

## Depression and Post Traumatic Stress Disorder (PTSD)

Depression and Post Traumatic Stress Disorder (PTSD) are headlining a behavioral health epidemic in America. It is certain that you are experiencing the impact. Let's discuss this further.

The prevalence of depression in the U.S. is estimated to be 10% with a lifetime prevalence of up to 21%. One concern is that 50% of patients are undiagnosed, and in spite of the screening recommendation, only 50% of patients in Primary Care are screened. As a result of this epidemic, there is a greater emphasis on promoting screening for depression in Primary Care, and screening has become an expected standard and best practice and promoted since 2002 by the United States Preventative Services Task Force (USPSTF). Most clinicians like you now use a validated screening questionnaire such as a PHQ-2/-9 to screen your panel over the age of 12 at least annually. The value of diagnosis and treatment for this disease is undisputable. If you are not using this as a screen now, you are encouraged to begin. The PHQ-2/-9 can be found at the following website link: Microsoft Word - PHQ9.doc (apa.org) and related PHQ-9 instructions with scoring can be found at the following website link: [https://www.phgscreeners.com/images/sites/g/files/g\\_10016261/f/201412/instructions.pdf](https://www.phgscreeners.com/images/sites/g/files/g_10016261/f/201412/instructions.pdf)

Once depression is diagnosed, Primary Care is typically the initiator of medication therapy with a host of effective medications with study proven benefits of 38 - 50% remission. Proven psychotherapies exist including Cognitive Behavioral Therapy (CBT), inducing remission about 41% of the time. These 2 treatments are comparable in inducing remission with the advantage of psychotherapy for sustained remission. Should you need access to virtual psychotherapy, Forefront Telehealth is a preferred in-network provider. The PHQ-9 can then be used as a validated way to monitor remission over time. Combination treatment using medication and psychotherapy has proven more beneficial than medication alone. The challenge is patients stopping medications or psychotherapy without remission and thus relapsing. Frequent follow up is important to help ensure the patient is adequately treated for this potentially fatal disease.

More recently, it has been proposed that PTSD may be the underlying cause for much of the depression that is diagnosed, and if it is not recognized as the cause and appropriately treated, the depression and results of the PTSD will persist. PTSD is defined as "the complex somatic, cognitive, affective, and behavioral effects of psychological trauma". One study of 5692 respondents in the U.S. found that 82.7% had been exposed to severe and potentially traumatic events, and 8.3% were ultimately diagnosed with PTSD. The U.S. prevalence is the highest in the world, estimated to be 6 - 9% lifetime expectation. The reason for the excess prevalence in the U.S. is yet to be identified; nevertheless, the approach to treatment is unique enough that if not properly treated, a lifetime of educational, employment and interpersonal dysfunction will occur.

It is recommended to implement a screening for PTSD along with depression. A questionnaire known as the PC-PTSD-5 is a brief 5-question screening tool with the PCL-5 being a 20-question checklist that can provide a presumptive diagnosis. These can be found at the following website links: PTSD Checklist for DSM-5 (PCL-5) - Fillable Form (va.gov); The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) (va.gov)

How to treat the disease once the presumptive diagnosis is made is an important next step. The correct therapeutic approach is necessary for success. Trauma-focused psychotherapy by an experienced

therapist is first-line and more effective than medications. Medications can be used to assist with treating symptoms while the therapy is occurring or if patients refuse therapy. SSRIs are typical first line medications if that route is chosen. These treatments may need to be

continued for an extended period. A specific type of trauma focused therapy known as eye movement desensitization and reprocessing (EMDR) has been proven to accelerate successful treatment to remission.

The important message is to acknowledge and screen for these potentially deadly diseases. They are treatable, but it takes proactive screening efforts for them to be diagnosed by great Primary Care clinicians like you!

## **ADDITIONAL BEHAVIORAL HEALTH RESOURCES AND SUPPORT INFORMATION**

### **Forefront Telecare - Behavioral Health Outpatient Care**

In April of 2022, we forwarded behavioral healthcare information to your office that included a coverage option for outpatient behavioral healthcare services through Forefront Telecare. Forefront Telecare provides behavioral health consultations for USFHP patients, providing psychiatry and psychology services in the patients' homes through a PC, Tablet or Smartphone. For questions or assistance, the Forefront Care Team can be called at 866.959.2008, press 1 and then press 1 again.

