

Based on the Bright Futures Periodicity Schedule, several structured screenings are recommended throughout a child's life to screen for issues like maternal depression, developmental delays, autism, and depression. These structured screenings require the use of validated screening tools to assess for clinical indication that the child may need further clinical evaluation.

Highmark Health Options does not endorse or require any specific screening tool for screening purposes. This list is not all-inclusive, and other validated screening tools may be available. Each practice is encouraged to utilize a screening tool that is best suited for their individual situation.

Physical Exam at Age
1 month
2 months
3 months
4 months

Validated Screening Tool	Description	Administration Time and Scoring	Website
<b>Edinburgh Postpartum Depression Scale (EPDS)</b>	The EPDS is a no-cost screening postpartum women for depression in outpatient, home visiting settings, or at the 6-8 week postpartum examination. It is a 10-item self-report rating scale that is also sensitive to change in severity of depression over time. While it is used predominantly in the postnatal setting, the EPDS can also be used to screen for depression during pregnancy, terminal illness, in fathers, to assess dysphoria in adoptive parents, and has been validated for use in non- postnatal women, as well as mothers and fathers of toddlers. The EPDS has been used cross-culturally, and has been translated into 23 languages, although all translations have not been validated. It also deliberately does not contain self-report items related to somatic symptoms.	<p><b>Approx. 5 minutes</b></p> <p><b>Scoring</b></p> <ul style="list-style-type: none"> <li>• <b>Cutoff 8.5-15.0</b> – Major depressive disorder</li> <li>• <b>Cutoff 8.0-9.0</b> – Minor depression</li> </ul> <p>A <i>positive</i> score on item 10 indicates immediate intervention is required.</p>	<a href="http://perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm">perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm</a>
<b>Postpartum Depression Screening Scale (PDSS)</b>	The PDSS is a postpartum depression screening tool written at a third-grade level to identify and refer women for treatment who might be suffering from PPD. It is a 35-item Likert-type response scale consisting of 7 domains (each of which contains 5 items): sleeping/eating disturbances, anxiety/insecurity, emotional lability, cognitive impairment, loss of self, guilt/shame, and contemplating harming oneself. The PDSS has been validated in English and Spanish by the author, but further independent psychometric studies are warranted to determine the cultural validity of this tool.	<p><b>5-10 minutes</b></p> <p><b>Scoring</b></p> <ul style="list-style-type: none"> <li>• <b>Cutoff 80</b> – Major depressive disorder</li> <li>• <b>Cutoff 60</b> – Minor depression</li> </ul>	<a href="http://screening.mhanational.org/screening-tools/postpartum-depression">screening.mhanational.org/screening-tools/postpartum-depression</a>

<p><b>Patient Health Questionnaire (PHQ-9)</b></p>	<p>The PHQ-9 is a no-cost, self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which derives its scoring system from the 9 DSM-IV criteria for depressive disorders. While the PHQ-9 demonstrated strong sensitivity, specificity, and positive predictive value scores, longitudinal studies are needed to ascertain sensitivity to change. A benefit of using the PHQ-9 in postpartum women is that while it has not been validated in this setting, it is a validated depression screening tool that is linked to DSM-IV criteria, and therefore as a screening tool, can be reimbursed for billing purposes.</p> <p>Sensitivity, specificity, and positive predictive values were similar in the primary care and obstetrics-gynecology samples.</p>	<p>Less than 3 minutes</p> <p><b>Scoring</b></p> <ul style="list-style-type: none"> <li>• <b>Cutoff 0-9</b> – Minor depression</li> <li>• <b>Cutoff 15-19</b> – Moderate to moderately severe depression</li> <li>• <b>Cutoff 20-27</b> – Severe depression</li> </ul> <p>A positive score on the question, <i>"Thoughts that you would be better off dead or of hurting yourself in some way,"</i> counts if present at all, regardless of duration.</p>	<p><a href="https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf">apa.org/depression-guideline/patient-health-questionnaire.pdf</a></p>
<p><b>Center for Epidemiologic Studies Depression Scale (CES-D)</b></p>	<p>The CES-D is a 20-item instrument developed by NIMH to detect major or clinical depression in adolescents and adults in community samples. The questions are easy to answer and cover most of the areas included in the diagnostic criteria for depression. It has been used in urban and rural populations, and to assess depression in cross-cultural populations. A limitation of the CES-D is that there is little published psychometric data on the use of this tool in postpartum women. In addition, according to Boyd et al, the sensitivity and specificity values thus far indicate that the CES-D could potentially miss as many as 40% of depressed postpartum women.</p>	<p><b>10 minutes</b> to administer during a client interview or via self-report.</p> <p><b>Scoring</b></p> <p>Scores range from 0- 60, with depressive symptomatology indicated at a cutoff of <b>16 or above</b>.</p>	<p><a href="https://integrationacademy.ahrq.gov/sites/default/files/2020-07/CES-D.pdf">integrationacademy.ahrq.gov/sites/default/files/2020-07/CES-D.pdf</a></p>

## Structured Screening for Maternal Postpartum Depression

Postpartum depression occurs in up to 20% of women who have recently given birth and it is estimated that fewer than half of the cases are recognized. Children with mothers who have postpartum depression are more likely to have delayed development. Screening for perinatal depression increases opportunities for intervention. Pediatricians are the front line in the identification and monitoring of care giver mental health problems.

A maternal postpartum depression screening should be completed at the following visits:

- 1 month
- 2 months
- 4 months
- 6 months

When the Postpartum Depression Screening identifies a mother as needing further evaluation, appropriate referrals for follow up should be made based on their Health Insurance Coverage and the severity of their symptoms.

It is important that the pediatrician communicates any referrals to the mother's PCP or obstetrician. For additional information please refer to the AAP article on incorporating postpartum depression into pediatric practice at <https://publications.aap.org/pediatrics/article/126/5/1032/65293/Incorporating-Recognition-and-Management-of>

### Helpful hotlines from WomensHealth.gov

- PPD Moms: 800-PPD-MOMS (800-773-6667)
- Postpartum Support International: 800-994-4PPD (4773)
- National Suicide Prevention Hotline: 800-273-TALK (8255)

### Billing

All EPSDT screening services must be reported with age-appropriate evaluation and management code along with the EP modifier.

- 1 month to 11 month: EPSDT visit CPT Code 99381 or 99391
- CPT Code Maternal Depression Screening 96161

For questions about the EPSDT program, email the EPSDT department at [HHO-EPSDT@highmark.com](mailto:HHO-EPSDT@highmark.com).