BlueCross BlueShield of New Mexico

NTENNIALCARE

Depression Screening and Outpatient Provider Incentive Overview

Behavioral Health Quality

Depression Screening

- Major Depressive Disorder (MDD) remains a treatable cause of pain, suffering, disability and death.
- Primary Care Clinicians detect MDD in one-third to one-half of their patients and about half of these go untreated.
- Additionally, more than 80% of patients with depression have a medical comorbidity.
- Who should be screened for purposes of this incentive?

  - Members who are 12 years of age and older
  - Members without an active diagnosis of depression, bipolar disorder or other mood symptoms.

- Patients should be screened with an age-appropriate, standardized depression screening tool. For example, the PHQ-9 can be completed by patients in your office and is easily accessible in multiple languages at www.phqscreeners.com.

Depression Screening

- Patients who are not eligible or may not be clinically indicated for the depression screening measurement:

  • Patients for who a screening is not clinically indicated.

  • Patients whose functional capacity or motivation to improve may impact the accuracy of results (e.g., certain court-appointed cases or cases of delirium).

  • Patients who already have an active diagnosis of depression or bipolar disorder.

Depression Screening

• Results are reported simultaneously with procedure code G0444 or any other qualifying CPT/HCPCS code along with either G8431 (positive screen with plan) or G8510 (negative screen) result code. Currently, an additional $10 reimbursement is provided for G8431 and G8510.(See below for details)*

• A follow-up plan related to a positive screen includes one or more of the following:

- Additional evaluation for depression
- Suicide risk assessment
- Referral to a practitioner qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

• If a patient scores high on the depression screening, an appropriate depression diagnosis should be documented within the top three lines on the claim.

*Add the modifier, U8, in the modifier section on the CMS 1500 when submitting the claim that includes either G8431 or G8510. Any reimbursement will be made according to Blue Cross Community Centennial medical/reimbursement policies for services and other billing and reimbursement practices. If you bill on a UB form, file a separate CMS 1500 with a professional services ID to receive this incentive.

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Behavioral Health Outpatient Provider Incentive Initiative

Behavioral Health Quality

Outpatient Provider Incentive Initiative

- Important

  – Only one provider may use the code and modifier for the same member within the same 30-day period.

  – Any reimbursement will be made according to medical/reimbursement policies for services and other billing and reimbursement practices.

VISIT CAN BE A TELEHEALTH VISIT.

- Questions can be emailed to **BHQualityImprovement@bcbstx.com**

Outpatient Provider Incentive Initiative

- Purpose:

❖ To improve follow-up visits within 30 days of discharge after an acute mental health admission.

- How:

✓ When a Blue Cross member is seen in-office or via telehealth for psychotherapy or pharmacologic management within 30 days post-discharge:

✓ Add the procedure code G9002, then U9 in the modifier section on the CMS 1500.

✓ Receive an additional $30 per qualifying claim.

✓ The additional payment began March 4, 2020.

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Enhanced Payment for Initiation of Substance Use Treatment

Behavioral Health Quality

Initiation of Alcohol and Other Drug Dependence Treatment (IET)

IET Enhanced Payment for Blue Cross Community Centennial members

–**Eligible visit -** You will be eligible to earn an additional $75 per claim if:

- You diagnose a new (194 days without a substance abuse claim) substance use disorder and provide an initial follow-up visit related to substance use disorder previously diagnosed.
- The follow-up service is within 14 days of the initial appointment in which the diagnosis of a new substance use disorder is made.
- Member is a Blue Cross Community Centennial (Medicaid) member.
- This enhanced payment program began September 1, 2021.

How to submit a claim for an eligible follow-up visit using CMS 1500

–Add **procedure code H0006** to your standard code(s) for the visit.

–Use the **modifier U9** in the modifier section.

–Use the code and modifier only once for the same member annually.

–Only one provider may use the code and modifier for the same member annually.

–**VISITS CAN BE A TELEHEALTH VISIT.**