

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, and if screened positive, received follow-up care. The participation period is the delivery date through 60 days following the date of delivery.

- **Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
 - Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7–84 days following the date of delivery.
- **Follow-Up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.
 - Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days). Any of the following on or up to 30 days after the first positive screen meets criteria:
 - An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
 - A dispensed antidepressant medication.
 - or**
 - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Product Lines: Commercial, Medicaid

Codes Included in the Current HEDIS® Measure

Codes to Identify Deliveries

Description	Code
Deliveries	ICD-10: 10D00Z0-10D00Z2, 10D07Z3-10D07Z8, 10E0XZZ CPT: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Codes to Identify Depression and Follow-Up Visits

Description	Code
Behavioral Health Encounter	CPT: 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 HCPCS: G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485 UBREV: 0900-0905, 0907, 0911-0917, 0919
Depression Case Management Encounter	CPT: 99366, 99492-99494 HCPCS: G0512, T1016, T1017, T2022, T2023
Depression or Other Behavioral Health Condition	ICD-10: F01.511, F01.518, F06.4, F10.xxx-F16.xxx, F18.xxx, 19.xxx, F20.0-F20.5, F20.81, F20.89, F21-F24, F25.x, F28, F29, F30.xx, F30.x, F31.x, F31.xx, F32.x, F32.xx, F33.x, F33.xx, F34.x, F34.xx, F40.xx, F40.xxx, F40.x, F41.x-F43.x, F43.xx, F44.89, F45.21, F51.5, F53.0, F53.1, F60.x, F60.xx, F63.x, F63.xx, F68.xx, F68.x, F84.x, F90.x, F91.x, F93.x, F94.x, O90.6, O99.340-O99.345
Follow-Up Visit	CPT: 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 HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015 UBREV: 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983

Depression Screening Instruments

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [*]	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [*]	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{*1}	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{*1,2}	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

¹Brief screening instrument. All other instruments are full-length. ²Proprietary; may be cost or licensing requirement associated with use.

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [*]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{*1}	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{*1,2}	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) ^{*2}	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
My Mood Monitor (M-3) [*]	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

¹Brief screening instrument. All other instruments are full-length. ²Proprietary; may be cost or licensing requirement associated with use.

Ways Providers can Improve HEDIS® Performance

- Screen patients at new visits, annual well-care visits, or when clinically indicated.
- Document in the medical record the encounter date of a referral.
- Ensure the patient's age is used to select the appropriate depression screening instrument.
- Utilize synchronous telehealth visits when in-person visits are not available.

Ways Health Plans can Improve HEDIS® Performance

- Ensure your member (and member's family) understands the local community support resources and what to do in an event of a crisis.
- Educate providers to utilize PHQ9 or other standardized depression screening tools in EMR to ensure included in electronic measure.
- Connect with local crisis services immediately for an evaluation if a member is experiencing current suicidal ideations.
- Audit, identify, and educate top 10 providers with open gaps.
- Educating members on the importance of postpartum care and timely follow-up visits.
- Utilize collaborative care interventions involving multifaceted care team approaches (e.g. primary care physician, case manager with mental health background, psychiatrist, etc.).
- Outreach patients who cancel appointments and assist them with rescheduling as soon as possible. Consider telemedicine visits when in-person visits are not available, or access barriers exist.

Exclusions

- Deliveries in which members were in hospice or using hospice services any time during the measurement period.
- Members who die any time during the measurement period.

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