DEPRESSIVE DISORDERS

Policy Number: BH727DDCDG_102017
Effective Date: October, 2017

Table of Contents

INSTRUCTIONS FOR USE .......................................... 1
BENEFIT CONSIDERATIONS ...................................... 1
COVERAGE RATIONALE ............................................. 2
APPLICABLE CODES ................................................. 2
LEVEL OF CARE GUIDELINES ..................................... 4
UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS ....... 4
EVIDENCE-BASED CLINICAL GUIDELINES ................... 5
REFERENCES ........................................................... 7
ADDITIONAL RESOURCES ......................................... 8
HISTORY/REVISION INFORMATION ............................ 8

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting and administering behavioral health benefit plans that are managed by Optum, and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)). When deciding coverage, the member-specific benefit plan document must be referenced. The terms of the member-specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member’s specific benefit plan document supersedes this Coverage Determination Guideline.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the COC/SPD prior to using this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. Optum reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

BENEFIT CONSIDERATIONS

Before using this document, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

Pre-Service Notification
Admissions to an inpatient, residential treatment center, intensive outpatient, or a partial hospital/day treatment program require pre-service notification. Notification of a scheduled admission must occur at least five (5) business days before admission. Notification of an unscheduled admission (including emergency admissions) should occur as soon as is reasonably possible. Benefits may be reduced if Optum is not notified of an admission to these levels of care. Check the member’s specific benefit plan document for the applicable penalty and provision for a grace period before applying a penalty for failure to notify Optum as required.

Additional Information
The lack of a specific exclusion for a service does not necessarily mean that the service is covered. For example, depending on the specific plan requirements, services that are inconsistent with Level of Care Guidelines and/or

Relevant Diagnoses:
- Major Depressive Disorder
- Persistent Depressive Disorder
- Premenstrual Dysphoric Disorder
- Disruptive Mood Dysregulation Disorder
prevailing medical standards and clinical guidelines may be excluded. Please refer to the member’s benefit document for specific plan requirements.

**Essential Health Benefits for Individual and Small Group**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member-specific benefit document to determine benefit coverage.

**COVERAGE RATIONALE**

Available benefits for depressive disorders include the following services:
- Diagnostic evaluation, assessment, and treatment planning
- Treatment and/or procedures
- Medication management and other associated treatments
- Individual, family, and group therapy
- Provider-based case management services
- Crisis intervention

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member’s benefit document, or is otherwise defined differently, it is the terms of the member’s benefit document that prevails.

Per the specific requirements of the plan, health care services or supplies may not be covered when inconsistent with generally accepted standards and clinical guidelines:

**Optum Level of Care Guidelines**

**UnitedHealthcare Benefit Plan Definitions**

**Evidence-Based Clinical Guidelines**

All services must be provided by or under the direction of a properly qualified behavioral health provider.

