

## Coding Tip: Screening for Depression in Pregnancy and Postpartum

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Depression in pregnancy and postpartum is a common and important medical condition affecting many women. Screening for depression and anxiety is recommended by ACOG during pregnancy and postpartum (<https://www.acog.org/programs/perinatal-mental-health/patient-screening>). Thus, this topic is of importance to maternal-fetal medicine subspecialists and their clinical practices. ACOG does not endorse any specific screening instruments and there are various tools available; some common examples include the Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire (PHQ-9).

What are the appropriate CPT codes to use for screening for depression in pregnancy and postpartum?

Appropriate coding is very payer specific for this scenario – here we share general coding recommendations from our Coding Committee that are typically recognized by most payers, and recommend you ultimately confirm with your individual payers. The following CPT codes are recommended for each of these scenarios -

1. Coding for depression in pregnancy:

96127, “Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder scale), with scoring and documentation, per standardized instrument.

Some payers request the use of the following code instead: 96160, “Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.”

2. Coding for depression postpartum. In this scenario, the mother is now considered a caregiver to her newborn, and the following code is recommended to be used:

96161, “Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.”

ICD-10 code Z13.32 Encounter for screening for maternal depression should be used for these screening services. If the results are positive, and require management and/or referral, use the appropriate code(s) from ICD-10 Chapter 5 and/or 15.



\*Medicare covers one-time annual screening for adults for depression and utilizes HCPCS Code G0444 Annual depression screening, 5 to 15 minutes.

\*Some Medicaid plans require HCPCS codes that delineate between positive and negative screening results:

G8431 Screening for clinical depression is documented as being positive and a follow-up plan is documented

G8510 Screening for clinical depression is documented as negative

#### Additional notes-

These codes do not represent physician work. The tools may be administered by office staff. Physician time spent on evaluation and management services (E/M) related to the screen results, would be billed separately in addition to the screening or assessment code. If performed on the same date, modifier 25 should be appended to the E/M code. Documentation should include the date, patient's name, name of informant – if other than patient, name of instrument used, credentials/title of the individual administering the instrument, scoring and documentation, and interpretation. Some payers may require a separate report for the tool administration, including the aforementioned documentation and interpretation when billing for these codes. As part of any related E/M, the physician must document that they reviewed and interpreted the score and discussed the results with the patient/family as part of the related E/M service – in addition to other standard E/M requirements.

Please submit any questions you may have to the SMFM Coding Committee Ask a Coding Question website (<https://www.smfm.org/coding/questions/new>). Additional information and resources are also available on our coding website. Thank you very much.

