



# PERINATAL DEPRESSION QUICK REFERENCE GUIDE



## What is Perinatal Depression?

Perinatal depression is among the most common health challenges women face during pregnancy because it is often underdiagnosed. According to the American College of Obstetricians and Gynecologists (ACOG), perinatal depression affects one in seven women. This includes minor and major depressive episodes that occur throughout pregnancy or within the first 12 months after childbirth. Studies have shown that perinatal depression may result in expensive medical care, infants receiving improper care, failure to breastfeed, relationship issues within the family, and an increased risk of child mistreatment. The crucial period of early brain development in infants is also at risk when perinatal depression is present and left untreated. Furthermore, lack of treatment for perinatal depression can lead to adverse childhood experiences (ACE). For these reasons, it is critical that providers include perinatal depression screenings as a part of their office visit routine with pregnant women and women who have delivered within the last year.

## What are Depression Screening Tools?

Perinatal screening tools are used to assess for depressive symptoms in women during their pregnancy and within a year after pregnancy. ACOG has identified four validated screening tools for this purpose: The Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire 9 (PHQ-9) each take five minutes or less; and the Postpartum Depression Screening Scale and the Beck Depression Inventory each include 20 or more questions. The providers will need to determine the appropriate screening tool to use for their patients.

## Frequency Screening

ACOG recommends that an obstetrician-gynecologist or other obstetric care provider screen at least once for depression and anxiety using one of the validated instruments for each patient during pregnancy. During the perinatal visits, ACOG recommends that a validated screening tool be used to complete a thorough assessment of each patient's mood and emotional well-being. Providers should also provide ongoing oversight for patients with a history of perinatal mood disorders or suicidal thoughts. American Academy of Pediatrics (AAP) supports routine screening for perinatal depression during well-child visits at one, two, four, and six months of age.

## Referral for Treatment

It is important that providers refer patients who screen positive for depression for behavioral health therapy or additional treatment. ACOG recommends initiation of treatment or referral to a mental health care provider for the greatest benefit. It should also be stated that fathers can also receive screenings and referrals.

If a screening is positive for depression, the provider can outreach to a behavioral health provider within the CareSource provider network by contacting CareSource Member Services at **1-844-607-2829**. Providers may also refer members to our Case Management for assistance through the CareSource provider portal online or calling Member Services at **1-844-607-2829**. The CareSource Find a Doctor/Provider tool may also be of assistance in finding a mental health professional at <https://findadoctor.caresource.com>.

CareSource members can find a provider in their area by calling Member Services at **1-844-607-2829** (TTY: 1-800-743-3333 or 711).

## Billing & Coding

Individual Codes	Definition
CPT 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
CPT 96127	Brief emotional and behavioral assessment
CPT 96156	Health behavior assessment, or re-assessment
HCPCS G0444	Annual depression screening

**Please note:** The codes in this document are derived from the NCQA HEDIS 2020-2021 Volume 2 Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Submitting claims using these codes helps improve reporting of quality measure performance. Billing these codes does not guarantee payment.

Medicaid providers should check the Indiana Medicaid Fee Schedule prior to claim submission at [www.in.gov/medicaid/providers/index.html](http://www.in.gov/medicaid/providers/index.html).

Marketplace providers should refer to the Centers for Medicare and Medicaid Services (CMS) Fee Schedule prior to claim submission at [www.cms.gov/](http://www.cms.gov/).

## Resources

- American Academy of Family Physicians (<https://www.aafp.org/home.html>)
- American College of Obstetricians and Gynecologists ([www.ACOG.org](http://www.ACOG.org))
- Beck Depression Inventory ([www.ismanet.org/doctoryourspirit/pdfs/Beck-Depression-Inventory-BDI.pdf](http://www.ismanet.org/doctoryourspirit/pdfs/Beck-Depression-Inventory-BDI.pdf))
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition TR (2013).
- Division of Mental Health and Addictions (<https://mhai.net/resources/>)
- Edinburgh Postpartum Depression Scale ([www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf](http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf))
- Mental Health America of Indiana (<https://mhai.net/about-mental-health-america-of-indiana/>)
- Office on Women's Health, U.S. Department of Health and Human Services ([www.womenshealth.gov](http://www.womenshealth.gov))
- PHQ-9 ([www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9](http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9))
- Postpartum Depression Screening Scale ([www.caresource.com/in/providers/education/patient-care/behavioral-health/depression-toolkit/medicaid/](http://www.caresource.com/in/providers/education/patient-care/behavioral-health/depression-toolkit/medicaid/))
- Postpartum Support International ([www.postpartum.net/about-psi/overview/](http://www.postpartum.net/about-psi/overview/))

*Disclaimer: Recommendation of treatment does not guarantee coverage of services*