

Screening for Depression in Adults (NCD 210.9)

Guideline Number: MPG274.06
Approval Date: August 12, 2020

[↪ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	2
References	2
Guideline History/Revision Information	3
Purpose	3
Terms and Conditions	3

Related Medicare Advantage Coverage Summaries

- [Preventive Health Services and Procedures](#)
- [Telemedicine/Telehealth Services](#)

Policy Summary

[↪ See Purpose](#)

Overview

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, chronic lung disease, arthritis, stroke, and cardiovascular disease. Stressful events, such as the loss of friends and loved ones, are also risk factors for depression.

Symptoms of major depression that are felt nearly every day include, but are limited to, feeling sad or empty; less ability to think or concentrate; less interest in daily activities; weight loss or gain when not dieting; 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.

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. 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 combination therapy (medications and counseling), pharmacotherapy, or other interventions for depression.

Guidelines

Nationally Covered Indications

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., physician assistant, nurse) in the primary care setting who can advise the physician of screening results and

who can facilitate and coordinate referrals to mental health treatment. Services covered under this NCD must be provided by a primary care provider.

Nationally Non-Covered Indications

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

Other

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

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
G0444	Annual depression screening, 15 minutes

Place of Service Code	Description
02	Telehealth
11	Physician's office
19	Off Campus-Outpatient hospital
22	On Campus-Outpatient hospital
49	Independent clinic
71	State or local public health clinic

References

CMS National Coverage Determinations (NCDs)

[NCD 210.9 Screening for Depression in Adults](#)

CMS Benefit Policy Manual

[Chapter 15: § 270.2 List of Medicare Telehealth Services](#)

CMS Claims Processing Manual

[Chapter 1: § 190 Medicare Payment for Telehealth Services](#)

[Chapter 18: § 190 Screening for Depression in Adults](#)

CMS Transmittal(s)

[Transmittal 139, Change Request 7637, Dated 11/23/2011 \(Screening for Depression in Adults\)](#)

[Transmittal 2359, Change Request 7637, Dated 11/23/2011 \(Screening for Depression in Adults\)](#)

[Transmittal 2431, Change Request 7637, Dated 03/23/2012 \(Screening for Depression in Adults\)](#)

MLN Matters

[Article MM7637, Screening for Depression in Adults](#)

UnitedHealthcare Commercial Policy

[Preventive Care Services](#)

Other(s)

[Dept of Health and Human Services \(Centers for Medicare and Medicaid Services\) Preventative Services \(IBT for Cardiovascular Disease\), CMS Website](#)

[Medicare Preventive Services, ICN 006559, June 2020](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
08/12/2020	Applicable Codes <ul style="list-style-type: none">Added Place of Service code 02 Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG274.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).