

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



Official CMS Information for  
Medicare Fee-For-Service Providers

# Screening for Depression



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The Centers for Medicare & Medicaid Services (CMS) recognizes the crucial role that health care providers play in educating Medicare beneficiaries about potentially life-saving preventive services and screenings, and in providing these services. While Medicare pays for a variety of preventive benefits, many Medicare beneficiaries do not fully realize that using preventive services and screenings can help them live longer, healthier lives. As a health care professional, you can help your Medicare beneficiaries understand the importance of disease prevention, early detection, and lifestyle modifications that support a healthier life. This booklet can help you communicate with your beneficiaries about Medicare-covered screening for depression in adults, as well as assist you in correctly billing for these services.

## Overview

Among persons older than 65 years, one in six individuals suffers from depression. Depression in older adults is estimated to occur in 25 percent of those with other illnesses, including:

- ▶ Cancer,
- ▶ Arthritis,
- ▶ Stroke,
- ▶ Chronic lung disease, and
- ▶ Cardiovascular disease.

Older adults have the highest risk of suicide of all age groups. These beneficiaries are important in the primary care setting because 50 to 75 percent of older adults who commit suicide saw their medical doctor during the prior month for general medical care, and 39 percent were seen during the week prior to their death. Symptoms of major depression that beneficiaries feel nearly every day include, but are not limited to:

- ▶ Feeling sad or empty,
- ▶ Less interest in daily activities,
- ▶ Weight loss or gain when not dieting,
- ▶ Less ability to think or concentrate,
- ▶ Tearfulness,
- ▶ Feelings of worthlessness, and
- ▶ Thoughts of death or suicide.

### Removal of Barriers to Preventive Services Under the Affordable Care Act

Medicare waives the coinsurance or copayment and deductible for those Medicare-covered preventive services recommended by the United States Preventive Services Task Force (USPSTF) with a grade of A or B for any indication or population, and that are appropriate for the individual.

### Stand Alone Benefit

The screening for depression in adults benefit covered by Medicare is a stand alone billable service. It is a separate service from the Initial Preventive Physical Examination (IPPE) or the Annual Wellness Visit (AWV), although it can be provided at the same time as the IPPE or AWV.



## Coverage Information

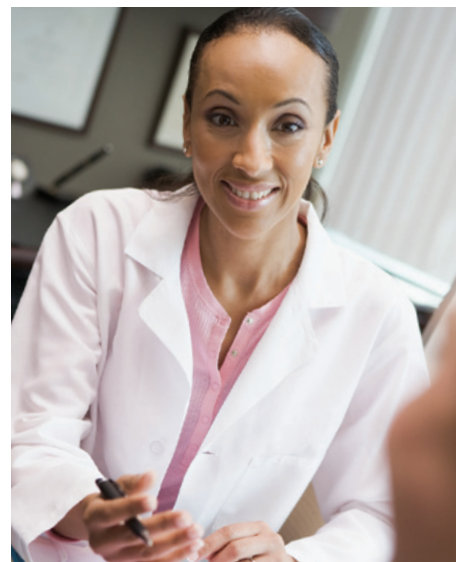
Effective for dates of service on or after October 14, 2011, Medicare Part B covers **annual** (i.e., at least 11 months after the most recent screening for depression) screening up to 15 minutes for depression screening for Medicare beneficiaries in primary care settings when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. At a minimum level, staff-assisted supports consist of clinical staff (e.g., nurse, physician assistant) in the primary care setting who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment.

Various screening tools are available for screening for depression. CMS does not identify specific depression screening tools. Rather, the decision to use a specific tool is at the discretion of the clinician in the primary care setting.

Screening for depression is non-covered when performed more than one time in a 12-month period (i.e., at least 11 months after the most recent screening for depression). In addition, self-help materials, telephone calls, and web-based counseling are not paid separately by Medicare and are not part of this national coverage determination.