### **Nationwide 988 Suicide and Crisis Lifeline**

Effective July 16, 2022, there is a new easy-to-remember, free and confidential nationwide three-digit phone number 988 to reach the 988 Suicide and Crisis Lifeline to support those in suicidal crisis, substance use crisis or any other kind of mental health/emotional related distress. The line is open 24 hours a day, seven days a week by phone, text or chat (For Veterans: To reach the Veteran Crisis Lifeline: After dialing "988", then press "1". For texts, continue to text the Veterans Crisis Lifeline short code: 838255.). The 988 Suicide and Crisis Lifeline was formerly called the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), and any calls coming into this 800-phone number will be routed to the 988 Suicide and Crisis Lifeline indefinitely.

## **DEPRESSION SCREENING AND CODING INFORMATION**

Below are the codes for reporting depression screening and outcomes. The PHQ-2 & PHQ-9 screening tools contain the DSM-V criteria for a diagnosis of Major Depressive Disorder. The PHQ-9 Depression Screening Tool with an Instruction Manual that includes scoring to determine severity and several other behavioral health screening tools can be accessed at the Pfizer website:

<https://www.phgscreeners.com/select-screener>. Consider other types of mood disorder ICD-10-CM codes if Major Depression DSM-5 criteria is not met.

- 00444: Annual depression screening, 15 minutes (\$18.84)
  - Can NOT be billed with G4038 (initial AWW)
  - CAN be billed with G0439 (subsequent A WV)
- ICD-10-CM for screening
  - Z13.89: Encounter for screening for other disorder

### **HCPCS Outcomes**

G843 | Positive screen for clinical depression with a documented follow-up plan

G85 | O Negative screen for clinical depression, follow up not required

G8433 Screening for clinical depression not documented, patient not eligible/appropriate

G8940 Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate

Quality CPT II:

3725F Screening for depression performed

3351F Negative screen for depressive symptoms as categorized by using a standardized depression screening tool

3352F No significant depressive symptoms as categorized by using a standardized depression

assessment tool 3353F Mild to moderate depressive symptoms as categorized by using a standardized

depression screening tool 3354F Clinically significant depressive symptoms as categorized by using a standardized depression screening

ICD-10-CM codes for Depression

When there is a POSITIVE score on the PHQ-9 screening, utilize the severity to determine the correct ICD-10-CM code assignment. Remission status occurs when they have had two or more depressive episodes in the past but have been free from depressive symptoms for several months. This category can still be used if the patient is receiving treatment to reduce the risk of further episodes. It will be based on the provider's clinical determination and documentation.

- F32.0 Major depressive disorder, single episode, mild
- F32.1 Major depressive disorder, single episode, moderate
- F32.2 Major depressive disorder, single episode, severe without psychotic features
- F32.3 Major depressive disorder, single episode, severe with psychotic features
- F32.4 Major depressive disorder, single episode, in partial remission
- F32.5 Major depressive disorder, single episode, in full remission
- F33.0 Major depressive disorder, recurrent, mild
- F33.1 Major depressive disorder, recurrent, moderate
- F33.2 Major depressive disorder, recurrent severe without psychotic features
- F33.3 Major depressive disorder, recurrent, severe with psychotic symptoms
- F33.40 Major depressive disorder, recurrent, in remission, unspecified
- F33.41 Major depressive disorder, recurrent, in partial remission
- F33.42 Major depressive disorder, recurrent, in full remission

## RESOURCES:

<https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health>

<https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>

<https://www.phqscreeners.com/select-screener>

[https://www.phqscreeners.com/images/sites/g/files/g\\_l0016261/f/201412/instructions.pdf](https://www.phqscreeners.com/images/sites/g/files/g_l0016261/f/201412/instructions.pdf)

<https://www.uspreventiveservicestaskforce.org>

<https://healthquality.va.gov/guidelines/MH/mdd/MDDToolIVADoDEssentialsQuadF-oldFinalHiRes.pdf>

[https://www.ptsd.va.gov/professional/assessment/documents/PCL5\\_Standard\\_form.PDF](https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.PDF)

<https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf>

<https://988lifeline.org/current-events/the-lifeline-and-988/>

Lifeline Chat: Lifeline (988lifeline.org)

NIMH » Suicide Prevention (nih.gov)

U.S. Transition to 988 Suicide & Crisis Lifeline Begins Saturday | SAMHSA