Maternal Depression Screening (MDS) PCP Tip Sheet

Maternal depression screening (MDS) is recommended at infant 1-, 2-, 4-, and 6-month visits, or at the postpartum visit, or for up to one year after delivery captured when patient(s) present for care. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, guidance on local resources for monitoring and support, and follow-up. Ensure documentation in medical records are clear and concise related to screening, interventions, counselling, and/or all appropriate care rendered to mother-baby dyad patients.

Key Takeaways: Validated Screening Tool, Accurate Diagnosis, Effective Treatment, Appropriate Follow-up, Coordination of Care.

Medicaid Maternal Depression Screening (MDS) Coding Tip Sheet, Primary Care Well-Child Visits and Post-Partum Visits									
1	2	3	4	5	6	7	8	9	10
Population	Visit Type	Age	Exam Type	Exam Type	Health Risk Assessment	Findings	Outcome	Procedural Service	Documentation
			Preventive	Eval & Management	EPSDT				
		Values	CPT Code	CPT Code	CPT	ICD-10	HCPCS	Modifier	
Well-child visits	Preventive visit, age < 1 year	3-5 Days old	99381-new 99391-est	"Medically appropriate history or examination"	96161 (96161-EP)	Z00.110	G8510-neg G8431-pos		Follow up for positive depression screening to include one (1) or more of the following:
Well-child visits	Preventive visit, age < 1 year	1-month old	99381-new 99391-est	99202 Level 2 New Pt Visit 99203 Level 3 New Pt Visit	96161 (96161-EP)	Z00.111	G8510-neg G8431-pos	Modifier EP	Additional evaluation Suicide risk assessment Referral to a practitioner who is qualified to diagnose and treat depression. Pharmacological interventions Other interventions or follow-up for the diagnosis of depression The documented follow-up plan must be related to positive depression screening, for example: "Patient referred for psychiatric evaluation due to positive depression screening." SFHP Network Providers Beacon Contacts:
Well-child visits	Preventive visit, age < 1 year	2-month old	99381-new 99391-est	99204 Level 4 New Pt Visit 99205 Level 5 New Pt Visit	96161 (96161-EP)	Z00.129-nl Z00.121-abnl	G8510-neg G8431-pos		
Well-child visits	Preventive visit, age < 1 year	4-month old	99381-new 99391-est	99211 Level 1 Est Pt Visit 99212 Level 2 Est Pt Visit 99213 Level 3 Est Pt Visit	96161 (96161-EP)	Z00.129-nl Z00.121-abnl	G8510-neg G8431-pos	Modifier HD	
Well-child visits	Preventive visit, age < 1 year	6-month old	99381-new 99391-est	99214 Level 4 Est Pt Visit 99215 Level 5 Est Pt Visit	96161 (96161-EP)	Z00.129-nl Z00.121-abnl	G8510-neg G8431-pos		
Well-child visits	Preventive visit, age 1 to 4	1–4 years *Cut off age 1	99382-new 99392-est		96161 (96161-EP)	Z00.129-nl Z00.121-abnl	G8510-neg G8431-pos		
Postpartum Patient	Preventive visit, age 12 to 17	Adolescent 12-17	99384-new 99394-est	59400 Routine OB Package Code 59510 Routine OB Package Code 59610 Routine OB Package Code	96127	Z00.129-nl Z00.121-abnl Z13.32	G8510-neg G8431-pos		Beacon Customer Service Number 1(855) 371-8117 or provider.inquiry@beaconhealthoptions.com *PCP Referral form PCP Referral Form *Case Management support, complete a Care Management referral form Care Management Referral Form *Forms also available from the SFHP website
Postpartum Patient	Preventive visit, age 18 to 20	Adult 18-20	99385-new 99395-est		96127	Z00.00-nl Z00.01-abnl Z13.32	G8510-neg G8431-pos		
Postpartum Patient	Preventive visit, Age, 18-39 years	Adult 18-39	99385-new 99395-est		96127	Z00.00-nl Z00.01-abnl Z13.32	G8510-neg G8431-pos		
Postpartum Patient	Preventive visit, Age, *40-64 years	Adult 40-49 *Cut off age 49	99386-new 99396-est		96127	Z00.00-nl Z00.01-abnl Z13.32	G8510-neg G8431-pos		

