



Physical Exam at age:	Screenings
1 Month	96161 Maternal Depression Screening
2 Months	
4 Months	
6 Months	

Maternal Depression Screening

Recommended Coding per Pennsylvania EPSDT Periodicity Schedule: 96161

Based on the Bright Futures Periodicity Schedule it is recommended that a Maternal Depression screening be completed during the 1 Month, 2 Month, 4 Month, and 6 Month EPSDT visits. This requires the use of a

validated screening tool to assess for clinical indication that the mother may need further assessment.

A father's mood also influences how he interacts with his children and partner. Depressed fathers are also less likely to interact with children in positive ways such as playing games, singing songs or reading. Fathers are also more at risk when the mother has a diagnosis of postpartum depression.

Highmark Wholecare plans do 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.

Parents who screen positive on the Depression Screening need referred for ongoing support through your existing resources. If you have no developed resources, please refer to the bottom of this page.

Validated Screening Tool	Age for Use	Description	Administration Time Scoring information (if available)	Where to find additional information / purchase
Maternal Depression				
Edinburgh Postpartum Depression Scale (EPDS) English / Spanish / Vietnamese / French / Arabic / Chinese / Punjabi / Portuguese		The EPDS was developed for 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	It takes approximately 5 minutes to complete the EPDS. Scoring: Major depressive disorder (cutoff: 8.5-15.0); minor depression (cutoff: 8.0-9.0). A <i>positive</i> score on item 10 indicates that immediate intervention is required.	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Documents/Postnatal%20Depression%20Scale.pdf https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf

<p>*Numerous other languages available*</p> <p><i>Can be used to assess for PPD in Fathers and adoptive parents.</i></p>		<p>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>	<p>The EPDS is a reliable and valid measure of mood in fathers. Screening for depression or anxiety disorders in fathers requires a two-point lower cut-off than screening for depression or anxiety in mothers, and we recommend this cut-off to be 5/6. (Matthey, 2001)</p>	<p>Cost of the tool: Free.</p>
<p>Postpartum Depression Screening Scale (PDSS)</p> <p>English / Italian</p>	<p>New mothers of any age</p>	<p>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>	<p>Time frame: The PDSS takes 5-10 minutes to complete.*</p> <p>Scoring: Major depressive disorder (cutoff: 80); minor depression (cutoff: 60).</p>	<p>https://www.wpspublish.com/pdss-postpartum-depression-screening-scale</p>
<p>Patient Health Questionnaire (PHQ-9©)</p> <p>English / Spanish / French / Mandarin / Malay / Chinese /</p>		<p>The PHQ-9 is a 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-V criteria, and therefore as a screening tool, can be reimbursed for billing purposes. Sensitivity, specificity, and positive predictive values were similar in the primary care and obstetrics-gynecology samples.</p>	<p>The PHQ-9 takes less than 3 minutes to complete.</p> <p>Scoring: Minor depression (cutoff: 0-9); moderate/moderately severe depression (cutoff: 15-19); severe depression (cutoff: 20-27). A positive score on the question, "Thoughts that you would be better off dead or of hurting yourself in some way" counts if present at all, regardless of duration.</p>	<p>http://med.stanford.edu/fastlab/research/imapp/msrs/jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf</p> <p>Cost of the tool: Free.</p>
<p>Center for Epidemiologic Studies Depression Scale (CESD-R).</p> <p>English / Spanish / Korean / Chinese / Latvian / German / Croatian / Polish / Bhutanese / Turkish / Lithuanian</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>The CES-D takes approximately 10 minutes to administer during a client interview or via self-report and is used effectively in a variety of mental health areas, including primary care, psychiatric and related clinical and forensic settings.*</p> <p>Scoring: Scores range from 0-60, with depressive symptomatology indicated at a cutoff of 16 or above.</p>	<p>https://cesd-r.com/</p> <p>Cost of the tool: Free.*</p>

Resources for Postpartum Depression (not all inclusive):

National Suicide Hotline 1-800-273-8255

Postpartum Support International: <https://www.postpartum.net/locations/pennsylvania/> can be contacted telephonically via their helpline at 1-800-944-4773 (English and Spanish). They also have a text line at 800-944-4773 (English) or 971-203-7773 (Spanish).

AHN Women's Health Postpartum/Perinatal Depression program. <https://www.ahn.org/specialties/womens-health/womens-behavioral-health/perinatal-depression-and-its-symptoms> 412-578-4030.

Magee-Women's Behavioral Health Services <https://www.upmc.com/locations/hospitals/magee/services/behavioral-health-services> / 412-641-1238

UPMC Pinnacle Women's Behavioral Health Specialists <https://www.pinnaclehealth.org/our-services/womens-behavioral-health/conditions-we-treat/pregnancy-and-postpartum/> 717-988-9430

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