



Maternal Mental Health Program

Purpose:

Community Care Health has established a Maternal Mental Health Program which requires network practitioners who are providing prenatal or postpartum care to ensure the maternal patient is offered a screening, or is appropriately screened, for mental health conditions.

Terminology:

“Maternal mental health condition” means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

Procedure:

All practitioners must use an evidence-based screening tool when providing a mental health screening. The preferred screening tool for maternal mental health screening is the Edinburgh Perinatal Depression Scale (EPDS), which includes use and scoring instructions. Additional approved depression screening tools include PHQ2, and PHQ9 (questionnaires). Practitioners are expected to provide the questionnaire to the member to complete and return to the practitioner. The form is available in multiple languages and is designed to be easy for the member to complete.

The screening is **required** to occur at the following times:

- At least once during each pregnancy
- At least once within 12 weeks following the birth of the child

CCH recommends that the screenings take place more often than the minimum requirement, as follows:

- Once during the first prenatal visit
- At least once during the second trimester
- At least once during the third trimester
- Once during the 6-week postpartum obstetrical visit
- Following the birth of the child, once during the 3-month pediatric visit, once during the 9-month visit and once during the 12-month visit after completion of the screening

Practitioners must use one of the following common procedural terminology codes (CPTs) upon completion of the depression screenings and submit the code to CCH alongside visit encounter data:

- G8431 should be applied when the screening for depression is documented as *being positive* and a follow-up plan is documented.
- G8510 should be applied when results of the screening for depression are documented as *negative*, and a follow-up plan is not required.

Referrals:

All members whose screening results indicate a positive identification of potential depression or other mental health conditions should be referred to Halcyon Behavioral for follow-up at 855-424-4457.