Depressive Disorders

Provider Reference and Resource Guide

HIGHMARK WHOLECARE

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Program Overview

Behavioral health professionals define depression as a mood disorder that causes a persistent feeling of sadness and loss of interest in things an individual used to enjoy. Depression is one of the most common mental illnesses in the United States, affecting more than 8.8% (22.5 million) American adults and 19.5% (4.8 million) American youth (Mental Health America, 2025).

Highmark Wholecare supports providers in the integration of behavioral health and physical health through screening members for Major Depressive Disorder (MDD), Perinatal Depression, and Dysthymia.

According to the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (5th ed.):

- Major Depression includes symptoms of depressed mood and/or loss of interest, most of the time for at least two weeks, that interfere with daily activities.
- Dysthymia consists of less severe symptoms of depression that last much longer, usually for at least two years.

Perinatal depression is depression that occurs during pregnancy or after childbirth. Depression that begins during pregnancy is prenatal depression, and depression that begins after the baby is born is postpartum depression.

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents ages 12-18 and the general adult population, including pregnant and postpartum women. Providers can have the biggest impact in connecting members to treatment and resources. These members may have already experienced or may continue to experience persistent symptoms of a depressive disorder that have lasting effects on their overall health. The resources highlighted in this guide can assist you in providing care to Highmark Wholecare members.

Screening

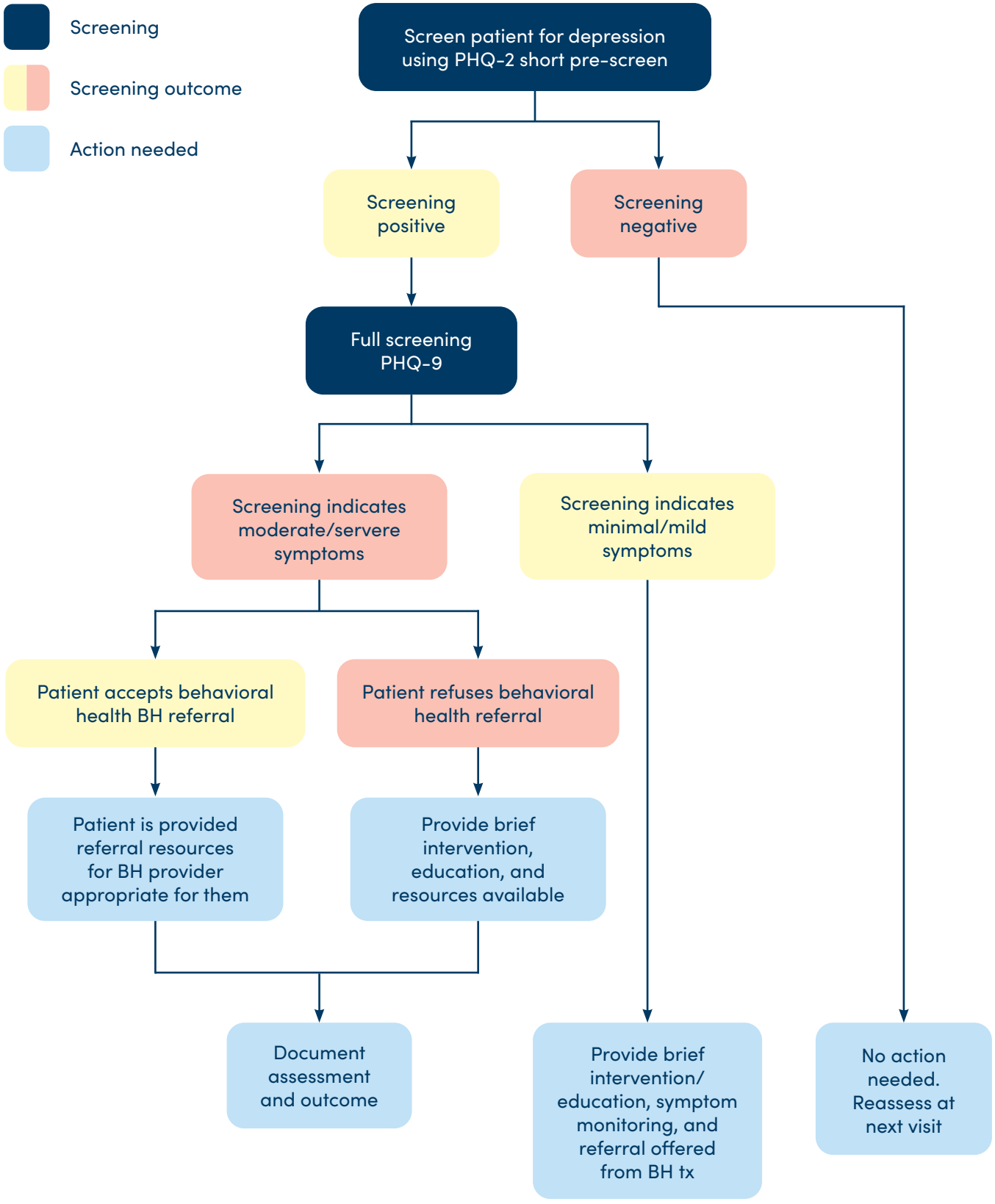
The screenings described in this section are standard assessment instruments that have been normalized and validated for the appropriate patient population.

