

# Improving the Mental Health of Cancer Survivors: Psychosocial Distress Screening with Audio Descriptive Transcript

## Audio Descriptive Text

- Patient-Provider Communication: Improving the Mental Health of Cancer Survivors. National Association of Chronic Disease Directors. Centers for Disease Control and Prevention.
- Dr. Natasha Buchanan-Lunsford speaking.
- Slide stating the following–
  - National Comprehensive Cancer Network (NCCN) recommends distress screening in all clinical settings.
  - American College of Surgeons Commission on Cancer (ACoS CoC) requires distress screening for cancer patients treated in ACoS accredited facilities.
- Slide stating the commonly used distress screening tools in oncology settings, which are–
  - Hospital Anxiety and Depression Scale (HADS).
  - Brief Symptom Inventory 18 (BSI 18)
  - Distress thermometer (DT).
- Slide stating that survivors with distress may benefit from–
  - Crisis intervention.
  - Support groups.
  - Short-term or long-term psychotherapy.
  - Pharmacological treatments.
- Distress screening and psychosocial treatment are–
  - Billable services.
  - Can be reimbursable by using Centers for Medicare and Medicaid services codes.
  - Example: CPT code 96127
- Last slide showing the following links to the following websites–
  - CDC’s Cancer Prevention and Control at [www.cdc.gov/cancer](http://www.cdc.gov/cancer).
  - National Association of Chronic Disease Directors at [www.chronicdisease.org/](http://www.chronicdisease.org/).
  - Centers for Medicare & Medicaid Services at [www.cms.gov](http://www.cms.gov).

## Video Summary

Learn about tools that health care providers can use to conduct distress screening with cancer survivors from [Dr. Natasha Buchanan Lunsford](#), a clinical health psychologist in CDC’s Division of Cancer Prevention and Control.

## Audio Script

[Music]

[Dr. Natasha Buchanan-Lunsford] Hello, I’m Dr. Natasha Buchanan-Lunsford, a clinical health psychologist. And I’ve had the pleasure of working with people living with, though, and beyond cancer.

I would like to share some brief information about distress screening recommendations, how medical professionals like you can detect psychosocial concerns using the distress screening tools and the process for billing for these services.

In recent years, such organizations as the National Academy for Sciences, formally Institute of Medicine, or IOM, the National Comprehensive Cancer Network, or NCCN, and the American College of Surgeons Commission on

Cancer, ACoS CoC have recognized that quality cancer care must include identifying and addressing the patient's psychosocial needs.

NCCN has recommended distress screening in all clinical settings for those with a history of cancer. Whereas, ACoS CoC has required distress screening for cancer patients treated in ACoS accredited facilities.

So, how can you ensure that your patients are appropriately screened for psychosocial distress and referred when indicated for treatment and supportive services?

Recommendations and standards of care encourage providers to use standardized, validated measures with established cut-off scores to identify distressed patients.

Trained providers, which could include oncologists, social workers, nurses, psychologists, and others need to select and administer distress screening measures that are most appropriate for their patient population and care facility.

All cancer survivors need to be screened at minimum of once at a pivotal medical visit to be determined by the medical care team.

Some of the most commonly used tools in oncology settings are, the Hospital Anxiety and Depression Scale, or HADS, the Brief Symptom Inventory 18, or BSI 18, and the Distress thermometer or DT.

These instruments range from ultra-short, to long, or standard in length, and are easy to use for a range of providers.

The Distress Thermometer is available for use free of charge.

Once distress screening is conducted, survivors can be referred to psychosocial treatment, and supportive care interventions according to their level of distress.

For survivors with minimal distress, their needs may be met through psychoeducational, or patient to patient support interventions.

Survivors with more profound distress may benefit from crisis intervention, support groups, short-term or long-term psychotherapy, and, or pharmacological treatments.

While there are currently no established billing codes, categorized specifically for cancer survivorship care, services performed as part of survivorship care have associative procedural billing codes.

Distress screening and psychosocial treatment are billable services, and can be reimbursed by using Centers for Medicare and Medicaid services codes.

For example, CPT code 96127 was adopted after healthcare laws enacted in 2015, and included mental healthcare and insurance plans across the United States.

This code may be used to report brief behavioral or emotional assessments for reimbursement.

Assessment can include any standardized screening instrument that will provide both scoring and further documentation to healthcare providers.

When billing for distress screening services, it is important to consider that these services may have specific performance criteria, and documentation requirements which need to be met.

All coverage and reimbursement is subject to Medicare and Medicaid Third-party Benefit Plans.

For this reason, providers are encouraged to verify with their patient's insurer to understand what types of services will be covered.

Please, urge your patients to receive distress screening and psychosocial treatment when indicated as an important part of their care.

You have a real opportunity to reduce the psychosocial imprint of cancer, and help survivors to live happy, healthier lives.

For access to healthcare provider training resources, and information about the topics discussed, please visit [cdc.gov/cancer](http://cdc.gov/cancer), and [chronicdisease.org](http://chronicdisease.org).

Additionally, resources about procedural billing codes for services can be found at [cms.gov](http://cms.gov).