



BlueCross BlueShield of Illinois



Help Screen for Clinical Depression

Although patients may show up at their provider's office with physical symptoms consistent with depression such as pain, poor sleep or poor appetite, the diagnosis of depression may go unrecognized.

Here is information on a screening tool and follow-up plans that may help.

Did you know?

- Major depressive disorder remains a treatable cause of pain, suffering, disability and death. See [this study](#) in the National Library of Medicine for more information.
- Many depressed patients go to their primary care providers instead of psychiatrists.
- Although PCPs are able to accurately diagnose depression when symptoms are recognized, [data suggest](#) that depression goes undetected about half the time it is present, with some estimates of recognition as low as 36.4%.
- [Several studies](#) have found that depression is underdiagnosed and undertreated.

Who should be screened?

Patients who are 18 years of age and older without an active diagnosis of depression, bipolar disorder or other mood symptoms

Who should not be screened?

- Patients who have had an annual depression screen or refuse to participate
- Patients who are in an urgent or emergent situation where a delay in treatment may jeopardize the patient's health status
- Patients whose functional capacity or motivation to improve may impact the accuracy of results, such as certain court-appointed cases or cases of delirium
- Patients who currently have a confirmed diagnosis from a qualified physician or behavioral health clinician of depression or bipolar disorder

Screening tool and tips

- Ask patients to complete a depression screener in your office, such as the nine-question patient health questionnaire below available in [multiple languages](#).
- Report results for informational purposes only (not reimbursement) using either procedure codes G8431 (positive screen with plan) or G8510 (negative screen) from the [Centers for Medicare & Medicaid Services Adult Core Set](#) in conjunction with standard outpatient procedure codes for the visit.
- 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

Patient Health Questionnaire – with Nine Questions (PHQ-9)

Over the last two weeks, how often have you been bothered by any of the following problems?	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:	0			
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?	<input type="checkbox"/> Not difficult at all	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Very difficult	<input type="checkbox"/> Extremely difficult

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Questions? Contact our [Behavioral Health Quality Improvement](#) team.

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