



The M3 Checklist & Clinical Practice

What It Is • Why It's Needed • How to Use It

Measurement & Evidence-Based Mental Health Care

The M3 Checklist screening
assessment & tracking tool is:



Evidence-based



User-friendly



Administered
on the web or a
mobile device



Instantly
interpreted

M3 Detects:

Depression

Anxiety disorders

Bipolar disorders

Post-traumatic stress disorder

Substance Misuse

Suicidality

Functional Impairment

It fits into practice workflow, yields standardized reports, and connects with most electronic health records (EHRs).

Information developed through the M3 Checklist provides a comprehensive profile of each patient, including functional status, drug use, and thoughts of suicide. The information can be used in measurement-based care, revealing changes in a patient's mental health status, practice patterns, and aggregate population health data.

M3 Checklist — Why It's Needed & How to Use It

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5 About M3 Checklist

The evidence for treatment of MH disorders is clear. Left untreated or under-treated, they are costly and confound care of comorbid conditions. The patient-rated M3 Checklist through LabCorp assesses multiple mental health conditions while providing data.

6 Mental Health is More Than Depression Alone

Over half of Americans will have a mental health disorder in their lifetime. Often individuals will have overlapping conditions, such as anxiety coupled with depression.

7 Cost of Mental Illness

Mental health conditions are the largest drivers of health care costs, totaling \$293 billion annually. The prevalence of anxiety is almost twice that of depression.

8 One Number

Risk for four mental health disorders can be recognized through one number, which is similar to diabetes risk identification using A1C.

9 Interpreting the M3 Checklist & the AUDIT-C

M3 reports are like any other LabCorp report, making it easy to accurately identify risk for a diagnosis and treat the patient.

12 Integration into Clinical Workflow

These LabCorp based assessments (M3 Checklist & AUDIT-C) enhance patient care and return results to the electronic health record without creating additional clinical workflow burden.

13 The Spectrum of Mental Health Screens

M3 is web-based, screens for a minimum 5 conditions, provides data to the electronic health record, and takes minutes to complete. In one package, it offers much more than other common screens.

14 Comprehensive List of Codes & Reimbursement for Mental Health Assessments

Codes are identified for these mental health services and when used can add significantly to a practice's bottom-line.

15 Use Cases

The M3 Checklist can be used in primary and specialty care practices, help collection of quality reporting metrics, and provide data to illuminate the problem of re-hospitalization.

16 Sustainability of Mental Health Screening in Primary Care

Assessment and treatment of mental health conditions is financially sustainable.

17 FAQ's

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20 Appendix

A. Validation Study

B. US Preventative Services Task Force Recommendation Statement (USPTF)

About M3 Checklist

LabCorp is now offering the M3 Checklist, empowering providers with an evidence-based assessment that detects symptoms of mental health conditions: depression, anxiety, bipolar disorders, PTSD and an option for substance misuse. The Checklist is a nationally recognized, peer reviewed and clinically validated tool.¹

Once the patient completes the assessment, the M3 Checklist computes results and sends a report to the ordering clinician. The report provides a numeric value, the M3 score, indicating the overall level of mental health symptom burden. Functional impairment and symptom severity for each of mental health conditions are also identified. Out of range scores are flagged as "high" so there can be further review with the patient to determine clinical needs.

1 in 5

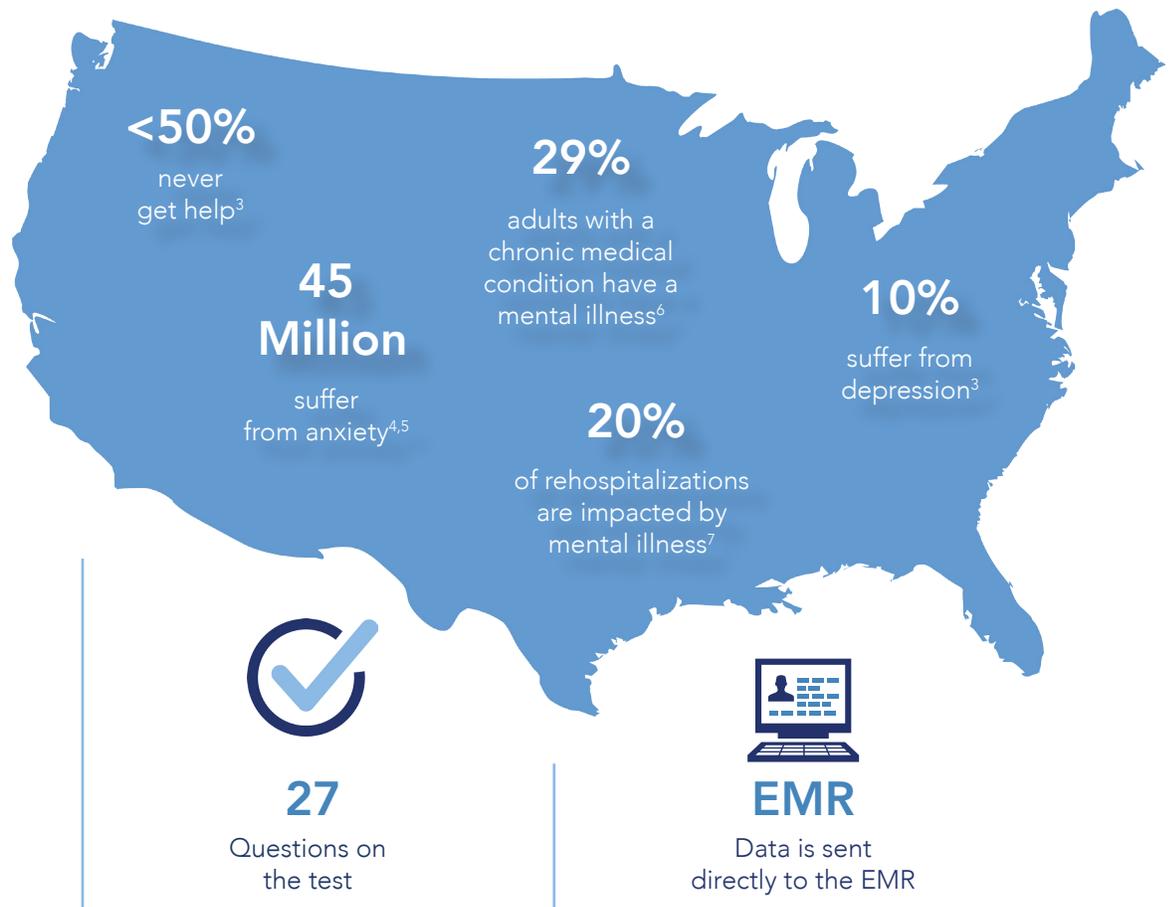


U.S. adults suffer from one or more mental health disorders²

7

different disorders and features of mood & anxiety disorders

- Anxiety
- Depression
- PTSD
- Suicide
- Bipolar disorder
- Substance Misuse
- Functional Impairment



Who Should Use the M3 Checklist?

