ....................................................................... Page 17

Billing Codes for Screening with the PHQ 9 ....................................... Page 18

Introducing Mental Health Checkups to Office Staff
   A. Sample Staffing Roles ............................................................... Page 21
   B. Screening Implementation Worksheet ...................................... Page 22

Selected Websites .............................................................................. Page 23
Why Screen For Depression

Depression Facts - An Overview

- According to 2006 CDC statistics, one out of every 20 Americans suffer from depression over 12 years of age.\(^1\)
- United States depression rate is 16%, affecting over 21 million people
- 80% of people with depression will not seek treatment
- 15% will commit suicide

Suicide Facts

- 10th leading cause of all deaths in US (2009) - one person dies every 15 minutes in US
- Colorado has 6th highest suicide rate in country
- Colorado Springs has 2nd highest suicide rate in country (Las Vegas highest)

2010 Suicide Rate/ 100,000

Depression in Healthcare Settings

- Depression is more commonly seen in Healthcare setting than any other condition, except hypertension
- Nearly 70% of all healthcare visits have a psychosocial basis.
- Depression goes undiagnosed in up to 50% of depressed patients during the office visit
- 6-9% of patients in a healthcare practice have a treatable depressive disorder

\(^1\) Centers for Disease Control
\(^2\) National Institute for Mental Health
Key Learning Objectives

- How to use the screening tool
- When to make a referral and coordinate care with ValueOptions® Partners
- How to bill Kaiser Permanente for the services
- What resources of program content
- Who to contact with questions

How the Program Works: Steps in a Mental Health Checkup

Adult Behavior Health

18+ Patients

Screening Questionnaire Administration and Scoring

Post-Screening Interview/Exam

Referral to ValueOptions®
Treatment with Healthcare Provider
No Treatment
Patient Health Questionnaire (PHQ)

**PHQ-2 (A Quick and Easy First Step)**

- Valid and practical tool for depression screening in busy medical settings
- A physician can simply and quickly screen for depression by asking two questions (PHQ-2):
  1. Have you little interest or pleasure in doing things?
  2. Are you feeling down, depressed or hopeless?
- Positive score should be followed up with PHQ-9 and/or more thorough diagnostic assessment

  Sensitivity = 83% for major depression
  Specificity = 92% for major depression
**PHQ 9**

The PHQ 9 is a nine item depression scale of the Patient Health Questionnaire and is a powerful tool for assisting physicians in diagnosing depression with acceptable reliability, validity, sensitivity, and specificity. The nine items of the PHQ-9 are based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

There are two components of the PHQ 9.

- Assessing symptoms and functional impairment to make a tentative depression diagnosis
- Deriving a severity score to help select and monitor treatment.

**Highlights of the PHQ 9**

- A 9-item, self-administered questionnaire (can be administered and scored in 5 minutes).
- A screening tool; not a diagnostic tool
- Corresponds with the 9 signs and symptoms of the DSM-IV diagnosis
- Can quantify the severity of depression
- Provides a reliable measurement over time
- Available in multiple languages
- Strong evidence of reliability and validity

*Sensitivity = 88% for major depression
Specificity = 88% for major depression*

The following two pages contain two forms of the assessment tool – one branded with KP/VO logos for use with your Kaiser Permanente patients and the other a generic version for use with all other patients.
Kaiser Permanente Patient Health Questionnaire – PHQ-9

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

<table>
<thead>
<tr>
<th></th>
<th>Not At All (0)</th>
<th>Several Days (1)</th>
<th>More Than Half the Days (2)</th>
<th>Nearly Every Day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
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<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much?</td>
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<tr>
<td>4. Feeling tired or having little energy?</td>
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<tr>
<td>5. Poor appetite or overeating?</td>
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<tr>
<td>6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down?</td>
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<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television?</td>
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<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way?**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Office Use Only

**Number of Symptoms:** __________  **Severity Score:** __________ 07/02

PHQ-9 is adapted from PRIME-MD Today, developed by Spitzer, Williams, Kroenke and colleagues. Copyright 1999, by Pfizer, Inc. All rights reserved. Reproduction permitted for the purposes of clinical care and research only.
Patient Health Questionnaire – PHQ-9

Name ______________________________________________ Date ________________________
=========================================================================
Over the last two weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not At All (0)</th>
<th>Several Days (1)</th>
<th>More Than Half the Days (2)</th>
<th>Nearly Every Day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, or hopeless?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td>□</td>
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<td>□</td>
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</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
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<td>□</td>
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<td>□</td>
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<td>□</td>
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<tr>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
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<td>□</td>
<td>□</td>
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<tr>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

