



SCREENING FOR MATERNAL DEPRESSION AT THE WELL CHILD VISIT

WHY SCREENING FOR MATERNAL DEPRESSION IS IMPORTANT

THE MOTHER

- 35% of moms do not keep their postpartum appointment
- Women often stop their own medical care for the first 18-24 months after a child is born
- 69% of postpartum depression goes unrecognized
- Women are often hesitant to self-report due to concerns over privacy and disclosure

THE CHILD

Children of depressed parents:

- Higher risk for discontinuation of breastfeeding and malnutrition
- Reduced use of preventative services
- Show signs of their own depression
- More likely to have behavioral issues
- Increased risk for harsh parenting
- Show signs of sleep disturbances
- Often have developmental regression
- Have exaggerated stress responses
- Increased health risks in adulthood



HOW TO IMPLEMENT SCREENING INTO YOUR PRACTICE

- If the child is the patient, practices can screen parents for depression using the PHQ-2 tool.
- *Consider having your MA perform the PHQ-2 as part of the rooming process and provide assessment form to physician for review.
- If the screen is positive, use either the PHQ-9 or Edinburgh test.

IF THE MOTHER IS POSITIVE FOR DEPRESSION

- Offer resources for the mother following the visit.
- Be sure to follow up with the mother at subsequent visits.
- Route a note to office staff for a follow-up phone call.

TREATMENTS OF POSTPARTUM DEPRESSION THAT WORK

Depression Severity	EPDS Score PHQ9		Treatments
None to minimal	0-6	0-4	Rescreen at f/u; offer social/peer supports as needed
Mild	7-13	5-9	CBT or interpersonal therapy IPT; second line SSRI
Moderate	14-19	10-14	CBT or IPT + SSRI; referral to social/peer supports
Severe	19-30	15-27	SSRI, start CBT <i>after improving</i> ; second line SNRI; third line consider rapid acting therapies

CODING

- **CPT 96161** for “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”
- **P00.89** for “newborn affected by maternal depression”
- **Z62.9** for “h/o adverse childhood experiences” if it is caregiver depression
- Consider using brand new HCPCS code **G2211** as an addition to your E & M code for those office visits that require more complex care and referrals

Disclaimer: These codes should be reviewed to determine eligibility and payment for each organization and patient.

RESOURCE

National Maternal Mental Health Hotline: 1-833-TLC-MAMA (1-833-852-6262)



For more information, please visit:

<https://ohioaap.org/education-cme-moc-ii/preventive-health-program/>