Key

(1)	Population Visit Type		Pregnant or Postpartum Recipients Providers of prenatal care and postpartum care may submit claims twice per year per pregnant or postpartum recipient: once when the recipient is pregnant and once when she is postpartum. Screens that are positive for depression must be billed using HCPCS code G8431 (screening for depression is documented as being positive and a follow-up plan is documented) and modifier HD. Screens that are negative for depression must be billed using HCPCS code G8510 (screening for depression is documented as negative, a follow-up plan is not required) and modifier HD. Postpartum Depression Screening at Well-Child Visits Providers of well-childcare may submit claims for a maternal depression screening up to four times during the infant's first year of life. Bright Futures recommends screening for maternal depression at the infant's one-month, two-month, four-month, and six-month visits, with referral to the appropriate provider for further care if indicated. Screens that are positive for depression must be billed using HCPCS code G8431 and modifier HD. Screens that are negative for depression must be billed using HCPCS code G8510 and modifier HD. When a postpartum depression screening is provided at the infant's well-child visit, the screening must be billed using the infant's Medi-Cal ID. The only exception to this policy is that the mother's Medi-Cal ID may be used during the first two months of life if the infant's Medi-Cal eligibility has not yet been established. https://filesaccepttest.medi-cal.ca.gov/pubsdoco/bulletins/artfull/psy201811.aspx Type of visit					
(3)	Age	Values	Age parameters					
(4)	Exam Type	CPT	New or established patient visit CPT codes.					
(-)	Lxaiii Type	Codes	Preventive visit codes 99381-99397 include counseling/anticipatory guidance/risk factor reduction interventions.					
(5)	Exam Type	CPT Codes	Evaluation and Management visit CPT codes 99201-99215 Codes: Preventive medicine services are E&M services that may not be coded on the basis of time. However, "If an abnormality is encountered or a pre-existing. problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem/abnormality is significant enough to require. additional work to perform the key components of a problem-oriented E&M service, then the appropriate office/outpatient code 99201-99215 should also be reported. Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable E/M service was provided on the same day as the preventive medicine. service," says CMS (www.cms.gov). 59400, 59510,59610 Codes: These package codes cover the first visit through the six-week postpartum period.					
(6)	Health Risk Assessment	CPT Codes	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visit CPT codes 96161 - Health Risk Assessment; To be used for infants/children at well-visit use EP modifier. 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. Recommended screening using the Patient Health Questionnaire (PHQ2/PHQ-9) and the Edinburgh Postnatal Depression Scale (EPDS) for pregnant and postpartum members. Link to ICD-10-CM Z00 codes. 96127 - Health Risk Assessment; To be used when mother is the patient (i.e. in Family Medicine or Obstetric practice). Brief emotional/behavioral assessment [e.g., depression inventory, attention-deficit/ hyperactivity disorder (ADHD) scale], with scoring and documentation, per standardized instrument, e.g. Edinburgh or PHQ2/PHQ-9. Note: An exception to coding is if the infant's Medi-Cal eligibility has not yet been established during the first two months of life, the mother's Medi-Cal ID may be used. https://filesaccepttest.medical.ca.gov/pubsdoco/bulletins/artfull/psy/201811.aspx					
(7)	Findings	ICD-10 Codes	 Z00.00 General adult exam without abnormal findings Z00.110 Health exam under 8 days Z00.120 Routine exam without abnormal findings (29 days through 14 years) Z13.32 Encounter for screening for maternal depression Z00.121 General adult exam with abnormal findings Z00.121 Health exam 8-28 days Z00.121 Routine exam with abnormal findings (29 days through 14 years) 					
(8)	Outcome	HCPCS Codes	G8431 Screening for clinical depression is documented as being positive AND a follow-up plan is documented. G8510 Screening for clinical depression is documented as negative and a follow-up plan is not required. G8433 Screening for clinical depression is not documented; documentation states patient is not eligible. G8940 Screening for clinical depression is documented as positive AND a follow-up plan is not documented because documentation states patient is not eligible. G8432 Screening for clinical depression is not documented; reason not given. G8511 Screening for clinical depression is documented as positive and follow-up plan is not documented; reason not given					
(9)	Procedural Service	Modifier	Modifier EP: Used with procedure codes 99381-99385 and 99391-99395 when a Full or Partial screening is performed. (Early & Periodic Screening, Diagnostic and Treatment) Modifier HD: Pregnant/parenting women's program Modifier 52: Used with modifier EP when all components have not been met, but at least the first 5 or more components were completed according to the EPSDT requirements. Modifier 59: Indicates a distinct procedural service (non-E/M service). Used when only components related to developmental and mental health are screened. Modifier 25: Appends one service with a second, separately identifiable E/M service. Modifier 25 states that the procedure performed should be considered separate from the visit. There is no need to use Modifier 25 for routine screening in a well-child visit.					
(10)	Documentation		Per DHCS specifications aligned with APL 20-006					
Tip	Establishing Office Protocol for MDS Screening		Plan ahead and establish an office protocol for MDS screening. Utilize medical support staff who have been trained on MDS screening. • Determine when to conduct MDS screenings • Select a validated tool(s) • Provide each postpartum mother a printed or electronic screening tool to complete while waiting for infant's provider • Score screening tool using standards provided for each tool • Determine whether screen is positive or negative • Review screening results with mother • Provide appropriate referral for positive screens • Refer any mother who appears to be a risk to herself or her infant for emergent evaluation					

Medicaid Maternal Depression Screening (MDS) Primary Care Well-Child Visits and Post-Partum Visits

Screening mothers for postpartum depression is appropriate for the general postpartum population and is recommended within the first few months following birth, up to the infant's first birthday.

Maternal depression screening per AAP Infant Well-Visit at 1-, 2-, 4-, and 6-months and/or Postpartum Visit at 2- and 6-week visits

Choose Appropriate Screening Tool & Visit Intervals Choose when to refer, when to treat, and how to treat, and follow-up Distinguish minimal depression from "Postpartum Blues" (self-limiting, resolves 2-3 weeks) No PHQ-9 Score 0 Provide education on postpartum depression and perinatal mood disorders symptoms · Edinburgh Score 0 Provide information on self-care strategies, community resources and crisis support Reassess at next visit if applicable Limited • Refer to Beacon Health Options Engagement Center for Care Management: PHQ-9 Score 0-3 Complete Care Management Referral Form and send via email to to no Edinburah Score 0-4 MC SFHP@Beaconhealthoptions.com, fax form 855-371-8113, symptoms or call 855-371-8117 See above Mild to PHQ-9 Score 4-21 • PCPs clinical decision making support with a Edinburgh Score 5-23 licensed psychiatrist; complete PCP Referral Form; Moderate select "PCP Decision Support" option PHQ-9 Score 22-27 See all of above or 1.2 or 3 on Q10 • Access Crisis Services, if no Crisis Severe Edinburgh Score 24-30 Resource at time of emergency, or 1.2 or 3 on Q10 call 911

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