Clinical Practice Guidelines
Outpatient Treatment of Major Depression in Adults

**Screen**
all adult patients – at least 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, Zung Self-Assessment Depression Scale, Beck Depression Inventory, General Health Questionnaire (GHQ), Center for Epidemiological Study Depression Scale (CES-D)

**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

**Treat**
with antidepressants and/or refer for psychotherapy/psychiatric consult

Educate patient regarding treatment options, reasonable expectations for treatment, self-care issues, and necessary follow-up.

**Evaluate**
response to treatment three times in acute phase (first 12 weeks)

- 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.)

**Continue**
treatment for a minimum of six months

- If symptoms do not resolve, consider augmenting therapy (either increasing medication, adding psychotherapy or both)
- Monitor medication side effects, adjust dose or change medication as necessary
- Coordinate care with any treating behavioral specialist
Re-Evaluate after six months

- Once symptoms are controlled, continue medication:
  - 1st episode – Continue antidepressant for at least 6 – 12 months
  - 2nd episode – Continue antidepressant for at least 3 years
  - 2nd episode with complications, and for the 3rd episode, continue antidepressant 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>Multiple somatic complaints</td>
<td>History of major depression – either personal or a family history of depression</td>
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<td>Frequent office visits often with no physical finding</td>
<td>History of chemical dependency/substance abuse</td>
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<tr>
<td>Unexplained weight gain or loss</td>
<td>Chronic Pain / Illness</td>
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<tr>
<td>Mild dementia</td>
<td>Congestive Heart Failure/Myocardial Infarction</td>
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<tr>
<td>Fatigue/Sleep disturbance</td>
<td>Diabetes Mellitus</td>
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<tr>
<td>Changes in work habits or interpersonal relationships</td>
<td>Post Partum</td>
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</tbody>
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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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</thead>
<tbody>
<tr>
<td>Diagnostic Evaluations</td>
<td>90791 90792</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>90832 90834 90837</td>
</tr>
<tr>
<td>Group Psychotherapy</td>
<td>90853</td>
</tr>
<tr>
<td>Evaluation and Management</td>
<td>90833 99201-99255 90836 99304-99337 90838 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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</table>

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

Revised July 2016