Depressive Disorders

Reference and Resource Guide for Providers

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Contents

Overview

Depression is a common mood disorder characterized by persistent sadness and loss of interest in activities an individual once enjoyed. It significantly impacts many Americans, affecting over 8.8% of (22.5 million) adults and 19.5% of (4.8 million) youth annually.[1]

Highmark Health Options is committed to supporting providers in integrating behavioral and physical health. This guide specifically focuses on screening for and managing:

- **Major Depressive Disorder (MDD):** Marked by symptoms of depressed mood and/or loss of interest, most days for at least two weeks, which interfere with daily activities.
- **Dysthymia:** Characterized by less severe but chronic depressive symptoms lasting for at least two years.
- **Perinatal Depression:** Depression occurring during pregnancy (prenatal) or after childbirth (postpartum).

Note: Definitions based on American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (5th edition).[2]

The U.S. Preventive Services Task Force (USPSTF) recommends depression screening for adolescents aged 12–18 and the general adult population, including pregnant and postpartum women.[3] Highmark Health Options recognizes the critical role providers play in connecting members to essential treatment and resources for persistent depressive symptoms that impact overall health. This guide offers valuable resources to assist in caring for Highmark Health Options members.

Screening and Follow-Up

Effective depression screening uses standard assessment instruments that have been normalized and validated for the appropriate patient population. Utilizing these tools is a crucial first step in identifying Highmark Health Options members who may benefit from further assessment and intervention.

Eligible screening instruments with thresholds for positive findings for depressive disorders include:

Instruments for Adolescents (≤17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®[4]	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[5]	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)[6]	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)[7]	Total score ≥10
PROMIS Depression	Total score (T Score) ≥60

Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	Total score ≥8
Beck Depression Inventory (BDI-II)	Total score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)®	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10
My Mood Monitor (M-3)®	Total score ≥5
PROMIS Depression	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥31

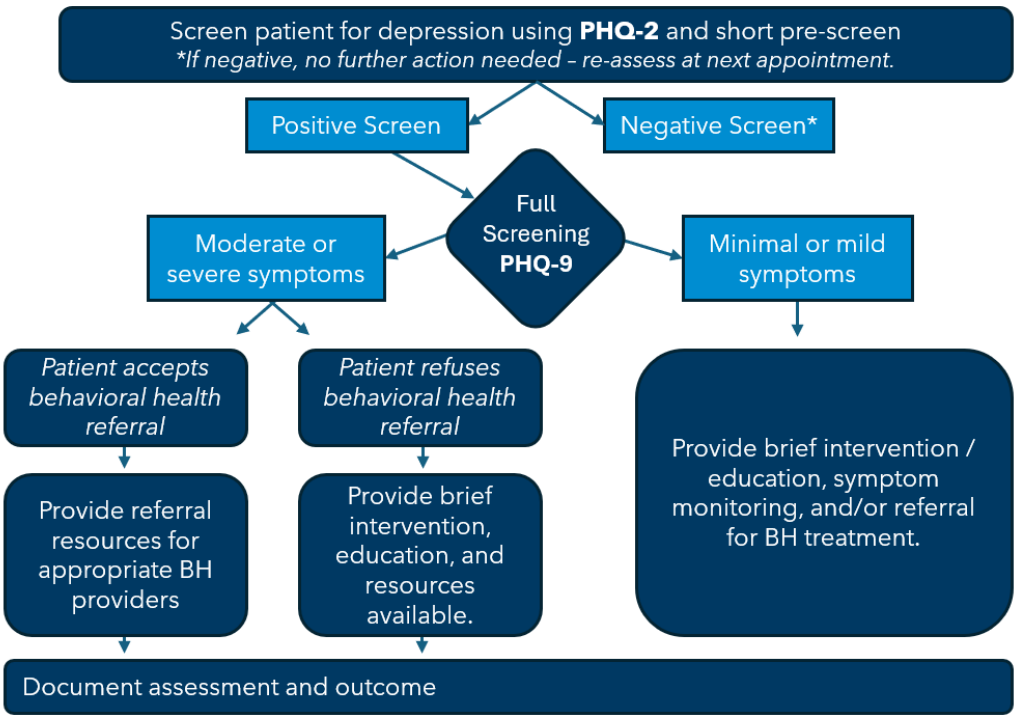
For members with a positive depression screening result these members should receive follow up care within 30 days. Providers should use brief intervention and referral resources contained within this guide to facilitate this.

