

# HEDIS Provider Guide: Postpartum Depression Screening and Follow-Up (PDS-E)

## Measure Description

The percentage of deliveries in which members were screened for clinical depression during the postpartum period. If member screened positive they received follow-up care.

- **Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period, 7–84 days following the delivery date. List of standardized instruments below.
- **Follow-Up on Positive Screen:** The percentage of deliveries in which members received follow-up care or were dispensed an antidepressant within 30 days of a positive depression screen finding.

### Clinical Recommendations:

- The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women.
- The American College of Obstetricians and Gynecologists (ACOG) recommends multiple postpartum visits no later than 12 weeks after birth that include a full assessment of psychological well-being, including screening for postpartum depression and anxiety with a validated instrument.
- The American Academy of Pediatrics recommends that pediatricians screen mothers for postpartum depression at the infant’s 1-, 2-, 4- and 6-month visits.
- The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.

Note: A higher rate indicates better performance. The denominator for this measure is based on deliveries, not on members. Deliveries during September 8 of the year prior to the measurement period through September 7 of the measurement period.

Exclusions: Members in hospice.

Standardized Instruments	Age ≤17	Age 18+	LOINC® Code	Positive Finding
Patient Health Questionnaire Modified for Teens (PHQ-9M)	X		89204-2	Total Score ≥10
Patient Health Questionnaire (PHQ-9)	X	X	44261-6	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)	X	X	55758-7	Total Score ≥3
Edinburgh Postnatal Depression Scale (EPDS)	X	X	99046-5	Total Score ≥10
Beck Depression Inventory-Fast Screen (BDI-FS)	X	X	89208-3	Total Score ≥8
Center for Epidemiologic Studies Depression Scale – Revisited (CESD-R)	X	X	89205-9	Total Score ≥17
PROMIS Depression	X	X	71965-8	Total Score ≥60
Beck Depression Inventory (BDI-II)		X	89209-1	Total Score ≥20
Duke Anxiety-Depression Scale (DUKE-AD)		X	90853-3	Total Score ≥30
My Mood Monitor (M3)		X	71777-7	Total Score ≥5
Clinically Useful Depression Outcome Scale (CUDOS)		X	90221-3	Total Score ≥31

Using Correct Billing Codes

Codes to Identify Postpartum Depression Follow-Up		
Description & Codes		
<p><b>Follow Up Visit:</b></p> <p><b>CPT:</b> 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483</p> <p><b>HCPCS:</b> G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p>	<b>with</b>	<p><b>Depression or Other Behavioral Health Condition:</b></p> <p><b>ICD10CM:</b> F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0, F63.1-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0, F91.1-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9, O90.6, O99.340-O99.345</p>
<p><b>Depression Case Management Encounter:</b></p> <p><b>CPT:</b> 99366, 99492, 99493, 99494</p> <p><b>HCPCS:</b> G0512, T1016, T1017, T2022, T2023</p>		
<p><b>Behavioral Health Encounter</b></p>		<p><b>CPT:</b> 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485</p>
<p><b>Encounter for Exercise Counseling</b></p>		<p><b>ICD10CM:</b> Z71.82</p>

Antidepressant Medications

Description	Prescription
Miscellaneous antidepressants	<ul style="list-style-type: none"> <li>• Bupropion</li> <li>• Vilazodone</li> <li>• Vortioxetine</li> </ul>
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> <li>• Isocarboxazid</li> <li>• Phenelzine</li> <li>• Selegiline</li> <li>• Tranyloypromine</li> </ul>
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> <li>• Nefazodone</li> <li>• Trazodone</li> </ul>
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>• Amitriptyline-chlordiazepoxide</li> <li>• Amitriptyline-perphenazine</li> <li>• Fluoxetine-olanzapine</li> </ul>
SNRI antidepressants	<ul style="list-style-type: none"> <li>• Desvenlafaxine</li> <li>• Duloxetine</li> <li>• Levomilnacipran</li> <li>• Venlafaxine</li> </ul>

Description	Prescription
SSRI antidepressants	<ul style="list-style-type: none"> <li>• Citalopram</li> <li>• Escitalopram</li> <li>• Fluoxetine</li> <li>• Fluvoxamine</li> <li>• Paroxetine</li> <li>• Sertraline</li> </ul>
Tetracyclic antidepressants	<ul style="list-style-type: none"> <li>• Maprotiline</li> <li>• Mirtazapine</li> </ul>
Tricyclic antidepressants	<ul style="list-style-type: none"> <li>• Amitriptyline</li> <li>• Amoxapine</li> <li>• Clomipramine</li> <li>• Desipramine</li> <li>• Doxepin (&gt;6 mg)</li> <li>• Imipramine</li> <li>• Nortriptyline</li> <li>• Protriptyline</li> <li>• Trimipramine</li> </ul>

### How to Improve HEDIS® Scores

- Use standardized clinical depression screening templates in charts and in electronic health records (EHRs). Ensure that these templates capture the score and screening result.
- Schedule follow-up visits for member within 30 days of a positive depression screening before they leave the provider office.
- Contact patients who cancel or miss appointments for reassessment (phone and/or mail).
- Educate members on the importance of follow-up care.
- Avoid missed opportunities by taking advantage of every office visit to provide clinical depression screening.
- An outpatient, telephone, e-visit, or virtual check-in follow-up are also acceptable to meet the measure requirements.
- If your practice/group uses a data aggregator, e.g., Cozeva® or Arcadia®, ensure that they can capture this measure in their system.
- Submit LOINC codes for depression screening to Blue Shield Promise via a supplemental data feed extracted from your electronic health record (EHR). Reach out to your assigned Blue Shield Promise Quality Program Manager for assistance or email [HEDISSUPPDATA@blueshieldca.com](mailto:HEDISSUPPDATA@blueshieldca.com) for questions related to supplemental data feeds.
- Visit the [Behavioral Health Services Program](#) section on the Blue Shield Promise website for information on behavioral health referrals.

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