Office Use Only
Number of Symptoms: ___________  Severity Score: ___________  07/02

PHQ-9 is adapted from PRIME-MD Today, developed by Spitzer, Williams, Kroenke and colleagues. Copyright 1999, by Pfizer, Inc. All rights reserved. Reproduction permitted for the purposes of clinical care and research only.
Key Tips to Implement, Document & Refer to ValueOptions®

1. Complete PHQ-9 or PHQ-2.
   • At the well adult and routine office visits.

2. Analyze results
   • If PHQ-2 is positive, continue to administer the PHQ-9.
   • Add up scores using the weighted value at the top of the form. This is the severity score number.
   • Total the number of symptoms the patient has by aggregating a total score.
   • Evaluate the results using the Severity Score and the Number of Symptoms which demonstrates breadth and depth of depression.
   • These scores with your clinical evaluation will guide the level of recommended care.
   • For a screen to indicate the presence of depression, there must be positive response (1, 2 or 3) for Questions #1 or #2, which is PHQ-2.

3. Coordination of care based on findings.

<table>
<thead>
<tr>
<th>Total Score:</th>
<th>Depression Severity:</th>
<th>Referral Recommendation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Community Norms</td>
<td>No Referral</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild Depression</td>
<td>Possible Outpatient Referral</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate Depression</td>
<td>Outpatient Referral</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately Severe Depression</td>
<td>Consultation with ValueOptions for Level of Care either through Referral Line or PCP Hotline.</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe Depression</td>
<td>Mandatory Consultation for possible Inpatient Admission</td>
</tr>
<tr>
<td>Positive on item 9</td>
<td>Presence of Suicidally</td>
<td>Mandatory Consultation with ValueOptions</td>
</tr>
</tbody>
</table>
4. Documentation to keep you in the loop on the care of your patient.
   • Complete and have the patient sign the coordination of care form noted on page 13 in the Implementation Guide with their phone number & fax to ValueOptions® at 877-755-0334
   • Utilize a SOAP format for office notes
   • Store the results of the screening tool, coordination of care form and clinical notes in the patient’s chart

5. MAKE THE CALL.
   • If the call is not made while the patient is in your office, the likelihood of a successful referral and intervention occurring decreases dramatically.
   • When the score is non life threatening, you have the option to re-screen/monitor at an annual visit or more frequently as health issues arise or mental status changes.
   • Remember that scores greater than 10, but less than 15 most likely indicates a need for a referral based on additional observations and assessment
   • A score greater than 20 or positive for Question #9 is an emergent referral

ValueOptions® Referral/Scheduling Line: 877-695-9449 (For routine/urgent)

ValueOptions® Psychiatric Hotline: 877-241-5575 (For routine only)
**Form Instructions**

**Member Consent to Exchange Information FORM:**
- This form is completed by the Primary Care Physician’s office with the member’s signature giving permission for the PCP to exchange information with the Behavioral Health Provider.
- Please complete all areas including the reason for the referral, any relevant medical information and current medications. Be sure to include any behavioral health meds that are being prescribed by the PCP.
- Be sure to include the fax number to where the behavioral health information should be sent.
- Fax the form to 877-755-0334.
- To speak with a Clinical Care Manager about a Behavioral / Medical Coordination Referral call 877-564-8517 indicating that you are calling about a medical coordination case.
- Within 3 business days upon receipt of the fax, ValueOptions will outreach to the PCP’s office and the member.
- This document will be scanned into the VO CareConnect Record upon completion.

**Behavioral Health Appointment FORM:**
- This form is completed by ValueOptions to communicate with the PCP regarding the appointment scheduled for the member with a behavioral health provider.
- Updated member contact information should be included.
- Once all of the information is available, it is faxed to the Behavioral Health Provider along with the signed Member Consent Form.
- A copy is also faxed to the KP PCP or KP Affiliate/Network Provider, KP MOB (Pueblo North or Briargate Senior Center, or KP Resources Stewardship.
- This document will be scanned into the VO CareConnect Record upon completion.

**Behavioral Health Provider Information FORM:**
- This form is completed by the Behavioral Health Provider regarding the findings, recommendations, medications, date of last session, etc.
- Updated member contact information should be included.
- The Behavioral Health Provider must fax this form back to ValueOptions via 877-755-0334.
- Regardless of whether the Behavioral Health Provider faxes this information directly to the PCP / Affiliate, ValueOptions will fax the completed form to the KP PCP/Affiliate.