- Primary care practitioners
- Specialty care physicians
- Patient centered medical homes
- Accountable care organizations
- Federally qualified health centers
- Mental health professionals
- Behavioral health clinics
- Integrated delivery networks
- Commercial & government payers
- Employee assistance programs

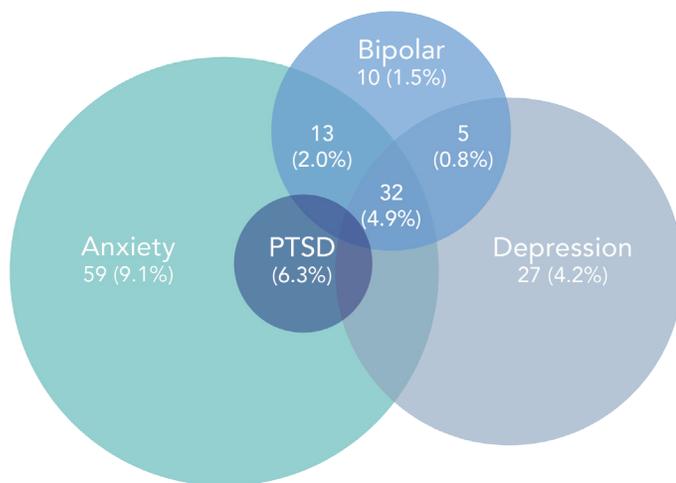
Mental Health: More than Just Depression

Anxiety disorders, depression, and bipolar disorders represent 99 percent of mental health conditions. Research shows that 55 percent of Americans will experience a mental health disorder in their lifetime (see Figure 1).

Anxiety disorders are nearly two times more prevalent than depression. Yet, practices that use screening tools typically assess only for depression. For this reason, and because mental health conditions frequently present together, this common approach often results in under-diagnosis and under-treatment.

The M3 Checklist identifies symptoms of anxiety disorder, bipolar disorder, depression, and PTSD, providing a profile showing the presence of any of these conditions in every screened individual. Figure 2 indicates the diagnoses of the participants in the M3 validation study and shows where many had one or more mental health condition.

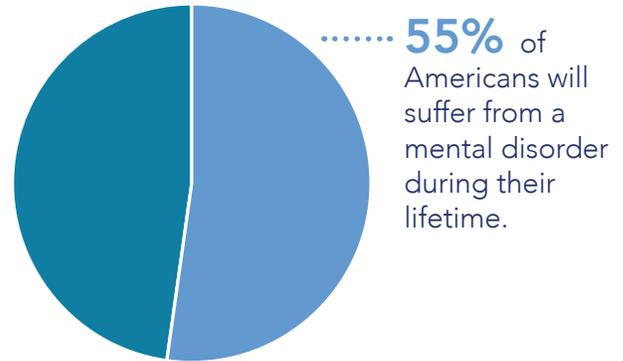
Fig. 2: M3 Validation Study Demonstrates the Overlapping Nature of Mental Health Condition¹



Not to scale

Note: No mood or anxiety disorder = 423 (65.4%)

Fig. 1: Lifetime Prevalence⁸



<u>Disorder</u>	<u>Lifetime Prevalence</u>
Any anxiety disorder	28.8%
Panic Disorder	4.7%
Agoraphobia without panic	1.4%
Specific phobia	12.5%
Social phobia	12.1%
Generalized anxiety disorder	5.7%
Obsessive-compulsive	1.6%
Separation anxiety	5.2%
Mood disorder	20.8%
Major depression	16.6%
Dysthymia	2.5%
Bipolar I or II	3.9%
Post-traumatic stress disorder	6.8%
Substance misuse disorder	14.6%
Alcohol abuse	13.2%
Alcohol dependence	5.4%
Drug abuse	7.9%
Drug dependence	3.0%



Cost of Mental Illness

\$26 to \$48 billion can be saved through effective integration of mental health and medical services.⁹



Payers



PMPM without MH Diagnosis



Patients with Diagnosis



PMPM with MH Diagnosis



Increase with MH Diagnosis

Payers	PMPM without MH Diagnosis	Patients with Diagnosis	PMPM with MH Diagnosis	Increase with MH Diagnosis
Commercial	\$340	14%	\$903	266%
Medicare	\$582	9%	\$1,409	242%
Medicaid	\$381	20%	\$1,301	341%
All Insurers	\$397	14%	\$1,085	273%

Potential Savings in Chronic Condition Care through Treating Co-occurring Mental Illness⁹

Medical Condition	Total Commercial Costs (Million)	Total Medicare Costs (Million)
Arthritis	\$36,372	\$11,929
Asthma	\$30,801	\$2,570
Cancer	\$16,201	\$3,535
Hypertension (without complications)	\$27,241	\$9,620
Ischemic Heart Disease	\$7,208	\$7,278
TOTAL SAVINGS	\$162,366	\$30,803

*Please note that the values do not sum to create the total

The M3 Score:

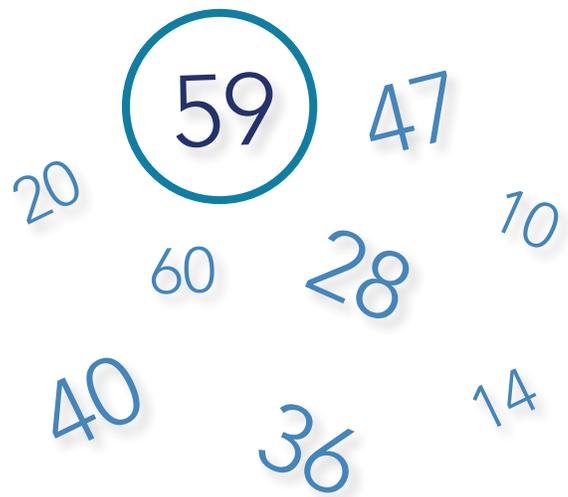
One Number for Mental Health

The M3 Checklist captures a comprehensive measure of a patient's overall mental health symptom burden. This is done by assessing a patient's risk of common mental health conditions found in primary care: depression, anxiety, bipolar disorder, and post-traumatic stress disorder. The validation study out of the University of North Carolina¹ identified symptom burden scores for each of the four diagnoses. Of the 647 participants enrolled in the study, any positive M3 sub-score reflects 83% sensitivity and 76% specificity for risk of a diagnosable condition.

