

# Behavioral Health in Older Adults: Screening and Coding Guidelines

Although common in older adults, depression is not a normal part of aging. **Depression** is a serious mood disorder that may cause severe symptoms that impact how a person feels, thinks and handles daily activities.

According to the Centers for Medicare & Medicaid Services, **one in six seniors suffer from depression**. Prevalence is highest for beneficiaries with comorbidities like cancer, arthritis, stroke, chronic lung disease and cardiovascular disease.

Unfortunately, **older adults have one of the highest rates of suicide**. Between 50 and 70% of seniors who committed suicide, had seen their **health-care provider during the prior month for general medical care** and **39% were seen during the week prior to their death**.

## WHAT TO LOOK FOR

Depression symptoms in older adults may present differently than younger patients and can look like other behavioral issues such as Alzheimer’s disease. Sadness may not even be the primary symptom.

### COMMON DEPRESSION SYMPTOMS IN OLDER ADULTS:

- Feeling tired or trouble sleeping
- Feeling grumpy or irritable
- Difficulty concentrating, remembering or making decisions
- Eating more or less than usual
- Frequent crying

## SCREENING METHODOLOGIES

Patient Health Questions like the PHQ-2 can help you quickly identify issues or concerns that warrant further examination or treatment.

PHQ-2 is a simple, two question screen that asks patients 12 years or older:

Over the past two weeks how often have you been bothered by the follow problems:

QUESTION	RESPONSE	
1. Little or no interest or pleasure in doing things	<input type="radio"/> Not at all <input type="radio"/> More than half the days	<input type="radio"/> Several days <input type="radio"/> Nearly every day
2. Feeling down, depressed or hopeless	<input type="radio"/> Not at all <input type="radio"/> More than half the days	<input type="radio"/> Several days <input type="radio"/> Nearly every day

A negative response to each question is considered a negative result for depression. Patients who have a positive response to either question may benefit from an expanded depression screening like the PHQ-9 or the 15-item Geriatric Depression Scale.

# SCREENING FOR MEDICARE AND MEDICARE ADVANTAGE BENEFICIARIES

When the standardized PHQ-9 is used (the PHQ-2 is not a billable event), the following codes apply:

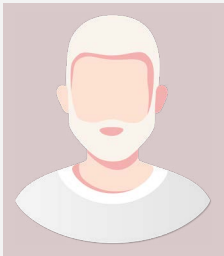
- Depression Screening: Use HCPCS code G0444 (up to 15 minutes) with modifier 33 in conjunction with a subsequent Medicare Annual Wellness Visit (G0439) only. This covered preventive service can be performed only once a year with reimbursement of approximately \$18. Note: G0444 may not be used with a Welcome to Medicare Visit or Initial Medicare AWW.
- Your progress notes must show the medical decision-making process.
- Make sure to specify the frequency, severity and/or clinical status when documenting for Major Depressive Disorder (MDD). The PHQ-9 screening tool assists in determining the severity.

Sample ICD-10 codes to use:

- Z13.31 (Encounter for screening for depression)
- Z13.89 (Encounter for screening for other disorder)

Modifiers

- Modifier 25 (significant, separately identifiable evaluation and management [E/M] service by the same physician on the same day of the procedure or other service)
- Modifier 33 is applied to indicate that the preventive service is one that waives a patient's co-pay, deductible and coinsurance.



## SAMPLE PATIENT ENCOUNTER

**George Smith • Age 76**

Reason for Appointment: Subsequent Medicare Annual Wellness visit, G0439

Visit Notes: All past medical, surgical, and family history were updated along with a review of his current providers and supplier lists. Weight loss of 7 lbs., was noted from his last visit 3 months ago. Screenings are up to date and med list reviewed.

A mini cognitive assessment was given with a score of 4 and there is no cognitive impairment detected. The depression screening was positive with a PHQ-9 score of 6. I discussed with the patient his recent move to a new apartment and his difficulty getting acclimated to not living with his son and grandkids. Patient states that he has been down and unable to sleep well for the past month or more due to less visits with family members after moving out on his own. Patient denies suicidal ideation and agrees to referral with mental health provider with a return follow up visit in 30 days.

## DIAGNOSIS USED:

CODES	DESCRIPTION
F32.0	Major Depressive Disorder, single episode, mild
Z60.2	Problems related to living alone
Z00.01	Encounter for adult medical exam with abnormal findings
Z13.31	Encounter for screening for depression

## CPT BILLED

CODES	DESCRIPTION
G0439	Subsequent Annual Wellness Visit
G0444	Annual Depression Screening