### Primary Care Setting Defined

For purposes of this covered service, a primary care setting is defined as one in which there is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with beneficiaries, and



practicing in the context of family and community. CMS does not consider the following as primary care settings under this definition:

- ▶ Ambulatory surgical centers,
- ▶ Emergency departments,
- ▶ Hospices,
- ▶ Independent diagnostic testing facilities,
- ▶ Inpatient hospital settings,
- ▶ Inpatient rehabilitation facilities, and
- ▶ Skilled nursing facilities.

Medicare covers screening for depression when services are furnished in the following places of service:

- ▶ An office,
- ▶ An outpatient hospital,
- ▶ An independent clinic, or
- ▶ A state or local public health clinic.



### Frequency

When calculating frequency to determine the annual period, 11 full months must elapse following the month in which the last annual depression screening took place.

**EXAMPLE:** A beneficiary gets a screening for depression in January 2012. The count starts February 2012. The beneficiary may get another screening for depression in January 2013.

### Coinsurance or Copayment and Deductible

The beneficiary pays nothing (no coinsurance or copayment and no Medicare Part B deductible) for this screening service if conditions of coverage are met. However, if a beneficiary sees a non-participating physician, there could be a charge.

## Documentation

Medical records must document that all coverage requirements are met.



## Coding and Diagnosis Information

### Procedure Codes and Descriptors

Use the following Healthcare Common Procedure Coding System (HCPCS) code, listed in Table 1, to report screening for depression in adults.

**Table 1. HCPCS Code for Screening for Depression in Adults**

| HCPCS Code | Code Descriptor                         |
|------------|---|
| G0444      | Annual depression screening, 15 minutes |

### Diagnosis Requirements

Although you must report a diagnosis code on the claim, Medicare does not require a specific International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis code for screening for depression in adults. Contact your local Medicare Contractor for further guidance.

**Coming Soon!**  
**International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS)**

For more information, visit <http://www.cms.gov/Medicare/Coding/ICD10> on the CMS website.

## Billing Requirements

### Billing and Coding Requirements When Submitting Professional Claims

When you submit professional claims to carriers or A/B Medicare Administrative Contractors (MACs), report the appropriate HCPCS code and the corresponding ICD-9-CM diagnosis code

in the X12 837-P (Professional) electronic claim format. You must also include Place of Service (POS) codes on all professional claims, to indicate where you provided the service. For more information on POS codes, visit <http://www.cms.gov/Medicare/Coding/place-of-service-codes> on the CMS website.

**NOTE:** If you qualify for an exception to the Administrative Simplification Compliance Act (ASCA) requirement, you may use Form CMS-1500 to submit these claims on paper. All providers must use Form CMS-1500, version 08-05, when submitting paper claims. For more information on Form CMS-1500, visit [http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16\\_1500.html](http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500.html) on the CMS website.

#### Electronic Claims Requirements

ASCA requires providers to submit claims to Medicare electronically, with limited exceptions. For more information about the electronic formats, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/HealthCareClaims.html> on the CMS website.

### Billing and Coding Requirements When Submitting Institutional Claims

When you submit institutional claims to Fiscal Intermediaries (FIs) or A/B MACs, report the appropriate HCPCS code, revenue code, and the corresponding ICD-9-CM diagnosis code in the X12 837-I (Institutional) electronic claim format.

**NOTE:** If an institution qualifies for an exception to the ASCA requirement, it may use Form CMS-1450 to submit these claims on paper. All providers must use Form CMS-1450 (UB-04) when submitting paper claims. For more information on Form CMS-1450, visit [http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15\\_1450.html](http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450.html) on the CMS website.



### Types of Bill (TOBs) for Institutional Claims

The FI or A/B MAC pays for screening for depression in adults when submitted on the following TOBs, listed in Table 2. For further guidance on the appropriate revenue code, contact your local Medicare Contractor.