Further evaluation of the original study data was performed to determine whether a single number, the M3 Checklist Score or M3 Score, could quickly indicate whether the patient is at significant risk of any mood or anxiety disorder, singly or in combination. This unpublished analysis¹⁰ demonstrated that the optimal screening cut point is a score of 33 and above. With this additional data, the Checklist has a positive predictive value of 71%, indicating patients at risk for four mental health disorders (not merely depression), while 89% of patients with a score of 33 or less are diagnosis free. Consequently, scores of 33 or above are considered out of range and are therefore flagged as "high" on the report. The M3 Score also correlates well with the Short Form Health Survey (SF-12), a standard in the field, which is a brief, functional health survey that assesses limitations on role functioning as a result of physical and emotional health. These correlations are further proof of the M3's ability to find clinically significant cases where there is demonstrable functional impairment.¹¹

The National Institute of Mental Health has endorsed a more multi-dimensional approach to psychiatric illness,^{12,13} suggesting that symptoms from across a range of common diagnostic categories should be assessed. This is the approach the M3 takes. The first step in using the M3 Checklist is to determine whether the M3 score is in or out of range. Look next to the four subscores, also flagged when results indicate the patient may be at risk for each of the four disorders. Finally, in considering a diagnosis it is important to

look at the patient's functional status, reflected in the M3 Gateway responses. A positive Gateway, combined with significant symptom severity, provides the criteria for a mental health diagnosis from which primary care physicians can initiate treatment, whether it be psychotherapy, pharmacotherapy, or both. The M3 also contains two additional questions probing for alcohol and substance misuse. When endorsed by the patient, alcohol use patterns may be further investigated with the AUDIT-C, an instrument available to order along with the M3 Checklist.



How to Review the M3 Checklist Report

This lab report is organized like any other LabCorp report. The left-hand column entitled "TESTS" shows requested assessment results for the M3 Checklist and/or the AUDIT-C. The "RESULT" column displays overall findings relative to the results of the assessment, e.g. M3 Score, M3 Gateway, Diagnosis Risk by condition, Gateway Questions, Symptom Severity Subscores by condition, and responses to Questions. "FLAG" identifies out-of-range scores, which are either "HIGH" or blank. Items flagged as "HIGH" are bolded and suggest the need for special attention to better understand the nature of the patient's response and how they relate to the relevant mental health condition. The "REFERENCE INTERVAL" identifies the expected baseline range for each item.

1 M3 Score indicates the overall level of mental health symptom burden. 0-32=low; 33-108=high

M3 Gateway, when positive, indicates impairment in functional status. The Gateway is positive if any of the five Gateway questions (Q5 & Q24-27) are positive.

2 Diagnosis Risk A psychiatric diagnosis requires significant impairment in function, which is indicated by a positive Gateway. A sufficient level of symptoms is also required to meet diagnostic criteria for any condition. Generally, each Diagnosis Risk incorporates both requirements into its result.

3 The Gateway Questions (questions 5 and 24 through 27) address functional status, substance use, and thoughts of suicide. Positive answers to these questions should be followed by additional questions to understand what the patient means, if this is a change, and to determine need for further intervention. Suicide assessment is included to minimize risk when treating mood and anxiety disorders.

4 Symptom Severity indicates the severity of symptoms for each of the four clinical conditions and is not impacted by the Gateway result. These subscores are most sensitive to change over time, and their review should be combined with discussing of the responses for each condition.

5 The 27 Questions and responses inform how the clinician focuses on further assessment after reviewing the report. Responses flagged as "HIGH" have the highest severity and should be reviewed in more detail with the patient. The following question numbers indicate which questions apply to each condition.

- Depression: 1-7
- Anxiety: 8-19 (GAD 8-9; Panic 10-11; Social 12; OCD 17-19)
- PTSD: 13-16
- Bipolar: 20-23

TESTS		RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
M3 CHECKLIST and AUDIT-C						
Assessment Date/Time						01
04/26/2017 02:53PM EDT						
1	M3 Score	59	High		0-32	01
	M3 Gateway	Positive-Hi	High		Negative	01
2	DIAGNOSIS RISK					
	Depression Dx Risk	Positive-Med	High		Negative	01
	Bipolar Diagnosis Risk	Positive-Lo	High		Negative	01
	Anxiety Diagnosis Risk	Positive-Hi	High		Negative	01
	PTSD Diagnosis Risk	Positive-Med	High		Negative	01
3	GATEWAY QUESTIONS					
	Q5 Thoughts of suicide	Sometimes	High		None	01
	Q24 Impairs work school	Sometimes			No-Sometimes	01
	Q25 Impairs friends family	Often	High		No-Sometimes	01
	Q26 Led to using alcohol	None			No-Sometimes	01
	Q27 Led to using drugs	None			None	01
4	SYMPTOM (Sx) SEVERITY					
	M3 Depression Sx Subscore	15	High		0 - 12	01
	Reference Range:					
	None	Mild	Mod	Severe		
	0-6	7-12	13-19	20-28		
	M3 Bipolar Sx Subscore	5			0 - 7	01
	Reference Range:					
	None	Mild	Mod	Severe		
	0-3	4-7	8-11	12-16		
	M3 Anxiety Sx Subscore	34	High		0 - 21	01
	Reference Range:					
	None	Mild	Mod	Severe		
	0-10	11-21	22-33	34-48		
	M3 PTSD Sx Subscore	9	High		0 - 7	01
	Reference Range:					
	None	Mild	Mod	Severe		
	0-3	4-7	8-11	12-16		
5	QUESTIONS					
	Q1 Feel sad, unhappy	Often	High		None-Rarely	01

Sample LabCorp Report Highlighting the M3 Scores (continued)



M-3 Information LLC
155 Gibbs Street Suite 522
Rockville, MD 20850-0392 Phone: 301-444-4400

