



# 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

For patients with a positive depression screening, ACOG recommends initiation of treatment or referral to a mental health care provider for the greatest benefit. Fathers are also eligible to receive screenings and referrals.

The CareSource Find a Doctor/Provider tool may be helpful for finding a mental health professional, and is available to providers and members at <https://findadoctor.caresource.com>. Providers and members may contact CareSource Member Services at 1-855-202-0729, 7 a.m. to 7 p.m. Monday – Friday for assistance locating a Behavioral Health provider or to request care management. Our TTY line is available Monday – Friday, 7 a.m. to 7 pm at 1-800-255-0056 or 711.

## Billing & Coding

Individual Codes	Definition
CPT 96127	Brief emotional and behavioral assessment with scoring and documentation, per standardized instrument (i.e. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale)
CPT 96157	Health behavior assessment, or re-assessment (i.e. health-focused clinical interview, behavioral observations, clinical decision making)
CPT 96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
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

Medicaid providers should check the Georgia Medicaid Fee Schedule prior to claim submission <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/41/Default.aspx>

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

**Please note:** The codes in this document are derived from the NCQA HEDIS 2020-2021 Technical Specifications for Health Plans and can be used by women’s health providers. 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.

## 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 <https://beckinstitute.org/beck-inventory-and-scales>
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (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 Georgia <https://www.mhageorgia.org/>
- 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 <https://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*