

Primary Care Depression Reimbursement Tips for Physicians and Practice Managers

It is well recognized that depression is frequently encountered in primary care practice. Also, it is a widely held belief that Primary Care Physicians do not get paid for the initial treatment and follow-up care for depression. The Mid-America Coalition on Health Care's *Community Initiative on Depression* is aggressively challenging this belief. The Coalition successfully developed a work group of key stakeholders (health plans, physicians and medical office managers) to collaboratively address the complexities surrounding the diagnosis, coding and reimbursement for the management of depression in the primary care setting. This work group successfully completed an unprecedented "*Life of a Depression Claim*" analysis which included the verification of health plan medical policies and internal test claims as well as a study of over 100,000 primary care claims. As a result, key depression reimbursement tips were developed for primary care physicians and practice managers to improve the consistent reimbursement of depression treatment in primary care.

Tip #1: Diagnosis Codes

- Use one of the following ICD-9 diagnosis codes, if appropriate:
 - ▶ 311 Depressive Disorder, NOS
 - ▶ 296.90 Mood Disorder NOS
 - ▶ 300.00 Anxiety Disorder, NOS
 - ▶ 296.21 Major depressive disorder, Single episode, Mild
 - ▶ 296.22 Major depressive disorder, Single episode, Moderate
 - ▶ 296.30 Major depressive disorder, Recurrent
 - ▶ 309 Adjustment Disorder with Depressed Mood
 - ▶ 300.02 Generalized Anxiety Disorder
 - ▶ 293.83 Mood Disorder due to Medical Condition – (i.e. Postpartum Depression)
 - ▶ 314 or 314.01 Attention Deficit/Hyperactivity Disorder (Inattentive and combined types)

Note: While other codes might be appropriate and reimbursable, the aforementioned codes were used during the health plan test claim process for fully insured benefit plans.

Tip #2: Evaluation and Management Codes

- Use E&M codes 99201-99205 or 99211-99215 with a depression claim with any of the diagnosis codes in Tip #1.
- Do not use psychiatric or psychotherapy codes (90801-90899) with a depression claim for a primary care setting. These codes tend to be reserved for psychiatric providers only.

Note: According to the AMA CPT 2005 Evaluation and Management Services Guidelines when counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter, then time may be considered the controlling factor to qualify for a particular level of E/M service (this may allow the physician to **code a higher level of service**).

Tip #3: Call if you have questions

- If you have general questions about primary care depression coding and reimbursement guidelines contact Kathy Vance, former president of Greater Kansas City Medical Manager's Association at 816-753-4312 or Teresa Titus-Howard, vice president, Mid-America Coalition on Health Care at 816-753-0654.
- If you have specific health plan questions about non-paid depression claims, contact your local health plan provider representative.

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