LABCORP, TESTONE		Patient Name				Specimen Number		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth	
74320006	67867867	67867867	04/26/17 12:55	04/26/17	F	18/05/15	11/11/98	116-M32-0003-0
TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB		
Q2 Can't concentrate/focus	Sometimes	High		None-Rarely		01		
Q3 Nothing gives pleasure	Sometimes	High		None-Rarely		01		
Q4 Tired, no energy	Sometimes	High		None-Rarely		01		
Q6A Difficulty sleeping	Sometimes	High		None-Rarely		01		
Q6B Sleeping too much	Rarely			None-Rarely		01		
Q7A Decreased appetite	Sometimes	High		None-Rarely		01		
Q7B Increased appetite	Sometimes	High		None-Rarely		01		
Q8 Tense anxious can't sit	Often	High		None-Rarely		01		
Q9 Worried or fearful	Often	High		None-Rarely		01		
Q10 Panic Attacks	Sometimes	High		None-Rarely		01		
Q11 Dying losing control	Often	High		None-Rarely		01		
Q12 Nervous shaky social	Often	High		None-Rarely		01		
Q13 Nightmares, flashbacks	Rarely			None-Rarely		01		
Q14 Jumpy, startled easily	Sometimes	High		None-Rarely		01		
Q15 Avoids places	Often	High		None-Rarely		01		
Q16 Dull numb or detached	Often	High		None-Rarely		01		
Q17 Can't get thoughts out	Most time	High		None-Rarely		01		
Q18 Must repeat rituals	Often	High		None-Rarely		01		
Q19 Need to check/recheck	Most time	High		None-Rarely		01		
Q20 More energy than usual	Sometimes	High		None-Rarely		01		
Q21 Irritable angry	Sometimes	High		None-Rarely		01		
Q22 Excited revved high	Rarely			None-Rarely		01		
Q23 Needed less sleep	None			None-Rarely		01		



Comments:
The M3 Score reflects relative symptom severity. The M3 Gateway, when positive, reflects a negative impact on lifestyle and function. Both are considered when assessing diagnosis risk and when comparing prior scores [1]. The Diagnosis Risk reflects the likelihood of having a diagnosis based on both the Symptom and the Gateway ratings when compared to the MINI [2]. Those who deny role impairment (Q24-25), substance abuse (Q26-27), and suicidal ideation (Q5), will have a negative Gateway and negative Diagnosis Risk, even with higher symptom scores. People with negative Gateways and M3 Scores less than 33 have the lowest likelihood of having a diagnosis. The highest M3 Score is 108.

A) All proposed categories of Risk (low, med, high) are positive and may be used for risk stratification pending further studies.

B) The M-3 Checklist is a screening test designed to aid in the detection of common mental health conditions. It is not a diagnostic procedure and should not be used as the sole means of detecting these conditions. Both false-positive and false-negative reports do occur [1]. The diagnoses screened for include major depressive, bipolar, posttraumatic stress, and anxiety disorders (generalized anxiety, social anxiety, panic, and obsessive-compulsive disorders).

LABCORP, TESTONE	67867867	116-M32-0003-0	Seq # 0662
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Rockville, MD 20850-0392 Phone: 301-444-4400

LABCORP, TESTONE		Patient Name				Specimen Number		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth	
74320006	67867867	67867867	04/26/17 12:55	04/26/17	F	18/05/15	11/11/98	116-M32-0003-0
TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB		
<p>C) When the Gateway Questions 24, 25, 26, or 27, or Question 5, are out of range, this suggests a positive impairment, meaning a likely impact on lifestyle.</p> <p>D) Symptom subscores in the Moderate or Severe range are flagged with a High.</p> <p>E) Patient instructions are as follows: For Q1-Q19: 'Over the past two weeks, have there been phases or periods when you have noticed the following?' For Q20-Q23: 'Since you last took this screen, have there been phases or periods when you have noticed the following?' For Q24-Q27: 'Have you noticed whether any of the symptoms you described:'</p>								
<p>References: 01</p> <p>[1] Gaynes et al., 2010. Feasibility and Diagnostic Validity of the M-3 Checklist: A Brief, Self-Rated Screen for Depressive, Bipolar, Anxiety, and Post-traumatic Stress Disorders in Primary Care. Ann Fam Med 8(2):160.</p> <p>[2] Sheehan et al., 1998. The Mini-International Neuropsychiatric Interview (M.I.N.I.): The Development and Validation of a Structured Diagnostic Psychiatric Interview for DSM-IV and ICD-10. J Clin Psych 59(20):22.</p>								
<p>Disclaimer: 01</p> <p>This is not intended as a medical or other professional service, and the use of the M-3 Checklist or any other M3 materials is not intended to create, and does not create any medical or other professional services relationship. Use of the M-3 Checklist and other M3 materials is not an adequate substitute for obtaining medical or other professional advice, diagnosis or treatment from a qualified licensed healthcare provider. The M-3 Checklist and other M3 materials are provided 'as is' without any warranties of any kind, either express or implied, and M3 disclaims all warranties including liability for indirect or consequential damages. M3 Checklist was developed by M3 Information, and the assessment is made available through LabCorp, its exclusive US distributor.</p> <p>M-3 Checklist (c) 2010, M-3 Information, LLC</p>								
PDF Image								01
AUDIT-C	Positive	High		Negative				01
AUDIT-C Total Score	5	High		0-2				01
Q1 How often in past year	2-3x weekly							01
Q2 How many on a typical day	3-4 drinks							01
Q3 6+ drinks per occasion	< Monthly	High		Never				01
Comments:	A) AUDIT-C identifies people at high risk for heavy drinking							

LABCORP, TESTONE	67867867	116-M32-0003-0	Seq # 0662
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How to Review the AUDIT-C Report

The AUDIT-C identifies people at high risk for Alcohol Use Disorder. This report is organized like any other LabCorp report. The left-hand column entitled "TESTS" lists the queries for the AUDIT-C (e.g. question 1). The "RESULT" column displays overall findings relative to the results of the assessment (e.g. Positive). "FLAG" identifies out-of-range scores, which are either "HIGH" or blank. Items flagged as "HIGH" are bolded and suggest the need for special attention to better understand the nature of the responses and how they relate to alcohol use. The "REFERENCE INTERVAL" identifies the expected baseline range for each item.

1 AUDIT-C Total Score A positive test is a total score of 3 or higher (some use 4 as the threshold for men) or any response to Q3 other than "Never."

