

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-03 Medicare National Coverage Determinations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 139</b>	<b>Date: November 23, 2011</b>
	<b>Change Request 7637</b>

**SUBJECT: Screening for Depression in Adults**

**I. SUMMARY OF CHANGES:** Effective for claims with dates of service on and after October 14, 2011, contractors shall cover annual screening for adults for depression in the primary care setting that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. This revision [to the Medicare National Coverage Determinations Manual] is a national coverage determination (NCD). NCDs are binding on all carriers, fiscal intermediaries, [contractors with the Federal government that review and/or adjudicate claims, determinations, and/or decisions], quality improvement organizations, qualified independent contractors, the Medicare appeals council, and administrative law judges (ALJs) (see 42 CFR section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See section 1869(f)(1)(A)(i) of the Social Security Act.)

**EFFECTIVE DATE: October 14, 2011**

**IMPLEMENTATION DATE: December 27, 2011 for non-shared system edits, April 2, 2012 for shared systems edits, July 2, 2012, for CWF provider screens, HICR changes, and MCS MCSDT changes**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N	1/210.9/Screening for Depression in Adults

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Business Requirements

Pub. 100-03	Transmittal: 139	Date: November 23, 2011	Change Request: 7637
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**SUBJECT:** Screening for Depression in Adults

**Effective Date:** October 14, 2011

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## I. GENERAL INFORMATION

**A. Background:** Pursuant to §1861(ddd) of the Social Security Act, the Centers for Medicare & Medicaid Services (CMS) may add coverage of "additional preventive services" through the National Coverage Determination (NCD) process if all of the following criteria are met: (1) reasonable and necessary for the prevention or early detection of illness or disability; (2) recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF); and, (3) appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

Screening for depression in adults is recommended with a grade of B by the USPSTF. The CMS reviewed the USPSTF recommendations and supporting evidence for screening depression in adults preventive services and determined that the criteria listed above was met, enabling the CMS to cover these preventive services. Thus, effective October 14, 2011, CMS shall cover depression screening in adults. The covered services must be provided in primary care settings.

**B. Policy:** Effective October 14, 2011, Medicare covers annual screening for adults for depression in the primary care setting that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. For the purposes of this NCD:

A primary care setting is defined as one in which there is 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 patients, and practicing in the context of family and community. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, and hospice are not considered primary care settings under this definition.

At a minimum level, staff-assisted depression care supports consist of clinical staff (e.g., nurse, physician assistant) in the primary care office who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment.

More comprehensive care supports include a case manager working with the primary care physician; planned collaborative care between the primary care provider and mental health clinicians; patient education and support for patient self-management; plus attention to patient preferences regarding counseling, medications, and referral to mental health professionals with or without continuing involvement by the patient's primary care physician.

**NOTE:** A new HCPCS G0444, *Annual Depression Screening, 15 minutes*, will be effective October 14, 2011, and will appear in the January 2012 quarterly updates of the Medicare Physician Fee Schedule Database (MPFSDB) and the Integrated Outpatient Code Editor (IOCE),

**II. BUSINESS REQUIREMENTS TABLE**

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M  M A C	F I  I E R	C A  R I E R	R H  I	Shared-System Maintainers				OTHER
					F I S S	M C S	V M S	C W F			
7637-03.1	Effective for claims with dates of service on and after October 14, 2011, contractors shall cover annual screening for adults for depression in the primary care setting that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up subject to the criteria established in Pub. 100-03, NCD Manual, section 210.10. For claims processing information please refer to the companion Business Requirements in 100-04, and the Claims Processing Manual, Chapter 18, section 190.	X		X	X						

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M  M A C	F I  I E R	C A  R I E R	R H  I	Shared-System Maintainers				OTHER
					F I S S	M C S	V M S	C W F			
7637-03.2	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X						

#### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For other recommendations and supporting information, use this space: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Michelle Issa, Coverage and Analysis Group, [michelle.issa@cms.hhs.gov](mailto:michelle.issa@cms.hhs.gov) 410-786-6656, Wanda Belle Coverage and Analysis Group, [wanda.belle@cms.hhs.gov](mailto:wanda.belle@cms.hhs.gov) 410-786-7491, Pat Brocato-Simons, Coverage and Analysis Group, [patricia.brocato-simons@cms.hhs.gov](mailto:patricia.brocato-simons@cms.hhs.gov) 410-786-0261, Chanelle Jones, Practitioner Claims Processing, 410-786-9668, [chanelle.jones@cms.hhs.gov](mailto:chanelle.jones@cms.hhs.gov), Bridgitte Davis, Practitioner Claims Processing, 410-786-4573, [Bridgitte.davis@cms.hhs.gov](mailto:Bridgitte.davis@cms.hhs.gov), Jason Kerr, Institutional Claims Processing, 410-786-2123, [Jason.kerr@cms.hhs.gov](mailto:Jason.kerr@cms.hhs.gov), Cindy Pitts, Institutional Claims Processing, 410-786-2222, [cindy.pitts@cms.hhs.gov](mailto:cindy.pitts@cms.hhs.gov).

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

#### VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:** No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For *Medicare Administrative Contractors (MACs)*:** The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**210.9 – Screening for Depression in Adults (Effective October 14, 2011)**  
*(Rev. 139, Issued: 11-23-11, Effective: 10-14-11, Implementation: 12-27-11 non-shared system edits/04-02-12 shared system edits/07-02-12 CWF, HICR, MCS MCSDT)*

**A. General**

*Among persons older than 65 years, one in six suffers from depression. Depression in older adults is estimated to occur in 25% of those with other illness including cancer, arthritis, stroke, chronic lung disease, and cardiovascular disease. Other stressful events, such as the loss of friends and loved ones, are also risk factors for depression. Opportunities are missed to improve health outcomes when mental illness is under-recognized and under-treated in primary care settings*

*Older adults have the highest risk of suicide of all age groups. These patients are important in the primary care setting because 50-75% of older adults who commit suicide saw their medical doctor during the prior month for general medical care, and 39% were seen during the week prior to their death. Symptoms of major depression that are felt nearly every day include, but are 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.*

*Based upon authority to cover “additional preventive services” for Medicare beneficiaries if certain statutory requirements are met, the Centers for Medicare & Medicaid Services (CMS) initiated a new national coverage analysis on screening for depression in adults. Screening for depression in adults is recommended with a grade of B by the U.S. Preventive Services Task Force (USPSTF) and is appropriate for individuals entitled to benefits under Part A and Part B.*

*Therefore, effective October 14, 2011, CMS will cover annual screening for depression for Medicare beneficiaries in primary care settings that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. 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.*

*Coverage is limited to screening services and does not include treatment options for depression or any diseases, complications, or chronic conditions resulting from depression, nor does it address therapeutic interventions such as pharmacotherapy, combination therapy (counseling and medications), or other interventions for depression.*

**B. Nationally Covered Indications**

*Effective for claims with dates of service on or after October 14, 2011, CMS will cover annual screening up to 15 minutes for Medicare beneficiaries 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.*

***C. Nationally Non-Covered Indications***

*Screening for depression is non-covered when performed more than one time in a 12-month period. In addition, self-help materials, telephone calls, and web-based counseling are not separately reimbursable by Medicare and are not part of this NCD.*

***D. Other***

*Medicare coinsurance and Part B deductible are waived for this preventive service*

*(This NCD last reviewed October 2011.)*