Eligible screening instruments for depressive disorders and their thresholds for positive findings include:

Instruments for Adolescents (age 17 and younger)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®1	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®1,2	Total score ≥8
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10
PROMIS Depression	Total score (T Score) ≥60
Instruments for Adults (age 18 and older)	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®1	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®1,2	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)®2	Total score ≥30
Geriatric Depression Scale Short Form (GDS)1	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

Depression Screening Workflow

When deploying screenings for depression, this flowchart can help guide providers in identifying, assessing, and providing referrals and resources for patients to help manage depression.



Brief Intervention and Motivational Interviewing

Highmark Wholecare recommends providers use a Motivational Interviewing (MI) approach to promote self-efficacy in patients who screen positive for a depressive disorder and may need resources and treatment supports. 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 (Miller & Rollnick, 2013, p. 29). MI is designed to decrease barriers and increase readiness to make a change. The focus is on moving individuals toward making positive changes in their lives.

The Institute for Clinical Systems Improvement recommends that clinicians establish and maintain follow-up with adult patients who have depression. Appropriate, reliable follow-up is highly correlated with improved response and remission. As a result, it is recommended that providers work with patients to create a Depression Follow-Up Plan. Some examples of this may include referral to a provider or program such as a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for further evaluation or depression treatment.

Special Populations

Maternity

The American College of Obstetricians and Gynecologists (ACOG) recommends that everyone receiving prenatal, postpartum, and well-woman care be screened for depression.

Screening is recommended at the following times for patients:

- At least once during pregnancy
- At the six-week postpartum obstetrical visit
- At the one, two, four, and six-month pediatric visit

Patients may be reluctant to discuss mental health challenges with providers during pre and postnatal periods due to stigma. It is important to use an inclusive and strengths-based approach.

Some key talking points that Highmark Wholecare recommends emphasizing with patients are:

- Mood changes are common during pregnancy and after giving birth.
- The practice screens every woman in pregnancy and the postpartum period.
- The practice cares for the whole woman.
- These conditions are treatable.

Pediatric

The U.S. Preventative Services Task Force (USPSTF) recommends screening for major depressive disorder (MDD) in adolescents ages 12-18. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Depression can negatively affect the developmental trajectories of affected youth. 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 in adolescence that may lead to depression include:

- Having issues that negatively impact self-esteem, such as obesity, peer problems, long-term bullying, or academic problems
- Having been the victim or witness of violence, such as physical or sexual abuse
- Having other mental health conditions, such as bipolar disorder, an anxiety disorder, a personality disorder, anorexia, or bulimia
- Youth in the LGBTQIA+ communities
- Family history of depression in parents or siblings

Treatment Options

There are several treatment options for depression depending on the patient's needs, preferences, and strengths. Levels of care vary by intensity, time, location, and variation of treatment. The goal is to identify the least intensive and most effective level of care that will keep the patient safe, meet their treatment needs, and support them best.

