

# Quality Provider Program: Primary Care

## Maternal Depression Screening: Frequently Asked Questions

### Q: Why does this measure matter?

**A:** The mental health of a child's caregiver affects both the behavioral and cognitive development of an infant, with consequences extending past the first year of life.<sup>1</sup>

Postpartum depression affects 10% to 15% of women, more so in marginalized groups, making it the most common complication of pregnancy. Despite increased awareness, this condition continues to go underdiagnosed and undertreated.<sup>2</sup> Comparatively, death by suicide is the leading cause of maternal mortality accounting for approximately 20% of postpartum deaths. Pregnancy and the year postpartum, including attendance at pediatric well child visits, provides many opportunities to identify and intervene for suicide risk.<sup>3</sup>

The new mom is at highest risk for PPD (postpartum depression) and death by suicide at 6 months postpartum, well past postpartum visit to their obstetrician. Nearly 3 in 5 women report postpartum depression at 9 to 10 months. Screening for depression throughout the first year can identify women not symptomatic shortly after delivery.<sup>4</sup>

### Q: What is Select Health doing to help?

**A:** **Healthy Beginnings** is a prenatal program available to our members at no extra cost. Nurse care managers offer:

- **Access to needed care, including maternity-specific behavioral health resources.** For example, the program offers:
  - Depression screenings (i.e., EPDS/PHQ) done on enrollment and as needed throughout pregnancy and after delivery
  - Access to behavioral health teams who help with learning coping skills, building healthy support systems, providing care management, and facilitating connection with appropriate levels of care (e.g., counselors in the community, Intermountain Access Centers, Connect Care, SUPeRAD, and Family Support Centers)
  - Referrals to Select Health's Behavior Health team or county-specific team for Medicaid when needed

- **Support and education during pregnancy and postpartum, including:**
  - Maternal mental health materials and resources mailed to member after enrollment, including information from [www.PSIUtah.org](http://www.PSIUtah.org), [www.TheEmilyEffect.org](http://www.TheEmilyEffect.org), [www.Postpartum.net](http://www.Postpartum.net), the **SUNSHINE tool** from the Utah Department of Health and Postpartum Support International Utah, UNI's Crisis Line (**800-273-8255**), and the National Suicide Prevention Lifeline (**988**)
  - Support in addressing social needs with community resources (e.g., Women, Infants, and Children (WIC), food and transportation programs, etc.)
  - Help with claims and benefit questions
- **Cash incentives for prenatal and postnatal care**

### Q: What are best practices for this measure?

**A:** Best practices include:

- Regularly referencing the Select Health Quality Provider Program dashboard/clinic electronic medical record to identify caregivers at risk for postpartum depression.
- Developing a standardized screening process and follow-up plan for positive screenings. Screenings may coincide with child well-care visits; however, this is not a measure requirement. Screenings can be completed when a child is seen any time during the first year.
- **Recommending 2 of 3 screenings be completed after 3 months of age**, as this includes where the postpartum caregiver is at elevated risk for experiencing postpartum depression.
- Using a validated screening tool, preferably the EPDS (see **Figure 1** on the next page) for all accepted depression screening instruments).

*Continued...*



Questions about the Quality Provider Program?  
Contact us at [quality\\_provider@selecthealth.org](mailto:quality_provider@selecthealth.org).

# Maternal Depression Screening, Continued

- Correctly documenting screening assessment by including the:
  - Date
  - Patient’s name
  - Name and relationship of the informant
  - Name of the instrument, score, and name and credentials of the individual administering the instrument

The provider must document that the score has been reviewed and results discussed as part of the visit. It is also recommended that referrals and interventions for positive screenings be documented.

## Q: How will credit be given for maternal depression screening?

A: We identify screening through claims data. Please use billing code **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.”

This code applies to the **patient’s caregiver**, which could be mother, father, or legal guardian. The measure focuses on biological mothers and postpartum depression. However, any parental figure can suffer from depression, and we recognize that the biological mother is not always the primary caregiver. Thus, **screening and billing is at the caregiver’s discretion.**

## References:

1. Bernard-Bonnin A-C, Canadian Paediatric Society, Mental Health and Developmental Disabilities Committee. Maternal depression and child development. *Paediatrics & Child Health*. 2004;9(8):575–598.
2. Toohey J. Depression during pregnancy and postpartum. *Clinical Obstetrics and Gynecology*. 2012;55(3):788–797.
3. Chin K., Wendt A., Bennett I. M., & Bhat A. Suicide and maternal mortality. *Current Psychiatry Reports*. 2022;24(4):239–275.
4. Robbins CL, Ko JY, D’Angelo DV, et al. Timing of postpartum depressive symptoms. *Prev Chronic Dis*. 2023;20:230107.

Figure 1. Approved Depression Screening Instruments

Instruments for Adolescents (≤17 years)	Positive Finding
Patient Health Questionnaire® (PHQ-9)	Total Score ≥10
Patient Health Questionnaire Modified for Teens® (PHQ- 9M)	Total Score ≥10
Patient Health Questionnaire-2® (PHQ-2)*	Total Score ≥3
Beck Depression Inventory-Fast Screen® (BDI-FS)* **	Total Score ≥8
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
PROMIS Depression	Total Score (T Score) ≥60
Instruments for adults (18+ years)	Positive Finding
Patient Health Questionnaire® (PHQ-9)	Total Score ≥10
Patient Health Questionnaire-2® (PHQ-2)*	Total Score ≥3
Beck Depression Inventory-Fast Screen® (BDI-FS)* **	Total Score ≥8
Beck Depression Inventory (BDI-II)	Total Score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Duke Anxiety-Depression Scale® (DUKE-AD)**	Total Score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
My Mood Monitor® (M-3)	Total Score ≥5
PROMIS Depression	Total Score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31

\* Brief screening instrument; all other instruments are full-length.

\*\* Proprietary; there may be cost or licensing requirement associated with use.

