

HEDIS MEASURE OVERVIEW

Prenatal Depression Screening and Follow-Up (PND-E) and Postpartum Depression Screening and Follow-Up (PDS-E)

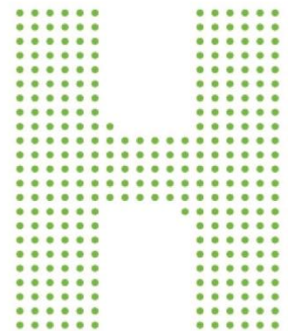
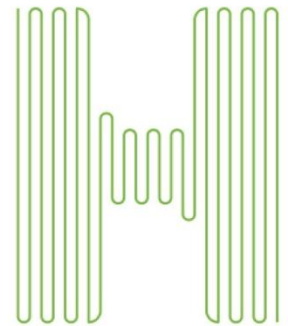
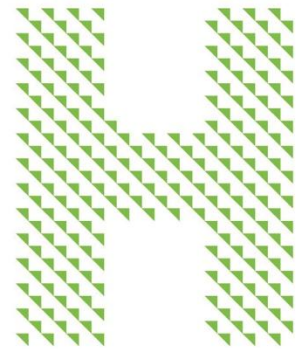
Perinatal depression refers to episodes of depression that occur during pregnancy and/or the first 12 months after childbirth. Perinatal depression affects as many as 15% of these individuals. Furthermore, postpartum depression is estimated to be as high as 20% in some areas of the United States.¹

Screening for and treating depression are important. There may be significant consequences when left untreated, such as suicidality, premature delivery, low-birthweight infants and hindered bonding that can lead to developmental disorders in the infant. In addition, important caregiving activities during infancy may be compromised in depressed persons, such as feeding, sleep, adherence to well-child visits and vaccine schedules.¹

Screening for and treating depression may provide cost savings. One study found that screening for and treating postpartum depression and psychosis costs an estimated \$1,000 per person and resulted in \$10,200 savings per remission.¹

Who is included in PND-E and PDS-E measures

- PND-E: The percentage of deliveries in which patients were screened for clinical depression while pregnant, and if screened positive, received follow-up care
 - Depression screening: The percentage of deliveries in which patients were screened for clinical depression during pregnancy using a standardized instrument
 - Follow-up on positive screen: The percentage of deliveries in which patients received follow-up care within 30 days of a positive depression screen finding
- PDS-E: The percentage of deliveries in which patients were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care
 - Depression screening: The percentage of deliveries in which patients were screened for clinical depression using a standardized instrument during the postpartum period
 - Follow-up on positive screen: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding during the 7–84 days following the date of delivery



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How to be compliant/follow-up on a positive screen

On delivery:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management
- A dispensed antidepressant medication **OR**
- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument
 - Include deliveries that occur in any setting

General guidelines and notes

- Eligibility for this measure is based on deliveries, not on patients.
- Initial population
 - Include deliveries that occur in any setting.
 - Determine the delivery date using the date as of the end of the delivery procedure.
 - If a patient has more than one delivery in a 180-day period, include only the first eligible delivery. Then, if applicable, include the next delivery that occurs after the 180-day period. Identify deliveries chronologically, including only one per 180-day period.
 - **Note:** Removal of multiple deliveries in a 180-day period is based on eligible deliveries. Assess each delivery for exclusions and participation before removing multiple deliveries in a 180-day period.
- This measure requires the use of an age-appropriate screening instrument. The patient's age is used to select the appropriate depression screening instrument.
- Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening. For example, if a health risk assessment includes questions from the Patient Health Questionnaire-2® (PHQ-2®), it counts as screening if the member answered the questions and a total score is calculated.
- Not all people who become pregnant or give birth identify as women or mothers.

Exclusions

- PND-E only: Deliveries that occurred at less than 37 weeks gestation
- Patients using hospice services
- Patients who died anytime during the measurement year

Measure best practices

- Screen patients for postpartum depression at the infant's follow-up visits with a validated instrument.
- Coordinate with behavioral health (BH) providers for patients at risk and/or who screen positive for BH. Submit information on claims, even if non-billable; it will be factored into Healthcare Effectiveness Data and Information Set (HEDIS®) rates.
- Train all staff to understand the importance of depression screening and how to recognize the signs and risk factors for depression in pregnancy.

- Educate the patient about the importance of follow-up and adherence to treatment recommendations.
- Have options for community counselors and psychiatry available for patients who screened positive.
- Provide care in a culturally responsive manner.

PND-E and PDS-E screening instruments and coding

This list is not comprehensive. Other NCQA codes can be used to identify services included in these measures.

PND-E and PDS-E screening instruments	Age	Logical Observation Identifiers Names and Codes (LOINC) code	Description
Patient Health Questionnaire (PHQ-9) [®]	≤17, 18+	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	≤17	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®*}	≤17, 18+	55758-7	Total score ≥3
Beck Depression Inventory – Fast Screen (BDI-FS) ^{®*,†}	≤17, 18+	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	18+	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	≤17, 18+	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®†}	18+	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	≤17, 18+	71354-5	Total score ≥10
My Mood Monitor (M3) [®]	18+	71777-7	Total score ≥5
Patient-Reported Outcomes Measurement Information System (PROMIS [®]) Depression	≤17, 18+	71965-8	Total score (T score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	18+	90221-3	Total score ≥31

* Brief screening instrument. All other instruments are full-length.

† Proprietary; may be cost or licensing requirement associated with use.

Description	Common code sets
Follow-Up Visit	CPT [®] : 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99393-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458
	HCPCS: G0071, G0463, G2010, G2250-G2252, T1015
Depression Case Management Encounter	CPT: 99366, 99492-99494
	HCPCS: G0512, T1016, T1017, T2022, T2023
Behavioral Health Encounter	CPT: 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
	HCPCS: G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485

Coding included above is based on the NCQA Value Set, but each state's fee schedule determines which codes are reimbursed. Please consult your respective state's fee schedule for reimbursement information.

CPT®: Current Procedural Terminology

HCPCS: Healthcare Common Procedure Coding System

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year 2025: Volume 2: Technical Specifications for Health Plans report. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record. The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

¹ National Committee for Quality Assurance. (2025) *HEDIS Measurement Year 2025: Volume 1: Narrative*.

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