

Cerner PowerChart Ambulatory EDUCATION

**Summary:** Depression Screening is recommended for all patients ages 12 years and older. This health maintenance recommendation will automatically display on the Recommendations component within the Ambulatory Workflow page annually.

Support: Ambulatory Informatics at 231-392-0229.

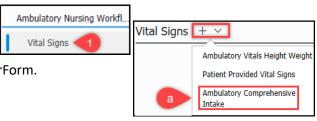
### **Clerical Staff**

If the practice uses a paper for form to fill out. After the form document the responses and s	•	MUNSON HEALTH Grayling Physician Net Patient Health Question	work				
			⊨ how often have you been tem carefully, and √chec	bothered t		e following	
				1	Several days	More than half the days 2	Totady every fire 3
	Example Form: Practices may have	<ol> <li>Little interest or plea</li> <li>Feeling down, depre</li> </ol>	and the second se		-	-	
	differently formatted paper forms. Please use the correct form for your	3 Trouble falling or star sleeping too much		100-		- 1	
	practice.		ould be better off dead or		[		
			FOR OFFICE CODING			Total Score	•
			problems, how <u>difficult</u> h things at home or get al				ou to do
		Not Difficult At All	Somewhat Difficult	Very Di	fficult	Extremely	Difficult
		Staff Signature:		Date:		Time:	

### **Clinical Staff**

Depression screening can be documented during patient intake.

1. Navigate to the Vital Signs component on the Ambulatory Nursing Workflow page. Click the dropdown arrow next to **Vital Signs.** 



- a. Select the Ambulatory Comprehensive Intake PowerForm.
- 2. On the PHQ-2 and PHQ-9 section, enter the Depression Screening Questionnaire responses per your practice requirements. Note: If the PHQ-2 Score is 1 or more, the PHQ-9 must be completed.

P Ambulatory Comprehensive Intake					
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*Performed on: 05/10/202	2 • v 0924 • EDT				
Intake Summary	PHQ-2 and PHQ-9 De	epression Scr	eening Questionnai	re	
Detailed Vitals and Measure					
PHQ-2 and PHQ-9	Over the last 2 weeks, how often have	you been bothered by a	ny of the following problems?		
Allergies and Medications	1. Little Interest or Pleasure in Doing Things	Not at all	O More than half the days		
Social History		O Several days	O Nearly every day		
Family History					
Obstetrical History	2. Feeling Down, Depressed or	O Not at all	More than half the days		
Procedure and Surgical His	Hopeless	O Several days	O Nearly every day		
Problems and Diagnosis					
Infectious Disease Risk Sci	DUO-2 Score		2		
Psychosocial and Spiritual	PHQ-2 Score	Score = 0 No further action required			
Conley Fall Risk Scale		Score = 1-6 Complet			



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- 3. A PHQ-9 Severity Score and Severity Interpretation will auto populate based on question responses.
- If the patient answers anything other than Not at all to Thoughts Better Off Dead or Hurting Self (Question #9 on the PHQ-9 Screening), notify the provider.

**Note**: Clinical staff **must** document time spent administering the depression screening tool in the **PHQ-9 Comments** field.

8. Moving or Speaking Slowly	<ul> <li>Not at all Notify provider if patient answers anything other than Not at all.</li> </ul>
9. Thoughts Better Off Dead of Hurting Self	Not at all     O More than half the days     Several days     Nearly every day
PHQ-9 Severity Score PHQ-9 Severity Interpretation	None         Mild depression symptoms         Moderate depression symptoms         Moderately severe depression symptoms         Severe depression symptoms
PHQ-9 Comments	=

- 5. Continue documenting the patient intake.
- 6. On the **Problems and Diagnosis** section of the Intake form, if the patient does not have an active chronic diagnosis of depression bipolar disorder
- diagnosis of depression, bipolar disorder, and/or dysthymia to select for this visit, add **Z13.31 Depression Screening** to Diagnosis (Problem) being Addressed this Visit.

Diagn	osis (Pro	blem) being A	ddressed this Visit—	
÷	Add	🗹 Modil	y 띀 Convert	Display: All V Depression screen 6

7. When the Intake is complete, click the green checkmark to sign.

Note: After the PowerForm is signed, the information documented is available on the following Ambulatory Workflow page components:

- Problem List Component
- Scales and Assessments Component
- Ambulatory Comprehensive Intake Document

		Priority		Problem Name	Code		
		1 🗸		Depression screening	Z13.31 (I	CD-10-CM)	
	Scales and Assessm	ents		ck on the value then Res ails to view the Intake fo			
		Today 10:34	Π	PHQ2 Screen Sc	core		
	PHQ2 Screen Score	2		MAY 10, 2022 10:34			
	PHQ9 Severity Score PHQ9 Severity Interpret	7 Mild depress	sion	Result 2 Normal High		Normal	Law
	nprehensive Intake	(		 Critical High		 Critical	
mprehensive Intake Form (Auth (Verified)) Q-9 Pleasure in Activities : Not at all Depressed, Hopeless : More than half the days				 Status Auth (Verified)			2011
Core : 2 or Staying Asleep : Several days Little Energy : Several days				Result Details			