**Please Note:** Medical providers need only to complete and fax the first page (page 13 in this guide) to ValueOptions®. The other two release/communication forms will be handled by ValueOptions®.
**ValueOptions® Behavioral Health Provider/Medical Care Physician Communication Form**

(Contact: 877- 564-8517 to reach VO; Fax: 877-755-0334)

**Member Consent to Exchange Information**

(to be completed by member) Health Plan: ________________

I, ____________________________________, authorize/do not authorize __________________________________________,

(Please Print)   (Circle one)   (Provider’s Name)

I can be reached at the following telephone number(s): __________________________ or __________________________.

My behavioral health provider, and ____________________________________

(Medical Care Physician Name) (Address and Phone Number)

to exchange information regarding my mental health/substance abuse treatment and medical healthcare for coordination of care purposes as may be necessary for the administration and provision of my healthcare coverage. The information exchanged may include information on mental health care or substance abuse care and/or treatment such as diagnosis and treatment plan.

I understand that this authorization shall remain in effect for one year from the date of my signature below or for the course of this treatment, whichever is longer. I understand that I may revoke this authorization at any time by written notice to the above behavioral healthcare provider. I also understand that it is my responsibility to notify my behavioral healthcare provider if I choose to change my Primary Care Physician.

I Authorize Communication between My Medical Care Provider and Behavioral Health Provider (Member’s Signature)

________________________________________

I Do Not Authorize Communication between My Medical Care Provider and Behavioral Health Provider (Member’s Signature)

________________________________________

Signature of parent or guardian (if member is a minor) or DPOA

________________________________________

Witness

________________________________________

**Provider Information**

(to be completed by Medical Care Physician) - Please Print

<table>
<thead>
<tr>
<th>Physician Name(s)</th>
<th>Address</th>
<th>City/State</th>
<th>Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Reason for Referral / Comments:

________________________________________________________________________________________________________

Medical History:

________________________________________________________________________________________________________

Current Medication(s):

________________________________________________________________________________________________________

Prescribed Behavioral Health Medication (s):

________________________________________________________________________________________________________

PCP /Affiliate Provider Signature/Credentials

________________________________________

Date

Fax a copy of this form to VO at 877-755-0334, Retaining the original in the patient’s chart. Attach confirmation that fax was sent. VO will forward this completed form to the Behavioral Health Provider.

<table>
<thead>
<tr>
<th>Date Sent</th>
<th>Sent By (Medical Office / Staff Initials)</th>
<th>PCP Phone</th>
<th>Fax#</th>
</tr>
</thead>
</table>

ValueOptions® PCP doc 9/17/01

Revised 3/16/2011

VO to Fax to Originating Medical Office and attach to CareConnect

Please File in Member’s Record
ValueOptions® Behavioral Health Provider/Medical Care Physician Communication Form (Contact: 877-564-8517 to reach VO; Fax: 877-755-0334)

Behavioral Health Provider Appointment To Be Completed By ValueOptions®

Provider Name _________________________________________________ Provider ID # __________

Provider Address ________________________________________________ Tele#_________________

Appt Date ____________________ Appt Time: _____________ Appt Kept:   Yes___ No___

If No, Contact with Member Yes___ No___ Rescheduled Date _________ Rescheduled Time ________

Comments: ______________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Updated Member’s Telephone # (If Available): __________________________

Release of Information Completed by Member and Transmitted to ValueOptions®:

Yes___ (If Yes, Date Received ____/____/___)    No___

☐ Check Box to Confirm Release of Information and Info Sent to Behavioral Health Provider and Attached to VO CareConnect Case

Date Sent ________ Fax # ______________ Office# _____________

ValueOptions® Contact ________________________________________   Tele # ________________
Clinical Support or Clinical Care Manager

☐ Check Box to Confirm: circle the following; KP Affiliate/Network Provider, KP MOB (Pueblo North or Briargate Senior Center, or KP Resources Stewardship team is made aware of appt.

Date ________       Staff Name ____________________   Tele# _____________

Please File in Member’s Record
ValueOptions® Behavioral Health Provider/Medical Care Physician Communication Form (Contact: 877-564-8517 to reach VO; Fax: 877-755-0334)

Provider Information (to be completed by ValueOptions® provider) - Please Print

Practitioner Name(s)  Facility Name  Address  City/State
Telephone Number  Credentials
(Therapist and Psychiatrist if applicable)

DSM IV Diagnosis code & name

Treatment Plan: Type  Frequency  Est length of Tx
(I.e. ind, family, group, meds)  (i.e. weekly, etc)

Medication(s)  Prescribed:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Findings / Comments:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Updated Member’s Telephone # (If Available):

For urgent or emergency situation, please call the primary care physician in addition to sending form

☐ Conclusion of mental health/substance treatment
☐ Date of last session _____________ Treatment completed? Yes___  No___
☐ Notification of prescription or change in medications (see comments)
☐ Other:____________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Print Clinician Name  Signature/Credentials  Telephone Number

A copy of this form must be sent to the primary care physician, retaining the original in the member’s chart. If the form is sent by fax, attach confirmation that fax was sent. Fax number is 877-755-0334.

