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HEDIS® Tip Sheet | Effectiveness of Care Measure

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

This tip sheet supports providers in improving performance for the Prenatal Depression Screening and Follow-Up (PND-E) HEDIS[1] measure by outlining screening expectations, documentation guidance and follow-up requirements.

Measure overview	**The measure evaluates the percentage of deliveries in which pregnant patients were:** • Screened for clinical depression **during pregnancy** using a standardized instrument, and • Received follow-up care within 30 days if the screening result was positive. **Measurement period:** January 1 – December 31 **Screening timeframes:** • Deliveries between January 1 and December 1: Screen between the pregnancy start date and the delivery date. • Deliveries between December 2 and December 31: Screen between the pregnancy start date and December 1 of the measurement period.
Screening and follow-up workflow	Use the following workflow to support compliance with the PND-E measure. **Step 1 – Screen patient** Screen patient at first prenatal visit or as early in pregnancy as possible using a validated tool.

Early identification and timely follow-up for depression during pregnancy improves maternal and infant health outcomes.

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[1]HEDIS - Healthcare Effectiveness Data and Information Set

Screening and follow-up workflow
(continued)

Step 2 – Document screening

Document services provided, including relevant Logical Observation Identifiers Names and Codes (LOINC®).

Record the screening tool name, date and score. Include pregnancy details: Estimated due date (EDD), gestational age or last menstrual period (LMP).

Step 3 – Document all results

Document results for both positive and negative screens.

Depression screening instruments

Standardized tools are used to identify patients who may be experiencing symptoms of depression. Use these typically self-reported questionnaires or clinician-administered scales to assess the presence, frequency and severity of depressive symptoms.

Common tools: PHQ-9, PHQ-2 and EPDS

Note: Recommended or commonly used tools are indicated with an asterisk (*).

Screening tool	< 17 years	18+ years	LOINC code	Positive finding
Patient Health Questionnaire (PHQ-9)*	✔	✔	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)*	✔	✔	55758-7	Total score ≥ 3
Edinburgh Postnatal Depression Scale (EPDS)*	✔	✔	99046-5	Total score ≥ 10
Beck Depression Inventory II (BDI-II)		✔	89209-1	Total score ≥ 20
Beck Depression Inventory–Fast Screen (BDI-FS)	✔	✔	89208-3	Total score ≥ 8
CESD-R	✔	✔	89205-9	Total score ≥ 17
PROMIS Depression	✔	✔	71965-8	Total score ≥ 60
PROMIS Emotional Distress		✔	77861-3	Total Score ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)		✔	90221-3	Total score ≥ 31
Duke Anxiety-Depression Scale (DUKE-AD)		✔	90853-3	Total score ≥ 30
My Mood Monitor (M-3)		✔	71777-7	Total score ≥ 5
PHQ-9 Modified for Teens (PHQ-9M)	✔		89204-2	Total score ≥ 10

Step 4 – Follow up

Ensure patients with positive screens receive follow-up care within 30 days and that those services are documented in the medical record. Follow-up care must include evaluation or treatment of depression.

Acceptable follow-up care includes:

- An outpatient, phone, e-visit, or virtual follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression case management encounter documenting assessment for symptoms of depression or a diagnosis of depression or another behavioral health condition.
- A depression case management encounter documenting symptoms of depression or a behavioral health diagnosis.
- Documentation of additional depression screening using a full-length tool (e.g., PHQ-9) indicating no depression or no need for further follow-up on the same day as a positive brief screen (e.g., PHQ-2).
- A dispensed antidepressant medication, if clinically appropriate.
- A diagnosis of encounter for exercise counseling (ICD-10-CM code Z71.82). Do not include laboratory claims (with Place of Service (POS) code 81).

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Referrals 	Providers should connect patients who screen positive with appropriate behavioral health services as soon as possible. Between appointments, patients can be referred to Teladoc at **www.teladochealth.com** for online support. **Referral pathways may include:** • Behavioral health providers within the health plan network. • Care management support services. • Tele-mental health services. Providers may select the appropriate **Care Management Referral Form** in the Provider Library at **providerlibrary.healthnetcalifornia.com.** Once in the Provider Library, providers can find the form under Medi-Cal/Forms and References.
Best practices 	• Screen patients for depression at first prenatal visit, and again later in pregnancy. • Support staff can provide screening tools to patients at the time of check-in or rooming. • When needed, utilize telehealth visits to navigate barriers to timely in-person care. • Consider common symptoms of depression among patients, such as persistent sadness, loss of interest in activities, fatigue or low energy, or difficulty concentrating. • Results should be scored prior to patient leaving the office so positive screens are promptly addressed. Educate patients on the importance of follow-up care. • Educate patients that mood changes are common during and after pregnancy and that depression, like many other medical conditions, is treatable. • Ensure documentation is complete for services provided and referrals, including encounter dates. Reference LOINC codes (above) and common billing codes (below).
Exclusions 	**The following are excluded from the measure:** • Deliveries occurring at less than 37 weeks gestation. • Patients who elect hospice services during the measurement year. • Patients who die during the measurement year.
Code sets 	## Diagnosis requirements Follow-up visits must include a diagnosis of depression or another behavioral health condition to meet HEDIS requirements. **Examples include:** • Major depressive disorder (F32.x, F33.x). • Anxiety disorders (F41.x). • Pregnancy-related mental health conditions (O99.34x).

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Code sets
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Behavioral health encounters

Code	Code type	Description
90791–90792	CPT	Psychiatric diagnostic evaluation
90832–90838	CPT	Psychotherapy services (individual, including add-on codes)
90839	CPT	Psychotherapy for crisis
90845–90847, 90849, 90853	CPT	Family and group psychotherapy
90865, 90867–90870, 90875–90876, 90880, 90887	CPT	Other behavioral health services
99484	CPT	General behavioral healthcare management
99492–99493	CPT	Collaborative care management services

Follow-up visits

Code	Code type	Description
99202–99215	CPT	Office or outpatient visits
99242–99245	CPT	Consultation visits
99341–99350	CPT	Home visits
99381–99397	CPT	Preventive visits
99401–99404, 99411–99412	CPT	Preventive counseling
99421–99423	CPT	Online digital E/M services
99441–99443	CPT	Telephone visits
99457–99458	CPT	Remote monitoring services
99470, 99483	CPT	Care management services
98960–98962	CPT	Patient self-management education
98966–98968	CPT	Telephone assessment and management
98970–98972	CPT	Online assessment and management
98979–98981	CPT	Remote therapeutic monitoring
99078	CPT	Group education and training

Telehealth and communication-based services

Code	Code type	Description
G2010, G2012, G2250–G2252, G0071	HCPCS	Telehealth and communication-based services
G0463, T1015	HCPCS	Clinic/outpatient visits

Case management

Code	Code type	Description
99366	CPT	Behavioral health screening, assessment, treatment and support services
99492– 99493	CPT	Behavioral health rehabilitation and community support services
G0512	HCPCS	Behavioral health integration services
T1016–T1017	HCPCS	Case management services
T2022–T2023	HCPCS	Care coordination services

Additional information about the measure can be found in the National Committee for Quality Assurance HEDIS specifications and value sets.

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