



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

HEDIS® Measurement Year 2020 & Measurement Year 2021 Measures
Electronic Clinical Data Systems (ECDS) Measures

Measure Description: This measure captures the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported.

- **Depression Screening:** The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
 - **Deliveries between January 1 and December 1 of the Measurement Period:** Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date).
 - **Deliveries Between December 2 and December 31 of the Measurement Period:** Screening should be performed between the pregnancy start date and December 1 of the Measurement Period
- **Follow-Up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.
 - Any of the following on or up to 30 days after the first positive screen meets criteria:
 - » An outpatient or telephone 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

- **Receipt of an assessment on the same day and subsequent to the positive screen.**
 - Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up. For example, if the initial positive screen resulted from a PHQ-2 score, documentation of a negative finding from a subsequent PHQ-9 qualifies as evidence of follow-up.

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Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

Measurement Period

January 1 - December 31

Eligible Screening Tools

Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (12–17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®*	Total Score ≥8
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
PROMIS Depression	Total Score (T Score) ≥60

Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®*	Total Score ≥8
Beck Depression Inventory (BDI-II)	Total Score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Duke Anxiety-Depression Scale (DADS)®*	Total Score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
My Mood Monitor (M-3)®	Total Score ≥5
PROMIS Depression	Total Score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31

*There may be cost or licensing requirement associated with using these tools.

Eligible Population

Ages: Members who deliver during the measurement period.

*Members who deliver at less than 37 weeks gestation or who are in hospice or using hospice services during the measurement period will not be included in the measure.

Strategies for Improvement

Routine prenatal care has the potential to improve health outcomes and promote ongoing health and well-being for women and their infants. While it is important to have prenatal tests that check for genetic diseases and birth defects in the infant, it is equally important to routinely assess mom for issues such as depression. The earlier depression is detected the earlier it can be treated. Follow some of the below tips to improve depression screenings in your practice.

- Members of the care team understand the importance of depression screening and to recognize the risk factors for depression in pregnancy.
 - All staff receives training on depression screening and care.
 - All staff recognizes the following risks factors: being a young mother (under the age of 20); having poor social support; living alone; experiencing marital conflict or being divorced or widowed; having experienced trauma in the past year.
 - Staff will be versed in strategies to engage patients on completing and understanding the tool.
- Work with a care manager or team member to coordinate care and follow-up for members with a positive screening.

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- Whenever possible, depression screening and treatment are culturally appropriate and offered in the patient’s first language.
- Have options for community counselors and psychiatry available for patients interested in that option if screened positive.
 - Advise that these organizations offer confidential help.
- Explore nonmedicinal treatment options if optimal for patient.
 - Psychotherapy
 - Omega-3 essential fatty acids, which are found in foods such as oily fish and walnuts, and can act as a natural mood-booster
 - Acupuncture
 - Relaxation techniques
- Referral to a local support group.
- Medication
 - Advise moms even when pregnant that they may be able to take medication to treat their depression.

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the PND measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Code Class	Codes	Description
CPT	90791; 90792; 90832-90834; 90836-90839	Behavioral Health Encounter
CPT	99366	Depression Case Management Encounter