2 Questions The response to each question can be reviewed. Responses inform the clinician how to focus further assessment of the patient. These questions relate to frequency, and quantity of alcohol use, and the presence of bingeing behavior. Any positive response to Question 3, despite a negative overall result, warrants further questioning.

LabCorp
Laboratory Corporation of America

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Rockville, MD 20850-0392
Phone: 301-444-4414

Specimen Number 122-M32-0001-0	Patient ID 123123123	Control Number 123123123	Account Number 74320006	Account Phone Number 336-436-8272	Route 50
Patient Last Name LABCORP		Account Address Vice Testing 3060 S CHURCH ST KOURY CTR BURLINGTON NC 27215			
Patient First Name TESTTHREE	Patient Middle Name	Additional Information			
Patient SSN	Patient Phone	Total Volume	Fasting		
Age (Y/M/D) 18/05/21	Date of Birth 11/11/98	Sex M	Patient Address		
Date and Time Collected 05/02/17 15:10	Date Entered 05/02/17	Date and Time Reported 05/02/17 16:52ET	Physician Name GREENFEL, D	SIN 2000000001	Physician ID

AUDIT-C

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Assessment Date/Time 05/02/2017 03:19PM EDT					01
AUDIT-C Total Score	Positive	High	5	Negative	01
Q1 How often in past year	4+ weekly			0-2	01
Q2 How many on a typical day	3-4 drinks				01
Q3 6+ drinks per occasion	Never			Never	01
Comments:					01
<p>A) AUDIT-C identifies people at high risk for heavy drinking (6+ at once) or for alcohol use disorder. A Positive test is a total score of 3 or higher (though some use 4 or higher for greater specificity [1]). The highest total score is 12.</p> <p>B) Any positive response to Q3 despite a Negative test suggests further questioning.</p> <p>C) For risk of heavy drinking, sensitivity is 0.98 and specificity is 0.57. For risk of alcohol use disorder, sensitivity is 0.90 and specificity is 0.45.</p>					
Reference:	[1] Bush et al., 2003. The AUDIT Alcohol Consumption Questions (AUDIT-C). Arch Int Med 158:1789-95.				01
Disclaimer:	This is not intended as a medical or other professional service, and the use of the M-3 Checklist or any other M3 materials is not intended to create, and does not create any medical or other professional services relationship. Use of the M-3 Checklist and other M3 materials is not an adequate substitute for obtaining medical or other professional advice, diagnosis or treatment from a qualified licensed healthcare provider. The M-3 Checklist and other M3 materials are provided 'as is' without any warranties of any kind, either express or implied, and M3 disclaims all warranties including liability for indirect or consequential damages. M3 Checklist was developed by M3 Information, and the				01

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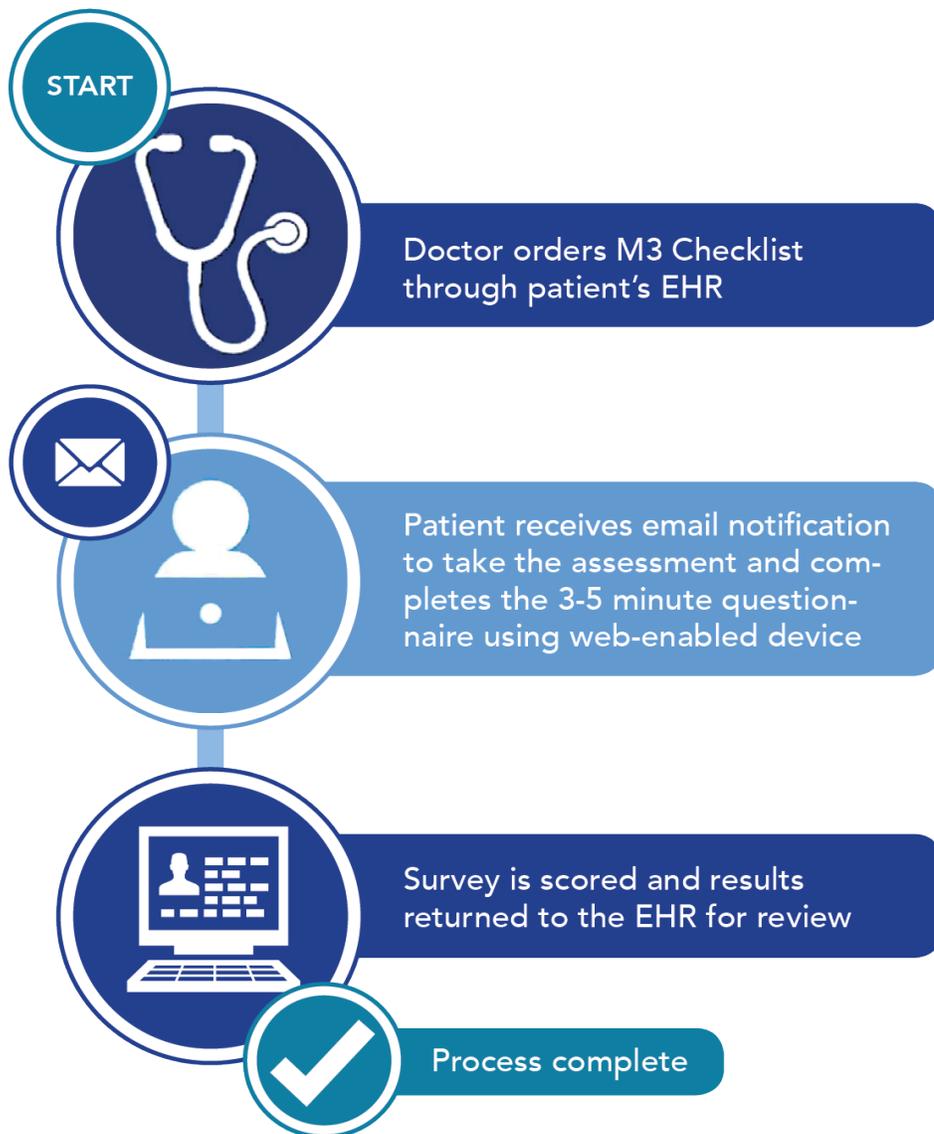
M-3 Information LLC
155 Gibbs Street Suite 522
Rockville, MD 20850-0392
Phone: 301-444-4414