DATE SENT  SENT BY (BH CLINICIAN INITIALS)  Please Check Method
Fax ☐ 877-755-0334  Mail ☐

ValueOptions® – Medical Coordination
48561 Alpha Drive, Suite #150
Wixom, MI 48393

Please File in Member’s Record
Resources for KP Affiliated Providers

ValueOptions® Psychiatric Hotline: 877-241-5575

- Answered from 7:30 AM to 4 PM MST Monday through Friday
- After hours, leave a voicemail for a return call
- Essentially a routine “curbside consult”
- Consultations occur within 24 hours of request.

ValueOptions® Referral/Scheduling Line: 877-695-9449

- Access to a clinical care manager - dedicated line
- Perform additional risk assessment & triage
- Provide referral and scheduling of BH appoint
- Available 24/7

For Materials and Claims Questions: 719-867-2131

- Kaiser Permanente Member Services at 1-888-681-7878

Clinical Program Information: 719-867-2100

- Quality Consultant, KP Community Quality Program Consultant
Community Resources

Treatment Facilities and Crisis Numbers
(when contacting a facility, please request their emergency department)

**Colorado Springs**

- Peak Vista: 340 Printers Parkway, 719-632-5700
- Memorial Hospital Central Campus, 719-365-5000
- Memorial Hospital North Campus, 719-364-5000
- Colorado Springs Suicide Prevention Partnership, 719-573-7447

**Pueblo**

- Spanish Peaks, 1304 Chinook Lane, 719-545-2746
- Parkview Hospital, 719-584-4000
- St. Mary-Corwin Regional Medical Center, 719-560-4000
- Pueblo Suicide Prevention Hotline, 719-564-5566
- 24 Hour Crisis Line, 719-544-1133

**Canon City**

- St. Thomas More Hospital, 719-285-2000

**National**

- National Suicide Crisis Line, 1-800-273-TALK (8255)
- National Network of Certified Crisis Centers, 1-800-SUICIDE (1-800-784-2433)
Billing Codes for Screening with the PHQ 9

Three types of billing codes: Adult Well Visit, Adult routine Office Visit and Mental Health Screening Visit Only – each with it’s own set of codes.

**Diagnostic Code Differentiation**

Use V79.8 for members completing the PHQ-9 who scored 0-9.
Use V40.9 for members completing the PHQ-9 who scored 10 or above.

**Reimbursement**

For the adult well visit with the mental health screening codes, the preventive co-pay will be applied. However, the additional service for the mental health screening will have no co-pay. For the adult routine office visit with the mental health screening codes, the office co-pay will be applied. However, the additional service for the mental health screening will have no co-pay.

For mental health screening visit only, there is no co-pay applied.

Otherwise reimbursement will be Per Contract RBRVS Rate.

<table>
<thead>
<tr>
<th>Type of Visit</th>
<th>Primary ICD-9 Visit Code</th>
<th>Primary CPT Code for Adult Well Visit</th>
<th>Secondary ICD-9 - MH Code</th>
<th>Secondary CPT Code for Adult MH Screening portion</th>
<th>Modifier</th>
<th>Member Co-pay</th>
<th>Administered at the preventative co-pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Well Visit</td>
<td>V70.1 or V72.31 AND V79.8 or V40.9</td>
<td>99385 18-39 or 99386 40-64 or 99387 65+ or 99395 18-39 or 99396 40-64 or 99397 65+</td>
<td>AND V79.8 or V40.9</td>
<td>99201 5-10 minutes 25 or 99202 20 minutes 25 or 99203 30 minutes 25 or 99204 45 minutes 25 or 99205 60 minutes 25 or 99211 5-10 minutes 25 or 99212 10 minutes 25 or 99213 15 minutes 25 or 99214 25 minutes 25 or 99215 40 minutes 25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Visit</td>
<td>Primary ICD-9 Visit Code</td>
<td>Secondary ICD-9 - MH Code</td>
<td>Primary CPT Code for Adult MH Screening portion</td>
<td>Member Co-pay</td>
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<tr>
<td>Adult Routine Office Visit</td>
<td>Use any Appropriate ICD-9 Code</td>
<td>V79.8 or V40.9</td>
<td>99201 5-10 minutes</td>
<td>Administered at the Office Co-pay only</td>
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<td></td>
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<td>99202 20 minutes</td>
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<td>99203 30 minutes</td>
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<td>99204 45 minutes</td>
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<td>99205 60 minutes</td>
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<td></td>
<td></td>
<td></td>
<td>99211 5-10 minutes</td>
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<td></td>
<td></td>
<td></td>
<td>99212 10 minutes</td>
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<td></td>
<td></td>
<td></td>
<td>99213 15 minutes</td>
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<td></td>
<td>99214 25 minutes</td>
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<td></td>
<td>99215 40 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Visit</td>
<td>Primary ICD-9 Visit Code</td>
<td>Primary CPT Code for Adult MH Screening portion</td>
<td>Member Co-pay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Screening Visit Only</td>
<td>V79.8 or V40.9 AND</td>
<td>99201</td>
<td>5-10 minutes or 99202</td>
<td>20 minutes or 99203</td>
<td>30 minutes or 99204</td>
<td>45 minutes or 99205</td>
<td>60 minutes or 99211</td>
</tr>
</tbody>
</table>
Introducing Mental Health Checkups to Office Staff

