Depressive Disorders in Children and Adolescents

PROFESSIONAL ORGANIZATIONS

WellCare adheres to the 2007 practice parameter set forth by the American Academy of Child and Adolescent Psychiatry (AACAP). This practice parameter describes the epidemiology, clinical picture, differential diagnosis, course, risk factors, and pharmacological and psychotherapy treatments of children and adolescents with major depressive or dysthymic disorders. Side effects of the antidepressants, particularly the risk of suicidal ideation and behaviors are discussed. Recommendations regarding the assessment and the acute, continuation, and maintenance treatment of these disorders are based on the existent scientific evidence as well as the current clinical practice. (AACAP, 2007).

MEASURES OF COMPLIANCE

CMS has not published any measures for this topic.

NCQA has published the following measures for this topic:

Follow-Up After Hospitalization for Mental Illness. Members who are hospitalized due to a mental health diagnosis should follow up with a mental health practitioner:

- 7-Day Follow-Up should include an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days after discharge.
- 30 Day Follow-Up should include an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after discharge.

Metabolic Monitoring for Children and Adolescents on Antipsychotics. Members age 1 to 17 years of age who have taken two or more antipsychotic prescriptions should undergo metabolic testing.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics. Members 1 to 17 years of age who have a new prescription for an antipsychotic medication should have documentation of psychosocial care as first-line treatment.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents. Reduce the number of members 1 to 17 years of age who take two or more concurrent antipsychotic medications.

REFERENCES

LEGAL DISCLAIMER

Clinical Practice Guidelines made available by WellCare are informational in nature and are not a substitute for the professional medical judgment of treating physicians or other health care practitioners. These guidelines are based on information available at the time and may not be updated with the most current information available at subsequent times. Individuals should consult with their physician(s) regarding the appropriateness of care or treatment options to meet their specific needs or medical condition. Disclosure of clinical practice guidelines is not a guarantee of coverage. Members of WellCare health plans should consult their individual coverage documents for information regarding covered benefits. WellCare does not offer medical advice or provide medical care, and therefore cannot guarantee any results or outcomes. WellCare does not warrant or guarantee, and shall not be liable for any deficiencies in the information contained herein or for any inaccuracies or recommendations made by independent third parties from whom any of the information contained herein was obtained. Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CPGs for list of current LOBs.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<tr>
<th>Date</th>
<th>History and Revisions by the Medical Policy Committee</th>
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<tr>
<td>3/5/2015</td>
<td>• Approved by MPC. Updated HEDIS measures.</td>
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<tr>
<td>1/9/2014</td>
<td>• Approved by MPC.</td>
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<tr>
<td>12/1/2011</td>
<td>• New template design approved by MPC.</td>
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