Documents (3) Ambulatory Ambulatory Cor PHQ-2 and PHQ Time of Service ✓ Subject Little Interest - P Feeling Down, D PHQ2 Screen Sc In Progress (0) Trouble Falling o Completed (3) Feeling Tired or MAY 10, 2022 10:34 Ambulatory Comprehension Poor Appetite or Overeating : Not at all Feeling Bad About Yourself : Several days Trouble Concentrating : Several days Moving or Speaking Slowly : Not at all Thoughts Better Off Dead or Hurting Self : Several days

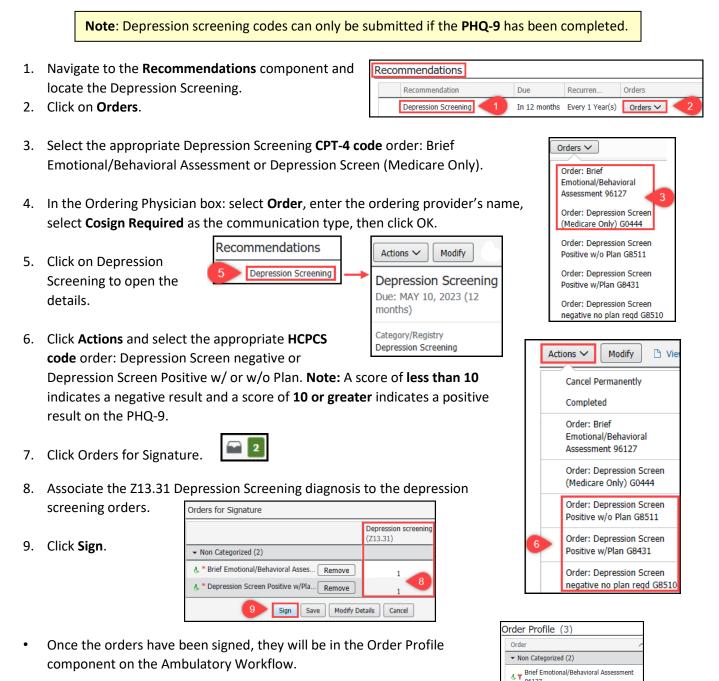
Severity Score : 7 PHQ9 Severity Interpretation : Mild depression symptoms



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### Submitting Quality Codes

Depression Screening is a Health Maintenance Recommendation approved standing order that clinical staff may order as cosign required. Ordering a depression screening code will satisfy the Depression Screening Recommendation in the Recommendations component on the Ambulatory Nursing Workflow. Screening codes can be submitted from the Recommendations component or the New Order Entry component available on the Ambulatory Nursing Workflow or Clinical Staff Orders page.



96127

& T Depression Screen Positive w/Plan G8431

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Description

Major Depression

### **Provider**

- Document plan details in Assessment and Plan component on the Ambulatory Workflow. 1.
- 2. If the patient is positive for at least Moderate Depression symptoms with a PHQ-9 score of 10 or greater, a scheduled follow up is required within 30 days.
- 3. Additional follow up plan documentation may include:
  - Additional evaluations for depression
  - Suicide risk assessment
  - Referral to Behavioral Health or a practitioner who is qualified to diagnose and treat depression
  - **Referral to Care Management**
  - Pharmacological interventions •
  - Other interventions and/or follow-up within 30 da •
    - Examples include:
      - Return to clinic order for • **Depression Management**
      - Ambulatory Referral to Psychiatry, Care Management, or Behavioral Health
      - Columbia Suicide Severity Rating Scale (C-SSRS)
        - C-SSRS form is

available from AdHoc

Ad Hoc Charting	te	
All Items Accept OBS Patient	^	<ul> <li>B 6 Minute Walk Test</li> <li>Advance Directives</li> </ul>
Admission Nurse Admission Nurse/NA Advance Directive Advance Directive Ambulatory Care Ambulatory POC Ambulatory Referrals Ancillary Ancillary Anesthesia Advancesthesia		Allergy Injection     Antepartum Intake     Antepartum Intake     Antepartum Subsequent Visit     Anticoagulation Therapy Management     AUL BPH Symptom Screening     AUDIT Alcohol Use Disorders Identifics     AUDIT-C Questionnaire     Bladder Scan PVR
Anestriesia i asks Assessment Behavioral Health		<ul> <li>□ C-SSRS Suicide Severity Screening</li> <li>□ □ Care Team</li> </ul>

### **Depression Screening Codes**

CPT Code	Description	
96127	6127 Brief Emotional/Behavioral Assessment (Commercial/Medicaid Insurances)	
G0444	Depression Screening (Medicare/Medicare Advantage Insurance Only) Time spent 1-15 minutes Document time spent administering depression screening tool in PHQ-9 comments box *Cannot push G0444 with a Welcome to Medicare Visit or an Initial Annual Wellness Visit *Can push G0444 with Subsequent Annual Wellness Visits	

Screening codes can be pushed with results codes, regardless of PHQ-9 score Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.

HCPCS Code	Description
G8510	Depression Screen negative no plan reqd G8510
G8431	Depression Screen Positive w/ Plan G8431
G8511	Depression Screen Positive w/o Plan G8511 **Use of Code Not Recommended**

Healthcare Common Procedure Coding System (HCPCS) is standardized code sets necessary for Medicare and other health insurance providers to provide healthcare claims that are managed consistently and in an orderly manner.



# F34.1 Dysthymia F30.10-F31.9 **Bipolar** Disorder

ICD10 Code Range

F32.0-F33.9