**Table 2. Facility Types and TOBs for Screening for Depression in Adults**

| Facility Type                            | TOB |
|--|-----|
| Hospital Outpatient                      | 13X |
| Rural Health Clinic (RHC)                | 71X |
| Federally Qualified Health Center (FQHC) | 77X |
| Critical Access Hospital (CAH)           | 85X |

### Additional Billing Instructions for FQHCs and RHCs

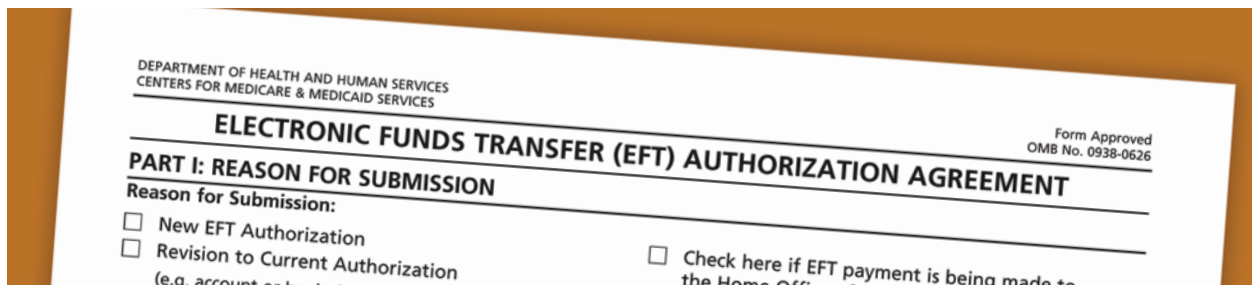
The professional component of preventive services is within the scope of covered FQHC or RHC services. The professional component is a physician's interpretation of the results of an examination. For instructions on billing the professional component, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf> on the CMS website.

The technical component is services rendered outside the scope of the physician's interpretation of the results of an examination. If you perform technical components or services, not within the scope of covered FQHC or RHC services, in association with professional components, how you bill depends on whether the FQHC or RHC is independent or provider-based:

- ▶ **For Provider-Based FQHCs or RHCs:** Bill the technical component of the service on the TOB for the base provider and submit to the FI or A/B MAC in the 837-I format. For more information on billing instructions for provider-based FQHCs or RHCs, visit <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html> on the CMS website and choose the appropriate chapter based on your facility type.
- ▶ **For Independent FQHCs or RHCs:** Bill the technical component of the service to the carrier or A/B MAC in the 837-P format. For more information on billing instructions for independent FQHCs or RHCs, visit <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf> and <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf> on the CMS website.



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## Payment Information

### Professional Claims

When you bill your carrier or A/B MAC, Medicare pays for screening for depression in adults under the Medicare Physician Fee Schedule (MPFS).

**As with other MPFS services, the non-participating provider reduction and limiting charge provisions apply to all screenings for depression.**

#### Providers Must Use EFT

All providers enrolling in the Medicare Program for the first time, changing existing enrollment data, or revalidating enrollment must use Electronic Funds Transfer (EFT) to get payments. For more information about EFT, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html> on the CMS website.

### Institutional Claims

When you bill your FI or A/B MAC, Medicare payment for screening for depression in adults depends on the type of facility providing the service. Table 3 lists the type of payment that facilities get.

**Table 3. Facility Payment Methods for Screening for Depression in Adults**

| Facility Type        | Basis of Payment   |
|----------------------|--|
| Hospital Outpatient* | Outpatient Prospective Payment System (OPPS)   |
| RHC                  | All-Inclusive Payment Rate   |
| FQHC                 | All-Inclusive Payment Rate   |
| CAH                  | Method I: 101% of reasonable cost for technical component(s) of services<br>Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of MPFS non-facility rate for professional component(s) of services |

\* Medicare pays Maryland hospitals for inpatient or outpatient services according to the Maryland State Cost Containment Plan.



## Reasons for Claim Denial

Medicare may deny coverage of screening for depression in adults in several situations, including:

- ▶ The beneficiary got more than one screening for depression in the last 12 months.
- ▶ The beneficiary got the screening for depression outside of the primary care setting.

