

Carriers: DPH Reporting Information for Carriers to report on Providers Who Screen Patients for Postpartum Depression (PPD)

The Massachusetts Department of Public Health (MDPH) regulation 105 CMR 271.000 requires annual reporting by carriers and a provider (OB-GYNs, Family Medicine Practitioner, Advanced Practice Nurses including Nurse Midwives and Nurse Practitioners, and Physician Assistants, who practice in a family medicine/OB-GYN setting) who use a validated screening tool to conduct or oversee a PPD screening during a routine clinical appointment in which medical services are provided to a woman who has given birth within the previous six months. Carriers must complete and submit this form, or a similar one as described below, by no later than March 1 for the previous calendar year unless you fall within the following exception to the rule for direct reporting to MDPH.

DIRECT REPORTING EXEMPTION: Do Not complete this form if you accepted and submitted reportable claims for PPD screening of patients to the All Payer Claims Database (APCD) at the Center for Health Information and Analysis (CHIA) using the following claim code of HCPCS code of S3005 (Performance Measurement, Evaluation of Patient Self-Assessment, Depression) with a diagnostic range Z39.2 (Routine Postpartum follow up, formerly ICD9 V24 - Screening for Postpartum Depression) and with a modifier of U1 for a positive and U2 for a negative screen. (See the end of this form for applicable definitions of postpartum, provider organization, carrier and a reportable claim).

If you do not fall within the direct reporting exemption, when submitting this information, the following data elements must be included for each provider and provider group that submitted reportable claims for PPD screening of patients. Carriers can choose to use this form or one they have developed as long as the following data elements are included:

1. Calendar Year: _____
2. Name of Carrier: _____
3. Name of Provider or Provider Organization: _____
4. Town/City of Provider: _____
5. Name and email address of the person completing this form: _____

6. Provider Type conducting the PPD Screen (check all categories that apply)
 - MD board certified as Family Medicine Practitioner
 - MD board certified OB-GYN
 - Nurse Midwife
 - Nurse Practitioner
 - Physician's Assistant

7. Total number of unduplicated postpartum patients who had a clinical encounter with a provider as defined in the MDPH regulation 105 CMR 271.000 at least once during the calendar year according to submitted claims: _____

8. Total number of unduplicated postpartum patients who were screened at least once during the calendar year according to submitted claims code of HCPCS code of S3005 (Performance Measurement, Evaluation of Patient Self-Assessment, Depression) with a diagnostic range Z39.2 (Routine Postpartum follow up, formerly ICD9 V24 - Screening for Postpartum Depression) and with a modifier of UI for a positive and U2 for a negative screen: _____

9. Outcome of the PPD Screening:
Positive (U1 modifier): _____ # Negative (U2 Modifier): _____

10. Validated PPD Screening Tool(s) Used: (check all tools that the provider or provider organization reported to the carrier that they used during the past year):

- Beck Depression Inventory (BDI-II)
- Beck Depression Inventory FS (formerly BDI-PC)
- Center for Epidemiological Studies Depression Scale (CES-D)
- Edinburgh Postnatal Depression Scale (EPDS)
- Postpartum Depression Screening Scale (PDSS)
- Patient Health Questionnaire-9 (PHQ-9)
- Other (please describe): _____

Submit the Annual PPD Data to:

Beth Buxton, LCSW
Bureau of Family Health and Nutrition
Massachusetts Department of Public Health
250 Washington Street, 5th Floor
Boston, MA 02108
Phone : 617-624-5910
Fax: 617-624-5990
Email: ppd.regulations@state.ma.us

Web: <http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/>



For your convenience, below are some of the definitions that appear in 105 CMR 271.000. Please use these definitions when completing this form.

Postpartum: means the period of time from the date of giving birth through six months after birth.

Provider Organization: means any corporation, partnership, business trust, association or organized group of persons which is in the business of health care delivery or management, whether incorporated or not, that represents 1 or more health care providers in contracting with Carriers for the payments of health care services including but not limited to physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations and any other organization that contracts with Carriers for payment for health care services.

Carrier: means an insurer licensed or otherwise authorized to transact accident or health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G; and an organization entering into a preferred provider arrangement under chapter 176I; but not including an employer purchasing coverage or acting on behalf of its employees or the employees of 1 or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services.

Reportable claim: means a claim for screening services delivered by a Provider to a postpartum patient during a given calendar.