Successful antidepressant therapy is directly related to follow-up during the 12-week acute treatment phase. It has been shown that (3) three contacts with the patients by their physician during this 12-week period increases compliance with the medication regimen.

PARAMOUNT REIMBURSES FOR ONE PHONE CONSULTATION FROM YOUR OFFICE TO THE PATIENT.

In order to meet the criteria for this additional reimbursement, the phone consultation should be made between two and four weeks following initiation of an antidepressant medication. Such reimbursement is limited to twice per qualifying member per year calendar year. This call is intended to reinforce antidepressant compliance and is not a substitute for psychotherapy or other clinical services, especially for high risk or previously suicidal patients. A suggested script for this phone call is included with this bulletin.

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Antidepressant Medication Two Week Follow-Up Telephone Visit

Name __________________________ ID # ____________________ Date ________________

I’m calling to talk with you about a prescription you were given 2 weeks ago for ________, an antidepressant.

1. Are you taking the medication?
   ‣ Yes ➔ Go to Question 3
   ‣ No ➔ Go to Question 2

2. Can you tell me why not? ______________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   If not yet filled, advise to fill script; repeat call in two weeks. No further questions.
   If filled but stopped taking, encourage making an appointment to discuss. No further questions.

3. Are you feeling better?
   ‣ Yes ➔ In what way(s)_____________________________________________________
   Reinforce need to continue to take medication, even while feeling better, to reduce the chance of having the symptoms return.
   ‣ No ➔ Reinforce that it can take up to 4 weeks or more to notice an improvement. Stress
   the need to continue the medication for at least another 2 weeks. If still no improvement, advise
   them to make an appointment to discuss. Dose adjustment or a different the medication may be
   necessary.

4. How are you tolerating the medication? __________________________________________
   List any side effects mentioned______________________________________________
   Reinforce that many side effects disappear over time once the body adjusts to new medicines. If severe, schedule an appointment to discuss.

5. How are you sleeping? (i.e. Falling asleep OK? Through the night? How many hours?)
   ________________________________________________________________________

6. How is your appetite? (How many meals a day? Weight gain/loss?)________________
   ________________________________________________________________________

7. Are you able to follow your normal daily routine?
   ‣ Yes
   ‣ No….. In what way? _______________________________________________________

8. Do have a follow-up visit scheduled within the next 2-4 weeks?
   ‣ Yes (Date)___________________
   ‣ No ➔ Schedule an appointment

9. Do you have any questions?

Signature ____________________________________________________________