• Educate staff about the problems of Mental Illness and Depression in adults

• Discuss how mental health checkups can be used to identify patients who may be at risk for mental health concerns

• Review the logistics of screening, focusing on how the process will work in your setting

• Determine how staff members will be involved in the process and discuss what individual responsibilities they will have (see Screening Implementation Staffing Roles)

• Complete the Screening Implementation Worksheet

Sample Staffing Roles

<table>
<thead>
<tr>
<th>PCP</th>
<th>Nurses</th>
<th>Office Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreeing on screening protocol and ensuring that all staff members are on board with the procedures (when screening will be offered, to whom it will be offered, how the process will work, etc.).</td>
<td></td>
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</tr>
<tr>
<td>Identifying patients that are eligible to participate, and activating the process for those patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administering and scoring the screening questionnaire.</td>
<td></td>
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</tr>
<tr>
<td>Evaluate the results of the screening questionnaire with the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine the next most appropriate steps for the patient (referral, follow-up, further assessment).</td>
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<td></td>
</tr>
<tr>
<td>Activate the referral/ follow-up process and discuss expectations with the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update medical records and maintain screening related materials and outcomes in the patient’s record.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make copies of tools and maintain inventory of screening related materials.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Screening Implementation Worksheet

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Who will ensure that copies of screens are available each day for patients to complete?</td>
<td></td>
</tr>
<tr>
<td>2 Who will help patients in need of assistance?</td>
<td></td>
</tr>
<tr>
<td>3 Who will collect screens from patients?</td>
<td></td>
</tr>
<tr>
<td>4 Who will score screens?</td>
<td></td>
</tr>
<tr>
<td>5 Who will attach screens to the chart or otherwise make sure they are available to the PCP?</td>
<td></td>
</tr>
<tr>
<td>6 Who will explain the results to the patient?</td>
<td></td>
</tr>
<tr>
<td>7 Who will contact/ locate referral resources when a referral is needed?</td>
<td></td>
</tr>
<tr>
<td>8 What will you do with the screening materials once they have been discussed with the patient?</td>
<td></td>
</tr>
<tr>
<td>9 Who will bill/ code for completion of screens and for positive/ negative results? What procedure and diagnostic codes will you use?</td>
<td></td>
</tr>
<tr>
<td>10 Where will you keep supplies of screens and patient education materials?</td>
<td></td>
</tr>
<tr>
<td>11 Who will lead staff through your rationale for deploying validated screening in your practice and otherwise inspire them about the value of screening?</td>
<td></td>
</tr>
<tr>
<td>12 What is your time frame for accomplishing a smooth screening process?</td>
<td></td>
</tr>
</tbody>
</table>
Selected Websites

- ValueOptions®: http://ValueOptions.com/
- MacArthur initiative on depression and primary care: www.depression-primarycare.org/clinicians/toolkits/

ValueOptions Provider Network

PCP offices may search for ValueOptions® behavioral health providers by going to the ValueOptions® website at www.ValueOptions.com and entering as a guest and choosing Kaiser Permanente of Southern Colorado for the group of Behavioral Health providers to search.

There are approximately 200 behavioral health providers, active and taking patients in the network, in the Colorado Springs area, 30 of whom are psychiatrists.

There are approximately 55 behavioral health providers, active and taking patients in the network, in the Pueblo area, twelve of whom are psychiatrists.