Outpatient (OP)

Outpatient treatment includes individual, family or couples, psychiatry, and at times group psychotherapy. The frequency an individual meets with an outpatient provider can vary but often ranges from two to four times per month for therapy sessions. For psychiatry the frequency may be less, such as once a month. Outpatient therapy is indicated for those who are experiencing mild to moderate symptoms of depression and who want to improve their overall well-being.

Telehealth options are also available at the OP level of care. Providers can use video conference technology to provide mental health services. This offers increased options and likelihood to remain engaged in treatment for individuals who may have time constraints, transportation issues, lack of providers in their area, childcare issues, etc.

Intensive Outpatient (IOP)

IOP usually consists of multidisciplinary and group-based treatment three days a week, often a step down from the Partial Hospitalization (PHP) level of care. IOP programs are typically three hours per day. Patients at this level of care are usually able to function adequately in their daily lives at work, school, and home and just need some additional support.

Partial Hospitalization (PHP)

PHP often known as "day treatment," consists of four to five days a week of intensive treatment during the day, often for around five to six hours each day, but patients return home in the evenings. PHP is most often a combination of individual therapy sessions and group-based treatment. This is ideal for those who need a higher level of care but don't require round-the-clock supervision.

Residential Treatment

This level of care provides 24-hour care and support in a structured, often community-based, environment, allowing individuals to receive intensive therapy and medication management while living in a facility, aiming to stabilize their mental health and develop skills for independent living. This is often recommended for individuals who have a history of mental health care and have been unable to make significant progress in other levels of care. The average length of stay is usually 30-90 days, depending on the individual's progress. Individuals receive treatment during their stay from a multidisciplinary team.

Inpatient Treatment

Inpatient psychiatric hospitalization is the highest level of mental health care and generally occurs after an emergency department evaluation. The goal is to stabilize the individual and involves round-the-clock supervision. This level of care consists of medical monitoring, medication management, group or individual therapy, family therapy, and recreational activities.

Medications for Treatment

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

Commonly prescribed types and names of antidepressants include:

Prescribed Type	Antidepressants
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	Trazodone
Monoamine oxidase inhibitors	Marplan, Nardil, Parnate

These medications are commonly prescribed because they improve the symptoms of a broad group of depressive disorders. Information about medications is updated frequently. Reference the U.S. Food and Drug Administration (FDA) Medication Guides for the latest information, warnings, and approved medications.

Highmark Wholecare supports members in adhering to medication management for depressive disorders. The antidepressant medication management (AMM) adherence measures for medication adherence during the acute and continuation phases of medication therapy treatment.

Members ages 18 and older who are treated with antidepressant medication, have a diagnosis of major depression, and who remain on an antidepressant medication treatment are monitored for:

- **Effective Acute Phase Treatment.** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective Continuation Phase Treatment.** The percentage of members who remained on an antidepressant medication for at least 180 days (six months).

Providers and members can also refer to the Pennsylvania Highmark Wholecare D-SNP and Medicaid Formularies, also known as Drug Lists, which show covered medications under the prescription drug benefits as well as any limits, special pharmacies, or requirements.