Specimen Number 122-M32-0001-0	Patient Name LABCORP, TESTTHREE	Control Number 123123123	Date and Time Collected 05/02/17 15:10	Date Reported 05/02/17	Sex M	Age (Y/M/D) 18/05/21	Date of Birth 11/11/98
Account Number 74320006	Patient ID 123123123	TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB					
<p>assessment is made available through LabCorp, its exclusive US distributor. M-3 Checklist (c) 2010, M-3 Information, LLC</p>							
PDF Image . 01							
01 M3IMD M-3 Information LLC Dir: Gerald, Hurowitz, MD 155 Gibbs Street Suite 522, Rockville, MD 20850-0392 For inquiries, the physician may contact Branch: 800-762-4344 Lab: 301-444-4414							

LABCORP, TESTTHREE | 123123123 | 122-M32-0001-0 | Seq # 0000
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M3 Checklist Workflow



These assessments are ordered the same way as any LabCorp specimen test

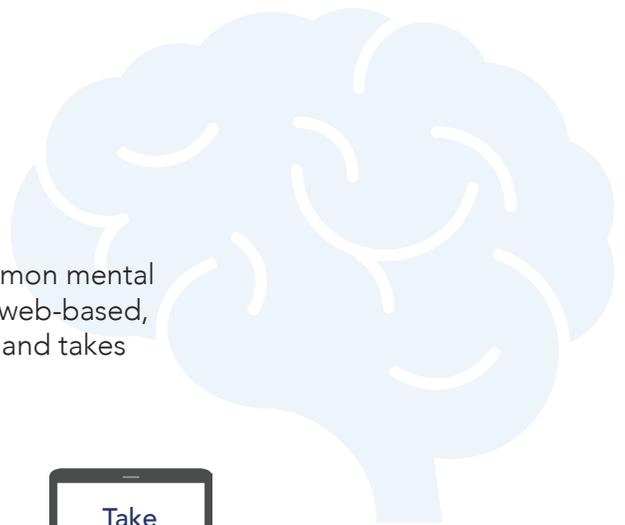
Primary care physicians do not want to do more work and especially without getting paid for it. The M3 Checklist and the AUDIT-C easily fit into clinical workflow and are reimbursed by Medicare and many commercial insurers. These assessments are ordered the same way as

any LabCorp specimen test and, once completed on-line by the patient, the reports are integrated into the electronic health record for review of out of range values by the clinician, with the patient.

Comparison of Assessments

M3 CHECKLIST & AUDIT-C

In one assessment, the M3 checklist offers more than other common mental health screens. It assesses for over 5 mental health disorders, is web-based, provides structured data directly to the electronic health record and takes minutes to complete.



Data is sent directly to the patient EMR

<p>M3 Checklist¹</p>	<ul style="list-style-type: none"> • Depression • Anxiety • PTSD • Bipolar Disorder • Functional Impairment • Suicide 	<p>27</p>	<p>Take test in 5 min or less</p>
<p>AUDIT-C¹⁴</p>	<ul style="list-style-type: none"> • Substance Misuse 	<p>3</p>	<p>Take test in 1 min or less</p>

 **PHQ-9,4,2¹⁵**

- 9¹⁵ • Depression Suicide
- 4¹⁵ • Depression Anxiety
- 2¹⁶ • Depression

9

4

2

3 Mins.

 **DASS-21¹⁹**

- Anxiety
- Depression
- Substance Misuse

21

7 Mins.

 **GAD^{15,17}**

- Anxiety

7

2 Mins.

 **SF-20²⁰**

- Depression
- Anxiety
- Functional Ability

20

7 Mins.

 **DAST-10¹⁸**

- Substance Misuse

10

3 Mins.

 **SF-20²¹**

- Bipolar Disorder

13

5 Mins.

Paper Test | Number of Questions | Electronic Device

Comprehensive List of Codes & Reimbursement for Mental Health Assessments

Type of Assessment	Payer	Code Type	Billing Code	Description	Estimated Reimbursement
Mental Health Assessments	Medicare/Commercial	CPT ²²	96103	Psychological testing, administered by a computer, with qualified health care professional interpretation and report.	\$30.95 ²³ \$28 ²⁴ & \$30 ²⁵ to \$60 ²⁵
	Medicare	HCPCS ^{26, 27}	G0444	Annual depression screening, 15 minutes. No co-insurance, no co-pay	\$21.06 ²³
	Medicare/Commercial	CPT ²²	96127	Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument. Up to 4 units can be billed per day	\$6.94 ²³
	Commercial	CPT ²²	96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.	\$ 5.62 ²³
			96161	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	\$ 5.62 ²³
Alcohol Assessments	Medicare	HCPCS ^{26, 28}	G0396	Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services (SBIRT); 15 to 30 min	\$37.51 ²³
	Commercial	CPT ^{22, 29}	99408		\$33.41 ²⁹
	Medicare	HCPCS ^{26, 30}	G0442	Annual alcohol misuse screening in adults, 15 min. Preventive service: no coinsurance, no deductible for patient.	\$21.04 ²³
			G0443	Brief face-to-face behavioral counseling interventions for individuals who screen positive for alcohol misuse 15 min. No coinsurance, no deductible, no co-pay	\$29.09 ²³
Collaborative Care Model Codes	Medicare	HCPCS ^{26, 31}	G0502	Initial psychiatric care management, 70 min.	\$162.80 ²³
			G0503	Subsequent psychiatric care management, 60 min	\$143.84 ²³
			G0504	Initial/subsequent psychiatric care management, additional 30 min	\$75.07 ²³
			G0507	Care management for behavioral health conditions services, minimum 20 min, directed by a physician.	\$54.17 ²³

M3 Information Use Cases

The multi-condition mental health assessment, the M3 Checklist, can be used to identify and monitor mental health symptoms in many settings, as seen below. Alone or in the presence of comorbid medical conditions, mental health disorders often interfere with patients'

adherence to treatment and impair their ability to function at home and work. Detection, treatment, and monitoring of patients' mental health conditions in many settings enhances function, improves outcomes, and decreases re-hospitalizations.