You may find specific payment decision information on the Remittance Advice (RA). The RA includes Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) that provide additional information on payment adjustments. For the most current listing of these codes, visit <http://www.wpc-edi.com/reference> on the Internet. You can obtain additional information about claims from your carrier, FI, or A/B MAC.

### Medicare Contractor Contact Information

For carrier, FI, or A/B MAC contact information, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CallCenterTollNumDirectory.zip> on the CMS website.

### RA Information

For more information about the RA, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html> on the CMS website.

## Resources

For more information about screening for depression in adults, refer to the resources listed in Tables 4 and 5. For educational products for Medicare Fee-For-Service health care professionals and their staff, information on coverage, coding, billing, payment, and claim filing procedures, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> on the CMS website, or scan the Quick Response (QR) code to the right with your mobile device.



**Table 4. Provider Resources**

| Resource  | Website   |
|---|---|
| CMS Beneficiary Notices Initiative (BNI)  | <a href="http://www.cms.gov/Medicare/Medicare-General-Information/BNI">http://www.cms.gov/Medicare/Medicare-General-Information/BNI</a>   |
| “CMS Electronic Mailing Lists: Keeping Medicare Fee-For-Service Providers Informed”                       | <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf</a> |
| “Medicare Claims Processing Manual” – Publication 100-04, Chapter 18, Section 190                         | <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>   |
| Medicare Learning Network (MLN) Matters® Article MM7637, “Screening for Depression in Adults”             | <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7637.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7637.pdf</a>                   |
| “Medicare National Coverage Determinations Manual” – Publication 100-03, Chapter 1, Part 4, Section 210.9 | <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf</a>   |
| Medicare Preventive Services General Information  | <a href="http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo">http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo</a>   |

Table 4. Provider Resources (cont.)

| Resource  | Website  |
|---|--|
| MLN Guided Pathways to Medicare Resources                             | <p>The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information about preventive services, refer to the “Coverage of Preventive Services” section in the “MLN Guided Pathways to Medicare Resources – Basic Curriculum for Health Care Professionals, Suppliers, and Providers” booklet at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf</a> on the CMS website.</p> <p>For all other “Guided Pathways” resources, visit <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html</a> on the CMS website.</p> |
| MLN Matters® Articles Related to Medicare-covered Preventive Benefits | <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf</a>  |
| MPFS  | <a href="http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/PhysicianFeeSched">http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/PhysicianFeeSched</a>  |
| OPPS  | <a href="http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientPPS">http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientPPS</a>  |
| USPSTF Screening for Depression in Adults Recommendations             | For a summary of the USPSTF written recommendations on screening for depression in adults, visit <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspSaddepr.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspSaddepr.htm</a> on the Internet.  |



**Table 5. Beneficiary Resources**

| Resource   | Website/Contact Information   |
|--|---|
| Manage Your Health – Preventive Services                                 | <a href="http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx">http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx</a>                       |
| “Medicare & You: Stay Healthy with Medicare’s Preventive Benefits” Video | <a href="http://www.youtube.com/watch?v=mBCF0V4R4A0&amp;feature=relmfu">http://www.youtube.com/watch?v=mBCF0V4R4A0&amp;feature=relmfu</a>   |
| Medicare Beneficiary Help Line and Website                               | Telephone:<br>Toll-Free: 1-800-MEDICARE (1-800-633-4227)<br>TTY Toll-Free: 1-877-486-2048<br><br>Website: <a href="http://www.medicare.gov">http://www.medicare.gov</a>   |
| Medicare Depression Screenings   | <a href="http://www.medicare.gov/navigation/manage-your-health/preventive-services/depression-screenings.aspx">http://www.medicare.gov/navigation/manage-your-health/preventive-services/depression-screenings.aspx</a>                                   |
| “Publications for Medicare Beneficiaries”                                | <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BenePubFS-ICN905183.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BenePubFS-ICN905183.pdf</a> |



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