**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.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90785</td>
<td>Interactive complexity (list separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation</td>
</tr>
<tr>
<td>90792</td>
<td>Psychiatric diagnostic evaluation with medical services</td>
</tr>
<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes with patient</td>
</tr>
<tr>
<td>90833</td>
<td>Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45 minutes with patient</td>
</tr>
<tr>
<td>90836</td>
<td>Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient</td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90839</td>
<td>Psychotherapy for crisis; first 60 minutes</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>90840</td>
<td>Psychotherapy for crisis; each additional 30 minutes (list separately in addition to the code for primary service)</td>
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<tr>
<td>90846</td>
<td>Family psychotherapy (without the patient present), 50 minutes</td>
</tr>
<tr>
<td>90847</td>
<td>Family psychotherapy (conjoint psychotherapy) (with the patient present), 50 minutes</td>
</tr>
<tr>
<td>90849</td>
<td>Multiple-family group psychotherapy</td>
</tr>
<tr>
<td>90853</td>
<td>Group psychotherapy (other than of a multiple-family group)</td>
</tr>
<tr>
<td>90863</td>
<td>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)</td>
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<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0177</td>
<td>Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)</td>
</tr>
<tr>
<td>G0410</td>
<td>Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes</td>
</tr>
<tr>
<td>G0411</td>
<td>Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes</td>
</tr>
<tr>
<td>H0004</td>
<td>Behavioral health counseling and therapy, per 15 minutes</td>
</tr>
<tr>
<td>H0015</td>
<td>Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education</td>
</tr>
<tr>
<td>H0017</td>
<td>Behavioral health; residential (hospital residential treatment program), without room and board, per diem</td>
</tr>
<tr>
<td>H0018</td>
<td>Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem</td>
</tr>
<tr>
<td>H0019</td>
<td>Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem</td>
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<tr>
<td>H0025</td>
<td>Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)</td>
</tr>
<tr>
<td>H0035</td>
<td>Mental health partial hospitalization, treatment, less than 24 hours</td>
</tr>
<tr>
<td>H2001</td>
<td>Rehabilitation program, per 1/2 day</td>
</tr>
<tr>
<td>H2011</td>
<td>Crisis intervention service, per 15 minutes</td>
</tr>
<tr>
<td>H2012</td>
<td>Behavioral health day treatment, per hour</td>
</tr>
<tr>
<td>H2013</td>
<td>Psychiatric health facility service, per diem</td>
</tr>
<tr>
<td>H2017</td>
<td>Psychosocial rehabilitation services, per 15 minutes</td>
</tr>
<tr>
<td>H2018</td>
<td>Psychosocial rehabilitation services, per diem</td>
</tr>
<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes</td>
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<tr>
<td>H2020</td>
<td>Therapeutic behavioral services, per diem</td>
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<tr>
<td>H2033</td>
<td>Multisystemic therapy for juveniles, per 15 minutes</td>
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<tr>
<td>S0201</td>
<td>Partial hospitalization services, less than 24 hours, per diem</td>
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<tr>
<td>S9480</td>
<td>Intensive outpatient psychiatric services, per diem</td>
</tr>
<tr>
<td>S9482</td>
<td>Family stabilization services, per 15 minutes</td>
</tr>
<tr>
<td>S9484</td>
<td>Crisis intervention mental health services, per hour</td>
</tr>
<tr>
<td>S9485</td>
<td>Crisis intervention mental health services, per diem</td>
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</table>

<table>
<thead>
<tr>
<th>DSM Classification</th>
<th>ICD-10 Diagnosis Code</th>
<th>ICD-10 Description</th>
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<tbody>
<tr>
<td>296.2x, 296.3x</td>
<td>F32.0-F32.9; F33.0-F33.9</td>
<td>Major Depressive Disorder</td>
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DSM Classification | ICD-10 Diagnosis Code | ICD-10 Description
--- | --- | ---
300.4 | F34.1 | Persistent Depressive Disorder
625.4 | F32.81 | Premenstrual Dysphoric Disorder
296.99 | F34.81 | Disruptive Mood Dysregulation Disorder

LEVEL OF CARE GUIDELINES

Optum / OptumHealth Behavioral Solutions of California Level of Care Guidelines are available at: https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html

The Level of Care Guidelines are a set of objective and evidence-based behavioral health guidelines used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing.

UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS

For plans using 2001 and 2004 generic UnitedHealthcare COC/SPD, unless otherwise specified
Covered Health Service(s)
Those health services provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.

A Covered Health Service is a health care service or supply described in Section 1: What's Covered--Benefits as a Covered Health Service, which is not excluded under Section 2: What's Not Covered--Exclusions.

For plans using 2007 and 2009 generic UnitedHealthcare COC/SPD, unless otherwise specified
Covered Health Service(s)
Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in the Certificate of Coverage under Section 1: Covered Health Services and in the Schedule of Benefits.
- Not otherwise excluded in the Certificate of Coverage under Section 2: Exclusions and Limitations.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

For plans using 2011 and more recent generic UnitedHealthcare COC/SPD, unless otherwise specified
Covered Health Care Service(s) - health care services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Care Service in the Certificate under Section 1: Covered Health Care Services and in the Schedule of Benefits.
- Not excluded in the Certificate under Section 2: Exclusions and Limitations.

Medically Necessary - health care services provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms, that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Doctor specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Doctor specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services.