"Follow Up" is defined as:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health conditions.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (such as, negative screen) on the same day as a positive screen on a brief screening instrument.
- Document in the medical record the encounter date of a referral, or the need for further evaluation, if the screening for depression is positive. Implement a call back program for reaching out to patients with positive screens to keep engagement.

Depression Screening Workflow

To guide providers in identifying, assessing, and connecting patients to appropriate referrals and resources for depression management, please refer to the following workflow diagram:



Brief Intervention/Motivational Interviewing

Highmark Health Options encourages providers to utilize Motivational Interviewing (MI) when working with patients who screen positive for depressive disorders. Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. This approach helps decrease barriers and increase readiness for positive change.[8]

Special Populations

Maternity

The American College of Obstetricians and Gynecologists (ACOG) recommend depression screening for everyone receiving prenatal, postpartum, and well-woman care.[9] Screening is specifically recommended at the following times:

- At least once during pregnancy
- At the 6-week postpartum obstetrical visit
- At the 1-month, 2-month, 4-month, and 6-month pediatric visit

Patients may hesitate to discuss mental health challenges during prenatal and postnatal periods due to stigma. To encourage open communication, Highmark Health Options recommends using an inclusive and strengths-based approach, emphasizing these key talking points with patients:

- Mood changes are common during pregnancy and after giving birth
- The practice screens every woman during pregnancy and the postpartum period as part of routine care
- The practice cares for the whole woman, beyond just physical health
- These conditions are treatable, and support is available

Pediatric

Depression in children and adolescents requires careful attention, as it can significantly affect their developmental trajectories. The U.S. Preventive Services Task Force (USPSTF) recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years, emphasizing the need for adequate systems to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Depression in children and adolescents is strongly associated with:

- Recurrent depression in adulthood
- Other mental disorders
- Family conflicts and relationship difficulties
- Increased risk for suicidal ideation, suicide attempts, and suicide completion
- Alcohol and substance use struggles
- Academic problems
- Increased risk of youth incarceration or involved in the criminal justice system

Common risk factors for depression in adolescents include:

- Family history of depression in parents or siblings
- Having been the victim or witness of violence (e.g., physical or sexual abuse)
- Issues that negatively impact self-esteem, such as obesity, peer problems, long-term bullying or academic difficulties
- Having other mental health conditions (e.g., bipolar disorder, anxiety disorder, a personality disorder, anorexia, or bulimia)
- Youth in the LGBTQIA+ communities (who may experience additional stressors)

Treatment Options

Depression treatment options are diverse, tailored to a patient's individual needs, preferences, and strengths. Levels of care vary in intensity, time commitment, location, and specific therapeutic approaches. The primary goal is to identify the least intensive yet most effective level of care that ensures patient safety, meets their treatment needs, and provides optimal support.

Outpatient (OP)

Outpatient treatment encompasses individual, family/couples, psychiatry, and at times group psychotherapy. While frequency varies, therapy sessions typically occur 2-4 times per month, with psychiatry visits often less frequent (e.g., once a month). OP therapy is suitable for individuals with mild to moderate depressive symptoms who seek to improve their overall well-being.

- Telehealth options are also available at the OP level of care. Providers can utilize videoconference technology to deliver mental health services, offering increased accessibility for individuals facing time constraints, transportation issues, lack of local providers, or childcare challenges.

Intensive Outpatient (IOP)

IOP typically involves 3 days per week of multidisciplinary, group-based treatment, often serving as a step-down from a PHP level of care. These programs usually run for

about 3 hours per day. Patients in IOP are generally able to function adequately in their daily lives (work, school, home) but require additional structured support.

Partial Hospitalization (PHP)

PHP is often referred to as "day treatment," PHP offers intensive treatment for 4-5 days per week, usually 5-6 hours each day. Patients return home in the evenings. PHP commonly combines individual and group-based therapy and is ideal for those needing a higher level of care without requiring round-the-clock supervision.

Residential Treatment

This level of care provides 24-hour support within a structured, often community-based environment. It enables individuals to receive intensive therapy and medication management while residing in a facility, with the aim of stabilizing their mental health and developing skills for independent living.

- Residential treatment is often recommended for individuals with a history of mental health care who have not made significant progress in less intensive levels of care.
- The average length of stay typically ranges from 30 to 90 days, depending on individual progress.
- Patients receive comprehensive treatment from a multidisciplinary team during their stay.

Inpatient Treatment

Inpatient psychiatric hospitalization represents the highest level of mental health care, generally following an emergency department evaluation. The primary goal is patient stabilization, involving round-the-clock supervision. This level of care includes medical monitoring, medication management, group and individual therapy, family therapy, and recreational activities.

Medications for Treatment

Medications often play an important role in treating mental disorders and conditions, frequently used in combination with other treatments, such as psychotherapy.[10] Antidepressants are the preferred medications used to treat depression.[11]

Commonly prescribed types and names of antidepressants include:

- Selective serotonin reuptake inhibitors (SSRIs)
  - *Prozac, Zoloft, Celexa, Lexapro*
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
  - *Effexor, Cymbalta, Pristiq*

- Norepinephrine-dopamine reuptake inhibitors (NDRIs)
  - *Wellbutrin, Zyban*
- Tetracyclic antidepressants
  - *Remeron, Mianserin, Ludiomil*
- Tricyclic antidepressants
  - *Doxepin, Amitriptyline, Norpramin*
- Phenylpiperazine antidepressants
  - *Trazadone*
- Monoamine oxidase inhibitors
  - *Marplan, Nardil, Parnate*

Please note: Information about medications is updated frequently. For the latest information, warnings, and approved medications, please refer to The U.S. Food and Drug Administration (FDA) has Medication Guides[12]

Billing and Coding

Member Eligibility

Highmark Health Options reimburses eligible providers for specific depression screening and related assessment services when provided to DE Medicaid and DE Medicare D-SNP members. The procedure codes listed below are consistent across all provider types:

Line of Business (LOB)	Procedure Code	Description
WV Medicaid WV Medicare D-SNP	96127	Brief Emotional / Behavioral Assessment screening less than 5 minutes. Approved to be billed at each patient's visit when medically necessary.
WV Medicare DSNP	G0444	Annual Depression Screening
WV Medicaid WV Medicare D-SNP	96160	Health Risk Assessment

Training and Education Opportunities

Name	Description	Cost
Highmark Health Options	Virtual live webinar options on mental health include: • Co-Occurring Disorders • General Mental Health • Cultural Competency for Behavioral Health Professionals • Words Matter: Stigmatizing Language in Behavioral Health Contact Shannen Lauffer (Shannen.lauffer@highmark.com) to schedule a live virtual training.	Free 1 hour live virtual webinars. No CEs offered
Adult Mental Health First Aid (MHFA)	Virtual live webinar, Mental Health First Aid is an evidence-based, national program focused on early-intervention that teaches participants about mental health and substance use challenges. Topics include: • Depression and mood disorders • Anxiety disorders • Trauma and psychosis • Substance use disorders Contact Shannen Lauffer (Shannen.lauffer@highmark.com) or Rachel Shuster (rachel.shuster@highmark.com) to schedule a live virtual training.	$24.99 cost per participant for training material
Mindspring Mental Health Alliance	MindSpring Mental Health Alliance offers evidence-based mental health education, support, and advocacy programs, available to both community members and providers. Click here to learn more today.	Free 1 hour live virtual webinars. No CEs offered
Depression and Bipolar Support Alliance (DBSA)	The Depression and Bipolar Support Alliance (DBSA) partners to provide educational courses and materials for clinicians. These opportunities aim to support and enhance quality mental health care. Click here to learn more today.	Free course. CME/ CEUs offered.

Referral Resources

Important Crisis Information: Any patient identified as having a mental health condition should be provided education regarding the 988 Suicide & Crisis Lifeline in the event of a mental health crisis, as well as their local crisis phone number.

Finding the right behavioral health treatment and services can be a crucial step. Highmark Health Options offers various resources to assist members and covers the treatment for Depressive disorders for Medicare D-SNP and Medicaid members including:

- Inpatient
- Outpatient
- Outpatient therapy and groups
- Medication Management

To learn more about pharmacy benefits for Highmark Health Options members visit: Pharmacy | Bureau for Medical Services. This page provides information on the preferred drug list, medication prior authorization criteria as well as other essential information.

Providers can access benefit information for patients here:

- **Medicaid:** WV Medicaid Benefits and Services | HHO West Virginia
- **Medicare D-SNP:** D-SNP Benefits and Programs | HHO WV

The Highmark Health Options provider directory can help to find participating providers for the treatment of depressive disorders and other behavioral health treatment here:

- **Medicaid Provider Directory:** Find Care - West Virginia
- **Medicare D-SNP Provider Directory:** Find Care - West Virginia

Providers can refer a member to case management services for additional assistance in accessing care/ treatment here:

- **Medicaid:** 1-833-957-0020 TTY: 711
- **Medicare D-SNP:** 1-833-957-0025 TTY: 711

Hours of operation: Monday through Friday, 8 a.m.- 5 p.m.

