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United States Preventive Services Task Force (USPSTF) Perinatal Depression Prevention Counseling Effective 1.1.2020

This document was developed to assist practitioners with implementation of the recent USPSTF recommendation for depression prevention for pregnant and postpartum women. Since the USPSTF did not provide coding guidance for prevention, the following information will assist the provider with Highmark’s preventive coverage of this service, which is effective 1.1.2020. Please see the individual member’s health benefit plan via NaviNet for information about covered services.

Diagnosis Codes for Pregnant and Postpartum Women	Procedure Codes for Counseling Services	USPSTF Recommendation
<p>Z13.32 - Encounter for screening maternal depression – perinatal postpartum or Z86.59 - Personal history of other mental and behavioral disorders or Z87.898 – personal history of depression - including perinatal problem</p> <p>WITH a pregnancy or postpartum diagnosis code Must Have one of the following pregnancy or postpartum diagnosis codes:</p> <p>Z34 Encounter for supervision of normal pregnancy Z34.0 Encounter for supervision of normal first pregnancy Z34.00 unspecified trimester Z34.01 first trimester Z34.02 second trimester Z34.03 third trimester Z34.8 Encounter for supervision of other normal pregnancy Z34.80 unspecified trimester Z34.81 first trimester Z34.82 second trimester Z34.83 third trimester Z34.9 Encounter for supervision of normal pregnancy, unspecified Z34.90 unspecified trimester</p>	<p><u>Primary Care</u> 99401 Preventive med counseling and/or risk factor reduction intervent.- individ; 15 min 99402 Preventive med counseling and/or risk factor reduction intervent.-individ.; 30 min 99403 Preventive med counseling and/or risk factor reduction intervent.-individ; 45 min 99404 Preventive med counseling and/or risk factor reduction intervent.-individ.; 60 min</p> <p><u>Primary Care and Mental Health</u> 96158-59 individual counseling 96464-65 group counseling 96167-68 family with patient present 96170-71 family, or without the patient present 96156 health behavior assessment</p> <p>Note: codes that included drug management were left out since drug management indicates a diagnosis, and only those at risk without a diagnosis are the targeted population.</p>	<p>https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/perinatal-depression-preventive-interventions</p> <p><u>Summary</u> <u>February 2019 Release Date</u> The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.</p> <p>USPSTF – the mandate applies to pregnant persons and persons who are less than 1 year postpartum who do not have a current diagnosis of depression, but are at increased risk of developing depression.</p> <p>USPSTF: the document outlines risk factor – including</p> <ul style="list-style-type: none"> • a history of depression, current depressive symptoms (that do not reach a diagnostic threshold), • certain socioeconomic risk factors such as low income or adolescent or single parenthood, • recent intimate partner violence, or mental health–related factors such as elevated anxiety symptoms or a history of significant negative life events • Personal or family history of depression,



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Diagnosis Codes for Pregnant and Postpartum Women	Procedure Codes for Counseling Services	USPSTF Recommendation
<p>Z34.91 first trimester Z34.92 second trimester Z34.93 third trimester Z39.2 Encounter for routine postpartum follow-up WITHOUT any psychiatric or current depression diagnosis code. Mental health treatment is covered according to the member’s medical benefits.</p>		<ul style="list-style-type: none"> • history of physical or sexual abuse, • having an unplanned or unwanted pregnancy, • current stressful life events, • pregestational or gestational diabetes, • complications during pregnancy (eg, preterm delivery or pregnancy loss). • In addition, social factors such as low socioeconomic status, lack of social or financial support, and adolescent parenthood have also been shown to increase the risk of developing perinatal depression. <p><u>Frequency</u> - 20 (the USPSTF median frequency is 8)</p> <p><u>Age Restriction</u>: None</p> <p>USPSTF - Studies on counseling interventions to prevent perinatal depression mainly included cognitive behavioral therapy and interpersonal therapy</p>