Use Cases	Logic	How Often to Administer
<p>Annual Physical</p>	<p>Annual review to see if there is a problem²⁷</p>	<p>Once a Year unless there are signs during the year³²</p>
<p>Monitoring those in therapy or receiving medication</p>	<p>Monitor progress to adjust treatment to improve outcomes³³</p>	<p>43.6 million patients have dealt with a mental disorder in the past year. USPSTF suggests using clinical judgment in consideration of risk factors to determine if additional screening is warranted³⁴</p>
<p>Readmission reduction efforts</p>	<p>Mental illness increases the chances of readmissions³⁵</p>	<p>Depression and mental illness are responsible for up to 20% of rehospitalizations (at discharge)³⁵</p>
<p>Behavioral Health / Employee Assistance</p>	<p>Minimize absenteeism and "presenteeism"^{36, 32}</p>	<p>Every 6 to 12 months routinely^{36, 32}</p>
<p>Specialty Settings</p>	<p>High rates of mental illness and physical illness comorbidity^{7, 37}</p>	<ul style="list-style-type: none"> • OB/GYN (Post Partum)^{6, 34} • Endocrine (Diabetes, Hypothyroidism)^{7, 37} • Cardiology (Myocardial Infarction)^{7, 37} • Neurology (Stroke, TBI, Epilepsy)^{7, 37} (Annually)

Sustainability of Mental Health Screening in Primary Care

One in five patients may harbor diagnosable mental illness.² Primary care is the first line of defense in identification of these disorders. The majority of mental health visits occur with primary care physicians, and these same professionals write the bulk of antidepressant and anti-anxiety prescriptions for mood and anxiety disorders.¹ The M3 Checklist, an evidence-based and validated multi-condition mental health screening tool, enables LabCorp to help physicians identify patients that can benefit from treatment.

This schedule uses practice information, annual prevalence rates of behavioral health disorders and current CPT codes to project costs and revenues for primary care practices implementing routine annual mental health and alcohol use disorder assessments. Two billing codes are used in this model:

- [96103](#) for the M3 Checklist, a computer based multi-condition mental health assessment
- [G0442](#) for an annual preventive service alcohol screen

Patients whose scores are out of range for either assessment would receive follow-up care for 3 months. Progress is monitored through a monthly follow-up assessment for these three months. Adjustment to care is informed by changes to the M3 Checklist and AUDIT-C scores.

It is estimated that out of a practice of 1,500 patients, approximately 238 would be at risk for a mental health condition and would require further treatment. Implementing annual screens for a panel of patients with serial assessments of those patients with a mental health diagnoses would generate \$34,650 in annual income.

Model Elements	Assumptions Annually	Model
Number of Providers	1	1
Patients in Provider Panel	1,500	1,500
Patients Receiving MH Assessment	70%	1,050
Percent of Patients at Risk of MH condition ²	16.7%	175
Percent of Patients at Risk for Alcohol Misuse ²	6%	63
Percent of Patients with Both MI and AUD ²	3.3%	8
Patients at Risk of BH Conditions	-	238
Number of Assessments for Identification	-	1,050
Reimbursement per review for 96103 ³	\$30	\$31,500
Reimbursement per review for G0442 ³	\$21	\$22,050
Total Reimbursement for MH and SUD Review)	\$51	\$53,550
Cost to Administer Assessments	\$18	\$18,900
Net Income from Assessment Effort	\$33	\$34,650

Frequently Asked Questions

1. What are Mood and Anxiety Disorders?

A mood disorder³⁸ is any of several psychological disorders characterized by the elevation or lowering of a person's mood, such as depression and bipolar disorder. There are various anxiety disorders³⁸, such as panic disorder, obsessive-compulsive disorder, a phobia, or generalized anxiety disorder. These disorders are characterized by excessive or unrealistic anxiety about two or more aspects of life. Changes related to mood or anxiety disorders are typically distressing to the individual and their family and often impair work and school performance.

2. How many Americans Suffer from Mood and Anxiety Disorders?

According to the most recent national survey by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), 1 in 5 US adults suffer with a mental condition.² Annually, anxiety disorders affect 18 percent of adults and depression impacts nearly 10 percent.³ 20 percent of patients diagnosed with depression are in fact suffering from bipolar disorder.⁵ Unfortunately, less than 50 percent of patients receive any help for these mental health conditions.⁴

3. What is the M3 Checklist?

The M3 Checklist is a 27-question, web-based, patient-rated checklist for symptoms of depression, anxiety, bipolar disorder, suicidality, and substance misuse that takes 5 minutes to complete. Responses to the Checklist are quantified and calculated into an individual's risk of suffering from a mental health condition. Reports are sent directly to the electronic health record in the typical LabCorp report format, which highlights out-of-range responses. The information provided by the M3 Checklist report facilitates doctor-patient discussion of relevant mental health issues during their office visit. The Checklist directs the clinician toward a diagnosis and helps patients be aware of their mental health needs.

4. What is the AUDIT-C?

The Alcohol Use Disorders Identification Test—Consumption (AUDIT-C)¹⁴ is a brief, 3-question, validated screen for risky drinking and alcohol misuse and dependence.

5. Who can Benefit from Taking the M3 Checklist?

Anyone 18 years or older may complete the M3 Checklist, and the results can help that person identify and track any symptoms it may reveal. Clinicians and health care practices can benefit from the M3 Checklist by gaining access to a more comprehensive understanding of each patient's clinical presentation. This is especially valuable for primary care practices, because undiagnosed or under-treated mood, anxiety, and alcohol use disorders can delay or block responses to medical therapies and often result in worse outcomes for comorbid chronic medical conditions, the costs of which double with comorbid behavioral health conditions (and 80 percent of those excess costs are on the medical side).³⁷ Within the tight time constraints of a typical office visit, the Checklist provides an algorithm for up-to-date, evidence-based treatment of mood and anxiety disorders that might otherwise go untreated.

6. How Does the M3 Checklist Help Ensure Appropriate Mental Health Care?

The M3 Checklist is not designed to diagnose mental illness on its own. Rather, it is meant to elicit a symptom profile that may indicate a psychiatric illness. Physicians must use the symptoms checklist responses and risk assessment provided as a basis for formulating a diagnosis and treatment.

7. How Often Will Patients Complete the M3?

After patients complete the initial screen and have begun appropriate treatment and/or therapy, they should be screened monthly to monitor changes in the Checklist total score and sub-scores. Subsequent

assessments may be ordered as part of routine check-ups or to inform ongoing treatment decisions.^{33,34}

8. How Was the M3 Checklist Validated?

A research group from the University of North Carolina headed by Dr. Bradley Gaynes conducted a study of 650 patients at the UNC Family Practice Clinic.¹ This study confirmed the validity of the M3 Checklist as a diagnostic tool utilizing the Mini International Neuropsychiatric Interview as a standard.