Once your patient has identified a pathway to treatment that they would like to pursue, there are several resources available to assist in locating services in their area. These include national, state and local resources that can assist in locating services.

Provider Resources

Name	Description	Contact
West Virginia Perinatal Psychiatric Access Program (WV PPAP)	A program to support frontline healthcare providers and build their capacity to treat perinatal psychiatric disorders during pre-conception, pregnancy, and postpartum. • Offers real-time consultations to OB-GYNs and other primary care providers with a perinatal psychiatrist for diagnostic and treatment guidance. • Provide telehealth visits when needed to assist primary care providers with diagnosis and treatment guidance. • Trains and supports Ob/Gyns, family physicians, certified nurse midwives, mid-level practitioners, and other frontline providers to identify and manage maternal mental health conditions. Helps providers connect their patients to appropriate behavioral health services, including therapy and medication management.	WV Perinatal Psychiatric Access Program (WV PPAP) - West Virginia Perinatal Partnership Call 304-314-7374
West Virginia Pediatric Access Line Service (WVPALS)	The program provides support to frontline pediatricians, family medicine practitioners and school healthcare providers by offering telephone access to a child and adolescent psychiatrist for informal consultation, advice and guidance.	304-694-7257 or 304-694-PALS

National Resources

Name	Description	Contact
Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline	Provides referrals to local treatment facilities, support groups, and community-based organizations 24 hours a day, 7 days a week, every day of the year.	1-800-662-HELP (4357)
National Treatment Locator	Confidential and anonymous resource for persons seeking treatment for mental and substance use disorders.	http://www.findtreatment.gov/
Suicide and Crisis Lifeline	Free and confidential support for people in distress, 24 hours a day, 7 days a week. Also offers specialized services for individuals who are deaf or hearing impaired, those who prefer to communicate in Spanish and military Veterans.	Call or Text 988
The JED Foundation	Nonprofit agency that provides education, training, and resources for teens and young adults on mental health.	How to Get Help | The Jed Foundation
The Trevor Project	The Trevor Project is a suicide prevention and crisis intervention nonprofit organization for LGBTQ+ young people. They provide information & support to LGBTQ+ young people 24/7, all year round via chat, text or telephone.	24/7 Suicide Hotline for LGBTQ Youth - We're here for you Now 1-866-488-7386
National Maternal Mental Health Hotline	The National Maternal Mental Health Hotline provides free, confidential mental health support. Pregnant women, moms, and new parents can call or text any time, every day.	National Maternal Mental Health Hotline | MCHB 1-833-TLC-MAMA (1-833-852-6262)

West Virginia Statewide Resources

Name	Description	Contact
West Virginia 211	WV 211 connects individuals and families to the health and human service organizations they need throughout the state. Available to all people of all income levels and cultural backgrounds, the team consists of Delaware-based resource specialists.	https://www.wv211.org/ Call: 2-1-1 Text your zip code to: 989-211
NAMI West Virginia (National Alliance on Mental Illness West Virginia	NAMI WV offers support, education, and advocacy for individuals and families affected by mental illness. They have support groups, educational programs, and a helpline.	Phone: 304-905-0635 (not a crisis line) Email: namigreaterwheeling@gmail.com
HELP4WV	HELP4WV offers a 24/7 call, chat, and text line that provides immediate help for any West Virginian with mental health issues. The helpline staff offers confidential support and resource referrals, including self-help groups, outpatient counseling, medication-assisted treatment, psychiatric care, emergency care, and residential treatment.	https://www.help4wv.com/ Call: (844) HELP④WV (435-7498) Text: (844) 435-7498
West Virginia Department of Health and Human Resources (DHHR) - Bureau for Behavioral Health (BBH)	The Bureau for Behavioral Health (BBH) is responsible for the statewide administration of community-based behavioral health services. Their mission is to serve the people of West Virginia by working with strategic partners to advance access and quality of statewide behavioral health to empower each West Virginian to reach their potential.	https://bbh.wv.gov/
West Virginia Behavioral Healthcare Providers Association (WVBHA)	The West Virginia Behavioral Healthcare Providers Association promotes a quality system of behavioral health care for West Virginians. They provide a broad continuum of services to West Virginia citizens, including mental health services for persons with intellectual disability, and substance treatment.	https://wvbehavioralhealth.org/about/

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