

PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Correction: New Recommendation Statement for Anxiety Disorders Screening for Members Ages 19-64

Effective Date: June 20, 2023

Health Plans Affected: Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners, Johns Hopkins US Family Health Plan (USFHP)

Type of Change: Preventive Screening Guidelines

Explanation of Change:

Anxiety disorders are common mental health conditions. They are often unrecognized in primary care settings and considerable delays in starting treatment can occur.

The US Preventive Services Task Force (USPSTF) has issued a Recommendation Statement endorsing screening for anxiety disorders in adults ages 19-64, including pregnant and postpartum persons, who do not have a diagnosed mental health disorder and are not showing recognized signs or symptoms of anxiety disorders. The task force determined that current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety disorders in older adults (aged 65 and older).

The anxiety disorders screening is a covered benefit billed under procedure code 96127.

- Treatment for anxiety disorders in adults can include psychotherapy and/or pharmacotherapy. Clinicians should be aware of the risk factors, signs, and symptoms of clinically significant anxiety. Listen to any patient concerns and ensure that persons who need help get it.
- To achieve benefit from screening for anxiety disorders and reduce disparities in anxiety disorder–associated morbidity, it is important that persons who screen positive are evaluated further for diagnosis and, if appropriate, are provided or referred for evidence-based care.
- Providers are encouraged to consider the unique balance between benefits and harms of various treatment options during the perinatal period when deciding the best treatment for anxiety disorders for a pregnant or breastfeeding person.
- The USPSTF found no evidence on how often to screen for anxiety disorders. In the absence of evidence, a pragmatic approach might include screening adults who have not been screened previously and using clinical judgment while considering risk factors, comorbid conditions, and life events to determine if and when additional screening of patients at increased risk is needed. Ongoing assessment of risks that may develop during pregnancy and the postpartum period is

also a reasonable approach.

- Screenings should take place regardless of risk factors. However, some factors increase risk, making more frequent screenings advisable. These include family history of mental health conditions, presence of other mental health conditions, a history of stressful life events, smoking or alcohol use, and marital status (widowed or divorced). Women and black individuals are also at risk.
- Anxiety and depressive disorders often co-occur.
- In the absence of evidence, health care professionals should use their judgment based on individual patient circumstances when determining whether to screen for anxiety disorders in older adults (65 years or older).

Other relevant recommendations

- Screening for depression and suicide risk in all adults
- Preventive counseling interventions for perinatal depression

Information on mental health recommendations

- [U.S. Preventative Services Task Force*](#)
- The [Community Preventive Services Task Force](#) recommends mental health benefits legislation to increase appropriate use of mental health services for persons with mental health conditions.*
- The [National Institute of Mental Health](#) has information on anxiety disorders.*
- [Perinatal Psychiatry Access Programs](#) aim to increase access to perinatal mental health care.*

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