9. Who Created M3?

The M3 Checklist was created in 2003 by Robert Post, MD, head of the Bipolar Collaborative Network and a psychiatrist with the National Institute for Mental Health for 30 years; Bernard Snyder, MD, Assistant Clinical Professor of Psychiatry (retired) at Georgetown University; Michael Byer, President and co-founder of M3 Information; and Gerald Hurowitz, MD, Assistant Clinical Professor of Psychiatry at Columbia University and Chief Medical Officer of M3 Information.

10. Do Other Tools Like the M3 Already Exist?

Several other tests provide some functions present in the Checklist. However, the M3 Checklist is unique in eliciting patient-reported symptoms dealing with depression, anxiety disorders, PTSD, bipolar disorder, suicidality, and substance misuse in one web-based checklist and in integrating the results into a primary practice's workflow and electronic health record. M3 Checklist's exclusive availability through LabCorp's test catalogue also means it is more accessible and more easily reimbursable than other tools.

11. How are the M3 Checklist and AUDIT-C Ordered?

The M3 Checklist and AUDIT-C are found in the LabCorp test catalogue at www.labcorp.com/test-menu/search.

12. What are the Advantages of the Collaboration of M3 Information & LabCorp?

The collaboration between M3 Information and LabCorp brings advantages to patients and clinicians alike. Together, M3 and LabCorp are able to offer a multi-condition assessment tool that is easily accessible to clinicians and patients, seamlessly integrated into EHRs, and reimbursable under billing codes recognized by Medicare and most commercial insurance plans. Availability of assessment under this arrangement furthers the integration of mental health with general health care by providing effective and efficient mental health screening through LabCorp's extensive network of clinical settings. Individuals will receive better care and clinicians will see improved outcomes over a broad range of conditions – from stroke, diabetes, and cancer to targeted mental health conditions including depression, bipolar disorder, anxiety disorders, post-traumatic stress disorder, and alcohol misuse disorder. The aggregated information stemming from the assessments will help improve population health approaches, as well. Through LabCorp's extensive network and high standard of care and M3 Checklist's emphasis on symptom identification and treatment adherence, this collaboration has the potential to produce a quantum leap in the quality of mental health treatment, which could lead to better patient outcomes, increased efficiency for practices, and significant savings for the healthcare system at large.

13. How do you implement the M3 Checklist through LabCorp?

Two steps need to be completed by the practice, LabCorp and M3 Information. First, M3 will establish the practice as a "client bill," and the secondly the order needs to be in a "stand-alone" order. When orders are placed through electronic health records (EHRs), the EHR will need to collect the order date and time and the patient's (or clinic's) email address. The email information is collected through an "Ask at Order Entry" prompt. The LabCorp support team will work with practices to complete these two data elements, identifying which fields to place in the order message.

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Appendix A

Feasibility and Diagnostic Validity of the M-3 Checklist: A Brief, Self-Rated Screen for Depressive, Bipolar, Anxiety, and Post-Traumatic Stress Disorders in Primary Care¹

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Conflicts of interest: listed at the end of this article

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Abstract

PURPOSE Mood and anxiety disorders are the most common psychiatric conditions seen in primary care, yet they remain underdetected and undertreated. Screening tools can improve detection, but available instruments are limited by the number of disorders assessed. We wanted to assess the feasibility and diagnostic validity of the My Mood Monitor (M-3) checklist, a new, 1-page, patient-rated, 27-item tool developed to screen for multiple psychiatric disorders in primary care.

METHODS We enrolled a sample of 647 consecutive participants aged 18 years and older who were seeking primary care at an academic family medicine clinic between July 2007 and February 2008. We used a 2-step scoring procedure to make screening more efficient. The main outcomes measured were the sensitivity and specificity of the M-3 for major depression, bipolar disorder, any anxiety disorder, and post-traumatic stress disorder (PTSD), a specific type of anxiety disorder. Using a split sample technique, analysis proceeded from determination of optimal screening thresholds to assessment of the psychometric properties of the self-report instrument using the determined thresholds. We used the Mini International Neuropsychiatric Interview as the diagnostic standard. Feasibility was assessed with patient and physician exit questionnaires.

RESULTS The depression module had a sensitivity of 0.84 and a specificity of 0.80. The bipolar module had a sensitivity of 0.88, and a specificity of 0.70. The anxiety module had a sensitivity of 0.82 and a specificity of 0.78, and the PTSD module had a sensitivity of 0.88 and a specificity of 0.76. As a screen for any psychiatric disorder, sensitivity was 0.83 and specificity was 0.76. Patients took less than 5 minutes to complete the M-3 in the waiting room, and less than 1% reported not having time to complete it. Eighty-three percent of clinicians reviewed the checklist in 30 or fewer seconds, and 80% thought it was helpful in reviewing patients' emotional health.

CONCLUSION The M-3 demonstrates utility as a valid, efficient, and feasible tool for screening multiple common psychiatric illnesses, including bipolar disorder and PTSD, in primary care. Its diagnostic accuracy equals that of currently used single-disorder screens and has the additional benefit of being combined into a 1-page tool. The M-3 potentially can reduce missed psychiatric diagnoses and facilitate proper treatment of identified cases.

Ann Fam Med 2010;8:160-169. doi: 10.1370/afm.1092.

Screening for Depression in Adults

US Preventive Services Task Force Recommendation Statement³⁴

Sui A, et al, 2016. Screening for Depression in Adults US Preventive Services Task Force Recommendation Statement. JAMA 2016;315(4):380

The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.

Screening Tests

- ✓ Treating depressed adults and older adults identified through screening in primary care settings with antidepressants and/or psychotherapy decreases clinical morbidity. USPSTF also found that programs combining depression screening and feedback with staff assisted depression care supports improve clinical outcomes in adults. There is fair evidence that screening and feedback alone without staff-assisted care supports do not improve clinical outcomes in adults.
- ✓ All positive screening results should lead to additional assessment that considers severity of depression and comorbid psychological problems (e.g. anxiety, panic attacks, or substance abuse), alternate diagnoses, and medical conditions. Patients who screen positive should be appropriately diagnosed and treated with evidence-based care or referred to a setting that can provide the necessary care.
- ✓ The USPSTF found adequate evidence that the magnitude of harms of screening for depression in adults is small to none.