**EVIDENCE-BASED CLINICAL GUIDELINES**

A. Initial evaluation common criteria and best practices
   - Optum recognizes the American Psychiatric Association’s Practice Guidelines for the Psychiatric Evaluation of Adults (2016):
     - [http://www.psychiatry.org > Psychiatrists > Practice > Clinical Practice Guidelines](http://www.psychiatry.org)
   - Patients should receive a thorough diagnostic assessment to establish the diagnosis of major depressive disorder, identify other psychiatric or general medical conditions requiring attention, and develop a comprehensive treatment plan (American Psychiatric Association, 2010).
   - A careful and ongoing evaluation of suicide risk is necessary for all patients with major depressive disorder (American Psychiatric Association, 2010).

B. Baseline Measurement
   - Many clinician- and/or member-administered rating scales have demonstrated their validity and reliability in research studies and may be useful in the initial evaluation and ongoing clinical monitoring of depression (American Psychiatric Association, 2016).
   - Commonly used quantitative instruments that measure the presence and severity of depressive symptoms include (VA/DOD, 2016; Cusin, et al 2010):
     - Patient Health Questionnaire-9 (PHQ-9);
     - Beck Depression Inventory (BDI);
     - Hamilton Depression Rating Scale (HDRS; HAM-D);
     - Montgomery-Asberg Depression Rating Scale (MADRS);
     - Inventory of Depressive Symptomatology (IDS; QIDS)

C. Differential Diagnoses:
   - Differential diagnosis for major depressive disorder includes (American Psychiatric Association, 2013):
     - Manic episodes with irritable mood or mixed episodes;
     - Mood disorder due to another medical condition;
     - Substance/medication-induced depressive or bipolar disorder;
     - Attention-deficit/hyperactivity disorder;
     - Adjustment disorder with depressed mood;
     - Sadness
   - Correctly identifying bipolar disorder among patients presenting with depression symptoms is critical for appropriate treatment and improving outcomes (Hirschfeld, 2014).
   - Differential diagnosis for premenstrual dysphoric disorder includes (American Psychiatric Association, 2013):
     - Premenstrual syndrome;
     - Dysmenorrhea;
     - Bipolar disorder;
     - Major depressive disorder;
     - Persistent depressive disorder;
o Use of hormonal treatments

- Differential diagnosis for disruptive mood dysregulation disorder (DMDD) includes (American Psychiatric Association, 2013):
  - Bipolar disorder;
  - Oppositional defiant disorder;
  - Attention-deficit/hyperactivity disorder;
  - Major depressive disorder;
  - Anxiety disorder;
  - Autism spectrum disorder;
  - Intermittent explosive disorder

D. Treatment planning common criteria and best practices
- Optum recognizes the American Psychiatric Association's Practice Guidelines for the Psychiatric Evaluation of Adults (2016):
  - http://www.psychiatry.org > Psychiatrists > Practice > Clinical Practice Guidelines

E. Initial treatment of depression usually involves medications, psychotherapy, or a combination of the two (National Institute of Mental Health, 2016a; VA/DOD, 2016; American College of Physicians, 2016; Substance Abuse and Mental Health Services Administration, 2015; American Psychiatric Association, 2010):
- Antidepressants
  - Selective serotonin reuptake inhibitors (SSRIs, including fluoxetine, citalopram, sertraline, paroxetine, and escitalopram), serotonin-norepinephrine reuptake inhibitors (SNRIs, including venlafaxine and duloxetine), and bupropion are popular antidepressant choices because they typically do not cause as many side effects as older classes of antidepressants, such as tricyclics, tetracyclics, and MAOIs
  - Numerous forms of medication exist across these classes and each has different side effects
  - Different medications may need to be attempted to find one that both relieves depression and has tolerable side effects
- Psychotherapies
  - Commonly used initial psychotherapy strategies for depression include interpersonal therapy (IPT) and cognitive behavioral therapy (CBT)

F. Measurement of Progress
- Many clinician- and/or member-administered rating scales have demonstrated their validity and reliability in research studies, and may be useful in the initial evaluation and ongoing clinical monitoring of depression (American Psychiatric Association, 2016).
- Commonly used quantitative instruments that measure the presence and severity of depressive symptoms include (VA/DOD, 2016; Cusin, et al 2010):
  - Patient Health Questionnaire-9 (PHQ-9);
  - Beck Depression Inventory (BDI);
  - Hamilton Depression Rating Scale (HDRS; HAM-D);
  - Montgomery-Asberg Depression Rating Scale (MADRS);
  - Inventory of Depressive Symptomatology (IDS; QIDS)

