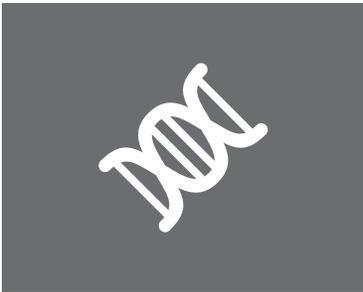




Women's Preventive Services Initiative (WPSI) 2021 Coding Guide

Screening for Anxiety



RECOMMENDATION CODING

Women's Preventive Services Initiative (WPSI)

Screening for Anxiety

Clinical Recommendations: The Women's Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practice, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.

Implementation Considerations: Clinicians may consider screening for anxiety in conjunction with screening for depression, which is recommended by the USPSTF, because of the frequent co-occurrence of anxiety and depressive disorders. Validated instruments that screen simultaneously for both disorders may be clinically efficient in practice settings, such instruments include the EPDS (specifically for pregnant and postpartum women), PHQ-4, and the HADS in adult women and the Bright Futures Y-PSC in adolescents and young women. Several additional screening instruments demonstrate moderate to high accuracy in identifying anxiety disorders in women (eg, GAD, HADS, BAI) and adolescents and young adult women (eg, 5-item SCARED). Although not evaluated in research studies of adolescents, the GAD-7 and Bright Futures youth self-report PSC (Y-PSC) are commonly used in clinical practice.

While no studies have evaluated the benefits and harms of population screening for anxiety, trials among patients with clinically diagnosed anxiety support the effectiveness of treatment with cognitive behavioral therapy, medications, or both. When screening suggests the presence of anxiety, further evaluation is necessary to establish the diagnosis and determine appropriate treatment. Screening should ideally be implemented in conjunction with collaborative and team-based approaches to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

PROCEDURE CODES

NON-MEDICARE PAYERS

Anxiety and depression screening may be performed during the annual well-woman visit. For commercial payers, you may be able to report a preventive medicine Evaluation and Management (E/M) service code (**99381-99387, 99391-99397**) for the annual exam in addition to code **96127, Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**. No bundling relationship exists between these two services per the federal National Correct Coding Initiative (NCCI) and as such, both can be reported separately if the commercial payers choose to do so.

Some commercial payers consider depression/anxiety testing as a part of preventive service. Physicians should check with their individual payers regarding their specific policies.

For anxiety and depression screening of a patient without symptoms and not performed as part of the annual exam, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Again, physicians should check with their individual payers regarding reimbursement policies for preventive medicine codes.

Possible procedure codes are:

99401-99404 Preventive medicine, individual counseling

99411-99412 Preventive medicine, group counseling

If the encounter was for treatment for a patient with a diagnosis of depression or documented symptoms of depression, report an outpatient E/M code. Note that the “typical times” for each code have been revised to depict a range of time. For outpatient E/M visits in 2021, physicians may choose code level based on either medical decision making (MDM) or time. Time may be used to select a code level whether or not counseling or coordination of care is the primary office or other outpatient service (**99202-99215**). Time can only be used for level selection for other (time-based) E/M services when counseling and coordination of care is the primary service (for time based codes other than **99202-99215**). If you are reporting based on time it is recommended that your time be documented. As best practice, providers should also continue to perform and document a clinically relevant history and physical exam, even though it will not influence code selection.

Possible procedure codes are:

99202-99205 New patient, office or other outpatient visit

99211-99215 Established patient, office or other outpatient visit

Please note that for Patient Health Questionnaire (PHQ-9) screening, some payers accept E/M code with modifier **25** billed with **96161/96160**, while others may request using CPT code **96127, Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.**

OBSTETRIC PATIENTS

If the physician is providing the global obstetrical service (and reporting a global code), the payer may consider screening for depression/anxiety as a part of the global service and not reimburse additionally for the service. This is particularly true if the physician screens every patient for depression as routine. However, some payers may reimburse for this service. Physicians should check with their specific payers. However, if the physician diagnoses depression/anxiety, you may report it separately since the global package was valued for uncomplicated antepartum, delivery and postpartum care. You should be aware, though, that some payers will only reimburse psychologists and psychiatrists for treating mental disorders. You need to know your specific payer policies.

When using Edinburgh Postnatal Depression Screening (EPDS) to screen for depression in pregnant/postpartum patients, it is more appropriate to report CPT code **96160, Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument.**

When using Edinburgh Postnatal Depression Screening (EPDS) or PHQ-9 to screen mother during a baby’s visit, CPT code **96161, Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.**

RECOMMENDATION CODING

ICD-10-CM Codes

The possible ICD-10-CM codes are as follows:

G47.9	Sleep disorder, unspecified
R53.81	Other malaise
R53.83	Other fatigue
R45.-	Symptoms and signs involving emotional state
Z13.39	Encounter for screening examination for other mental health and behavioral disorders
Z13.30	Encounter for screening examination for mental health and behavioral disorders, unspecified
Z13.31	Encounter for screening for depression
Z13.32	Encounter for screening for maternal depression
F40.0-	Agoraphobia
F40.1-	Social phobias
F40.2-	Specific (isolated) phobias
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified