



MassHealth
All Provider Bulletin 254
October 2015

TO: All Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Voluntary Reporting on Perinatal Depression Screening

Overview

To facilitate early detection and treatment of perinatal depression, MassHealth is implementing a voluntary reporting process to track the administration of standardized depression screening during pregnancy and the postpartum period.

Summary

For dates of service beginning October 1, 2015, providers who screen for perinatal depression using a MassHealth-approved tool may voluntarily report such screens through a claims submission process. This process will be used by MassHealth for reporting purposes only.¹

The following provider types may report to MassHealth on their administration of MassHealth-approved perinatal depression-screening tools.

- Physicians
- Independent nurse practitioners
- Independent nurse midwives
- Community health centers
- Hospital outpatient departments
- Physician assistants supervised by a physician

MassHealth-Approved Perinatal Depression-Screening Tools

MassHealth aligns with the Massachusetts Department of Public Health's (MDPH) approved list of perinatal depression-screening tools. Please refer to MDPH's postpartum depression (PPD) screening-tool grid containing information on tool features (i.e., time of administration, languages available) at <http://www.mass.gov/eohhs/docs/dph/com-health/postpartum-depression/screening-tool-grid.pdf>.

Providers may report administration of MassHealth-approved screening tools, including the

- Edinburgh Postnatal Depression Scale ([EPDS](#));
- Patient Health Questionnaire-9 ([PHQ-9](#));
- Postpartum Depression Screening Scale ([PDSS](#));
- Beck Depression Inventory ([BDI-II](#), [BDI-FS](#)); and the
- Center for Epidemiologic Studies Depression Scale ([CES-D](#)).

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¹ 105 CMR 271.000 requires certain health care providers to submit data on PPD screening annually to MDPH. For questions about MDPH reporting requirements, e-mail the MDPH at ppd.regulations@state.ma.us.

Guidelines for Reporting Perinatal Depression Screening

Perinatal Care Providers

Providers may voluntarily report one prenatal and one postpartum depression screen for a pregnant or postpartum MassHealth member in a 12-month period, using the woman's MassHealth ID number.

When a MassHealth-approved perinatal depression-screening tool has been completed and interpreted, the provider may report the screen to MassHealth using Healthcare Common Procedure Coding System (HCPCS) code S3005 and the appropriate "U" modifier (U1 or U2). These modifiers allow MassHealth to track the disposition of the screen accurately. For instructions concerning appropriate modifiers, see Table 1, page 3.

Pediatric Providers

Pediatric providers may voluntarily report the administration of one postpartum depression screen during a well-child or episodic visit for a MassHealth member aged 0-6 months, using the infant's MassHealth ID number.

When a MassHealth-approved perinatal depression-screening tool has been completed and interpreted, pediatric providers may report the screen to MassHealth using HCPCS code S3005 and the appropriate "U" modifier (U3 or U4). These modifiers allow MassHealth to track the disposition of the screen accurately. For instructions on appropriate modifiers, see Table 1, page 3.

Perinatal Depression Screen Reporting Does Not Affect CBHI Screening

Providers must continue to administer and claim for behavioral-health screening for the infant during well-child visits using the appropriate Current Procedural Terminology (CPT) code and modifier. For more information on the behavioral-health screening requirement, visit the Children's Behavioral Health Initiative (CBHI) website at www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi.

For a single date of service, pediatric providers may file a claim for a child's CBHI screen and separately report administration of a MassHealth-approved perinatal depression-screening tool using the infant's MassHealth ID number.

Example 1: If a pediatric provider administers the PEDS (Parents' Evaluation of Developmental Status) during a well-child visit, the provider must continue to claim for the child's required CBHI screen using CPT code 96110 and the appropriate modifier. The provider also may administer and separately report the administration of a MassHealth-approved perinatal depression screen, such as the EPDS or PHQ-9, using HCPCS code S3005 and modifier U3 or U4.

Example 2: If a pediatric provider administers the SWYC/MA (Survey of Well-Being of Young Children for Massachusetts) during a well-child visit, the provider must continue to claim for the child's required CBHI screen using CPT code 96110 and the appropriate modifier. Since the SWYC/MA incorporates a MassHealth-approved, perinatal depression-screening tool (Edinburgh Postnatal Depression Scale), the provider also may administer and separately report the perinatal depression screen using HCPCS code S3005 and modifier U3 or U4.

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Perinatal Depression Screen HCPCS Service Code and Modifiers

Table 1 (below) summarizes HCPCS code S3005 and the modifiers used to voluntarily report the administration of MassHealth-approved, perinatal depression-screening tools.

| Service Code / Modifier | Definition of HCPCS Code/Modifier |
|--------------------------------|--|
| S3005 | Performance Measurement, Evaluation of Patient Self-Assessment, Depression |
| Perinatal Care Provider | |
| U1 | Positive Screen: Perinatal care provider completed prenatal or postpartum depression screening and <u>behavioral-health need identified</u> . |
| U2 | Negative Screen: Perinatal care provider completed prenatal or postpartum depression screening with <u>no behavioral-health need identified</u> . |
| Pediatric Provider | |
| U3 | Positive Screen: Pediatric provider completed postpartum depression screening during well-child or infant episodic visit and <u>behavioral-health need identified</u> . |
| U4 | Negative Screen: Pediatric provider completed postpartum depression screening during well-child or infant episodic visit with <u>no behavioral-health need identified</u> . |

Note: Failure to include the modifier when reporting screens will result in inaccurate reporting.

Training and Referral Resources

MCPAP for Moms (created by the Massachusetts Child Psychiatry Access Project) provides real-time, perinatal psychiatric consultation and care coordination for obstetric, pediatric, primary care, and psychiatric providers to help identify and manage depression and other mental-health concerns during and after pregnancy.

MCPAP for Moms also offers trainings and toolkits for health-care providers and their staff based on evidence-based guidelines for depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options. Providers are encouraged to download and review the MCPAP for Moms provider toolkits, using the links below.

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Training and Referral Resources (*cont.*)

- Toolkit for Adult Providers
<https://www.mcpapformoms.org/Toolkits/Toolkit.aspx>
- Toolkit for Pediatric Providers
<https://www.mcpapformoms.org/Toolkits/PediatricProvider.aspx>

MCPAP for Moms is **free** for all Massachusetts providers. Call 1-855-Mom-MCPAP (1-855-666-6272) or visit [MCPAP for Moms](#).

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.