G. Switching/Augmenting the Course of Treatment
- Clinicians should carefully reevaluate patients with depression that has not responded to initial treatment (Papakostas, 2009), including:
  - Adherence to the treatment plan;
  - That an adequate dose of medication has been given for an adequate duration (e.g., minimum of 4-8 weeks; VA/DOD Guidelines; Agency for Healthcare Research & Quality, 2015) and/or
  - That psychotherapy has been or is being conducted over an appropriate period of time with an adequate frequency of visits (e.g., at least 8 visits of 30 minutes each; Agency for Healthcare Research & Quality, 2015)
- If a patient has not responded to initial treatment, it may suggest a need to reconsider the accuracy of that diagnosis (American Psychiatric Association, 2016).
- Treatment switching or augmentation may be reasonable options for those patients with depression who do not respond to initial therapy (Agency for Healthcare Research & Quality, 2015; American College of Physicians, 2016)

H. Other treatments
• Electroconvulsive therapy (ECT) may be a treatment option in patients with severe depression when there is a history of poor response to medications and when there is a need for a rapid, definitive response due to the severity of the condition (e.g., imminent risk of suicide, signs or symptoms of psychosis, substantial cognitive impairment as a result of the depression).
• Transcranial magnetic stimulation (TMS) may also be considered in patients who have not responded to prior antidepressant therapy.

I. Treatment considerations for premenstrual dysphoric disorder (PMDD) (U.S. Department of Health and Human Services, 2014; National Association for Premenstrual Dysphoric Disorder, 2016):
• Lifestyle changes, such as regular exercise and stress reduction techniques may help ease symptoms;
• Individual and group therapy may help to relieve symptoms;
• Selective serotonin reuptake inhibitors (SSRIs), including sertraline, fluoxetine, and paroxetine have also been shown to help some women with PMDD;
  o For women who do not respond to or cannot tolerate SSRIs, consultation or referral to a medical care provider for other medication therapies may be necessary.

J. Treatment considerations for disruptive mood dysregulation disorder (DMDD):
• DMDD is a fairly new diagnosis, and treatment is often based on what has been helpful for other disorders that share symptoms of irritability and temper tantrums, including attention-deficit/hyperactivity disorder, anxiety disorders, oppositional defiant disorder, and major depressive disorder (National Institute of Mental Health, 2016b; Roy, et al 2014).
• Medications (e.g., stimulants, antidepressants) and/or psychological treatments (e.g., cognitive-behavioral therapy, parent training) may be useful in treating DMDD (National Institute of Mental Health, 2016b; Roy, et al 2014; American Academy of Child and Adolescent Psychiatry, 2013).
• Given the complexity of DMDD, a combination of therapies will likely be required for meaningful improvement (Roy, et al 2014).

K. Discharge planning common criteria and best practices
• See "Common Criteria and Best Practices for All Levels of Care":

REFERENCES*

*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines

ADDITIONAL RESOURCES

Clinical Protocols
Optum maintains clinical protocols that include the Level of Care Guidelines and Best Practice Guidelines which describe the scientific evidence, prevailing medical standards, and clinical guidelines supporting our determinations regarding treatment. These clinical protocols are available to Covered Persons upon request, and to Physicians and other behavioral health care professionals on www.providerexpress.com.

Peer Review
Optum will offer a peer review to the provider when services do not appear to conform to this guideline. The purpose of a peer review is to allow the provider the opportunity to share additional or new information about the case to assist the Peer Reviewer in making a determination including, when necessary, to clarify a diagnosis.

Second Opinion Evaluations
Optum facilitates obtaining a second opinion evaluation when requested by an member, provider, or when Optum otherwise determines that a second opinion is necessary to make a determination, clarify a diagnosis or improve treatment planning and care for the member.


**Referral Assistance**

Optum provides assistance with accessing care when the provider and/or member determine that there is not an appropriate match with the member's clinical needs and goals, or if additional providers should be involved in delivering treatment.

**HISTORY/REVISION INFORMATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>10/10/2017</td>
<td>• Version 1 – Annual Update</td>
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