Links to Drug Lists:

- **PA Medicaid:** Medical Assistance Drug Search | Highmark Wholecare
- **PA DSNP:** Medicare Medication Formulary and Benefits | Highmark Wholecare

Billing and Coding

Member Eligibility

Eligible providers who screen Highmark Wholecare PA Medicaid and PA Medicare D-SNP members should use the following procedure codes. The procedure codes used to report services for reimbursement are consistent among all provider types. Highmark Wholecare will reimburse for the following codes:

Line of Business	Procedure Code	Description
PA Medicaid **PA Medicare D-SNP**	96127	Brief Emotional/ Behavioral Assessment screening less than five minutes. Approved to be billed at each patient visit when medically necessary.
PA Medicare D-SNP	G0444	Annual Depression Screening
PA Medicaid **PA Medicare D-SNP**	96160	Health Risk Assessment

Training and Education Opportunities

Organization	Description	Cost	Contact
Highmark Wholecare	**Virtual live webinar options on mental health including:** • Co-Occurring Disorders • General Mental Health • Cultural Competency for Behavioral Health Professionals • Words Matter: Stigmatizing Language in Behavioral Health	Free course/ CME's and CEU's offered to providers, nurses, Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), and Social Workers (LSW/LCSW)	Providers may reach out to Shannen Lauffer, Clinical Addiction Specialist to schedule a free live virtual training at slauffer@highmarkwholecare.com
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 covered include:** • Depression and mood disorders • Anxiety disorders • Trauma • Psychosis • Substance use disorders	$24.99 cost per participant for training material.	Providers may reach out to Shannen Lauffer or Rachel Shuster, Clinical Addiction Specialist to schedule a live virtual training at slauffer@highmarkwholecare.com and rshuster@highmarkwholecare.com
Mindspring Mental Health Alliance	Mindspring provides mental health education, support, and advocacy programs. All Mindspring's programs feature evidence-based curriculum and are available to all community members and providers.	Free one hour live virtual webinars. No CEs offered.	**mindspringhealth.org**
Depression and Bipolar Support Alliance (DBSA)	As a service to clinicians, DBSA works with many partners who provide educational courses and materials centered on mental health. Their goal is to provide clinicians with learning opportunities that support quality mental health care.	Free course/ CME's and CEU's offered to providers, nurses, LPCs, LMFTs, and LSW/LCSWs.	**dbsalliance.org**

Referral Resources

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. Below are national, state, and local resources that can assist in locating services.

Any patient who is identified as having a mental health condition should be provided education regarding the **988** Suicide and Crisis Lifeline hotline in the event of a mental health crisis, as well as their local crisis phone number.

National Resources

Resource	Description	Contact
Substance Abuse and Mental Health Services Administration's (SAMHSA) National Helpline	Provides referrals to local treatment facilities, support groups, and community-based organizations 24 hours a day, seven 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.	**findtreatment.gov**
Suicide and Crisis Lifeline	Free and confidential support for people in distress, 24 hours a day, seven 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**

Pennsylvania Resources

Resource	Description	Contact
Behavioral Health Managed Care Organizations (BH-MCOs)	PA Medicaid recipients have behavioral health benefits managed by a Behavioral Health MCO. The individual's BH MCO is dependent upon the county in which they receive their Medical Assistance benefits through.	To find the BH-MCO for the county in which the individual resides visit: Behavioral Health MCOs | Department of Human Services | Commonwealth of Pennsylvania
Pennsylvania County Specific Crisis Lines		Contacts by County in PA
Mental Health in PA	Offers resources from the Office of Mental Health and Substance Abuse Services (OMHSAS) for mental health and substance use disorder. Get more information on OMHSAS, find Children/ Adolescent Resources, and Adult/Older Adults Resources.	Trama-Informed Care in PA Mental Health and Substance Abuse Services
Pennsylvania Crisis Text Line	24/7, free, confidential line. A live, trained volunteer Crisis Counselor receives the text and responds, all from a secure online platform.	Text **PA** to **741741**
Pennsylvania Support & Referral Line	Free and confidential support for people in distress in Pennsylvania, 24 hours a day, seven days a week.	**1-855-284-2494 (TTY: 724-631-5600)**

County Referral to Treatment, Resources, and Support

Providers can quickly identify treatment, resources, and support for their patients based on the county in which the individual desires to access services. Please refer to the links above to access county-level resources.