Clinical Practice Guidelines
Outpatient Identification and Treatment of Major Depression for Adolescents 12–18

**Screen** all adolescent patients* annually and if symptoms are noted.
*(symptoms and risk factors on reverse)*

- Ask the following **two questions**:
  1. “Over the past two weeks, have you felt down, depressed or hopeless?”
  2. “Over the past two weeks have you felt little interest or pleasure in doing things?”

  If answers yes to either question, proceed with one of the following screening instruments:
  - PHQ-9, Center for Epidemiological Study Depression Scale (CES-D), Pediatric Health Questionnaire - Adolescent (PHQ – A), Beck Depression Inventory(BDI-PC) , Beck – PC

*The USPSTF concludes that current evidence is insufficient to assess the harms or benefits in routine screening of children (7-11 years of age) for major depression

**Diagnose** Major Depression

- Five or more of the following symptoms have been present during the same **2 week period** and represent a change from previous functioning. At least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
  1. Depressed mood most of the day, nearly every day
  2. Markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day
  3. Significant weight loss or weight gain when not dieting
  4. Insomnia or hypersomnia nearly every day
  5. Psychomotor agitation or retardation nearly every day
  6. Fatigue or loss of energy nearly every day
  7. Diminished ability to think or concentrate, or indecisiveness nearly every day
  8. Recurrent thoughts of death, suicidal ideation with or without a plan or suicide attempt

**Refer** for cognitive-behavioral therapy with / without antidepressant

- Educate patient and or responsible adult regarding treatment options, reasonable expectations for treatment, self-care issues and necessary follow-up.
- There is adequate evidence that treatment with selective serotonin reuptake inhibitors (SSRI’s), psychotherapy and combined therapy (SSRI’s and psychotherapy) results in decreases in major depressive symptoms. SSRI’s may increase the risk of suicide ideation and conversion of unipolar depression to bipolar disorder. They should be used only with judicious clinical monitoring. (Fluoxetine is the only SSRI approved by the FDA for use in adolescents.)

**Closely monitor** response to treatment a minimum of:

- Three (3) face to face follow-up office visits OR
- Two (2) face to face visits and one (1) telephone visit
- Visits may be with either a non-mental health practitioner or a mental health practitioner however, one (1) of the three (3) visits must be with a prescribing practitioner
- ALL visits must be billed with a depression diagnosis code *(Billing codes on reverse side.)*
Continue to monitor closely for a minimum of six months
- If symptoms do not resolve, consider augmenting therapy (either adding/changing/increasing/adjusting medication, adding psychotherapy or both)
- Monitor medication side effects, adjust dose or change medication as necessary
- Coordinate care with any treating behavioral specialist

Evaluate after six months
- Once symptoms are controlled, continue medication:
  - 1st episode – continue antidepressant for at least 12 months
  - 2nd episode – continue antidepressant for at least 3 years
  - 3rd episode, continue antidepressants for life

When symptoms are noted or risk factors are present –

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Risk Factors</th>
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<tbody>
<tr>
<td>Persistent sad or irritable mood, loss of interest or pleasure in most activities, anger</td>
<td>Parental depression</td>
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<tr>
<td>Social isolation, decline in school work increased irritability/anger/hostility, reckless behavior</td>
<td>Comorbid mental health or chronic medical condition</td>
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<td>Significant change in appetite or body weight; difficulty sleeping or oversleeping; nonspecific pain, decline in school performance</td>
<td>Having experienced a major negative life event</td>
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Guidelines based on:
- Screening for Depression in Adults, USPSTF Recommendations Statement. Jan 2016
- Diagnostic and Statistical Manual Of Mental Disorders, 5th Edition, June 2013

Codes for Depression Follow-Up Office Visits

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Codes</th>
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<tbody>
<tr>
<td>Diagnostic Evaluations</td>
<td>90791, 90792</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>90832, 90834, 90837</td>
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<tr>
<td>Group Psychotherapy</td>
<td>90853</td>
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<tr>
<td>Evaluation and Management</td>
<td>90833-90835, 99201-99255, 99304-99337, 99341-99350</td>
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<tr>
<td>Interactive Psychotherapy</td>
<td>90875 (use with Psychotherapy or Evaluation and Management Codes)</td>
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<tr>
<td>Add-on Code</td>
<td>90785 (use with codes listed above)</td>
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<tr>
<td>Telephone Visits (May only be done by Family Practice, Internal Medicine, Pediatrics and OB/Gyn providers)</td>
<td>98966-98969, 99441-99443, 99446-99449</td>
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Codes may be used when:
- follow up phone call between 2-4 weeks post initiation of an antidepressant and member is 13 years or older
- reimbursement is limited to twice per year per member
- must be reported with ICD-10-CM codes F30.8, F31-F39, F43.21-F43.23

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