

Select Health Quality Provider Program

PRENATAL AND POSTPARTUM DEPRESSION SCREENING AND FOLLOW-UP MEASURES

2026 Quality Measure Reference Guide



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Related Quick Links

- [Women's Health Measures Quick Guide](#)
- [Women's Health Report Hub Instructions](#)
- [Formatting a Gaps List in Excel](#)
- [Demographic Allowable Corrections](#)
- [Quality Data Correction \(QDC\) Tool: Submitting Corrections](#)



**Select
Health**

These measures are included in the Women's Health Quality Provider Program.

Measure Description: Prenatal Depression Screening (PND-E)

| | |
|-----------------------------|---|
| Description | The percentage of deliveries* in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Depression screening: The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.** |
| Denominator | Deliveries during the measurement period that meet the following criteria: <ol style="list-style-type: none"> 1. Meet requirements for participation 2. Have a gestational age assessment or gestational age diagnosis within 1 day of the delivery date Member Eligibility: 28 days prior to the delivery date through the delivery date. |
| Numerator | Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized screening instrument, performed during pregnancy (on or between pregnancy start date and the delivery date) Deliveries between January 1 and December 1 of the measurement period: Screening should be performed between the pregnancy start date and 2 days before 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. |
| Measurement Periods | January 1 through December 31 of the measurement year |
| Pregnancy Start Date | Pregnancy start date is calculated by subtracting the gestational age (in weeks) at the time of delivery from the delivery date. Use the last gestational age assessment or diagnosis within 1 day of the start or end of the delivery. |
| Coding Requirements | See Appendix A: Screening Instrument Tables for 2026 (page 17). |

* The term, "delivery," is used to indicate all live births at or after 37 weeks gestation. See "Appendix B. Weeks of Gestation Less than 37 Value Set" ([page 18](#)).

** USPSTF recommends screening for depression among adolescents and adults including pregnant and postpartum women. (B recommendation) ACOG recommends that clinicians screen patients at least once during pregnancy or the postpartum period for depression and anxiety symptoms using a standardized, validated tool. The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. (B recommendation)

Measure Description: Prenatal Depression Follow Up (PND-E)

| | |
|-------------------------------------|--|
| <p>Description</p> | <p>The percentage of deliveries* in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.</p> <p>Follow-Up on Positive Screen: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</p> |
| <p>Denominator</p> | <p>All deliveries from PND-E screening with a positive finding for depression during pregnancy</p> <p>Member Eligibility: 28 days prior to the delivery date through the delivery date.</p> |
| <p>Numerator</p> | <ul style="list-style-type: none"> • Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days) • Any of the following on or up to 30 days after the first positive screen: <ul style="list-style-type: none"> — An outpatient, telephone, e-visit or virtual check-in 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 (ICD-10-CM code Z71.82) — A dispensed antidepressant medication <p>OR</p> <p>Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.</p> |
| <p>Measurement Periods</p> | <p>January 1 through December 31 of the measurement year</p> |
| <p>Pregnancy Start Date</p> | <p>Pregnancy start date is calculated by subtracting the gestational age (in weeks) at the time of delivery from the delivery date. Use the last gestational age assessment or diagnosis within 1 day of the start or end of the delivery.</p> |
| <p>Coding Requirements**</p> | <ul style="list-style-type: none"> • See “Appendix A: Screening Instrument Tables for 2026 Program” (page 17). • Have a gestational age assessment (SNOMED CT code 412726003; value is not null) or gestational age diagnosis within 1 day of the delivery date. See “Appendix B. Weeks of Gestation Less than 27 Value Set” (page 18) for codes that meet gestational age diagnosis criteria. |

* The term, “delivery,” is used to indicate all live births at or after 37 weeks gestation.

** See “Appendix C: Coding Reference (PND-E and PDS-E)” ([page 19](#))

Measure Description: Postpartum Depression Screening (PDS-E)

| | |
|----------------------------|--|
| Description | The number of deliveries* in which members were screened for clinical depression using a standardized instrument during the postpartum period |
| Denominator | Deliveries during September 8th of the year prior to the measurement period through September 7th of the measurement period.** Member Eligibility: The delivery date through 60 days following the date of delivery. |
| Numerator | Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7–84 days following the delivery date |
| Measurement Periods | January 1 through December 31 of the measurement year |
| Coding Requirements | See Appendix A. Screening Instrument Tables for 2026 (page 17) . |

* The term, "delivery," is used to indicate all live births at or after 37 weeks gestation.

** The American College of Obstetricians and Gynecologists (ACOG) recommends multiple postpartum visits no later than 12 weeks after birth that include a full assessment of psychological well-being, including screening for postpartum depression and anxiety with a validated instrument. The U.S. Preventive Services Task Force (USPSTF) and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Submit formal process in writing.

Measure Description: Postpartum Depression Follow Up (PDS-E)

| | |
|------------------------------|--|
| Description | <p>The percentage of deliveries* in which members were screened for clinical depression 7–84 days following the date of delivery and, if screened positive, received follow-up care.**</p> <p>Follow-Up on Positive Screening: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</p> |
| Denominator | <p>All deliveries from the Postpartum Depression Screening Measure (PDS-E) with a positive finding for depression during pregnancy.</p> <p>Member Eligibility: The delivery date through 60 days following the date of delivery</p> |
| Numerator | <p>Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days)</p> <p>Any of the following on or up to 30 days after the first positive screen:</p> <ul style="list-style-type: none"> • An outpatient, telephone, e-visit or virtual check-in 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 (ICD-10-CM code Z71.82) • A dispensed antidepressant medication <p>OR</p> <p>Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument</p> |
| Measurement Periods | <p>January 1 through December 31 of the measurement year</p> |
| Coding Requirements** | <p>See Appendix A: Screening Instrument Tables for 2026 (page 17) and Appendix C: Coding Reference (PND-E and PDS-E) beginning on page 19.</p> |

* The term, “delivery,” is used to indicate all live births at or after 37 weeks gestation.

** The United States Preventive Services Task Force (USPSTF) and American College of Obstetricians and Gynecologists (ACOG) also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up. (B recommendation)

Allowable Corrections

General Guidance

- Have this information available before you begin:
 - **From your patient electronic health record (EHR):**
 - > Patient EMPI (found on gap list) and/or Member ID from your EHR
 - > Important dates, including last menstrual period (LMP), estimated due date (EDD), and delivery date or date of pregnancy loss
 - > Provider name and NPI
 - > Electronic copy of screening instrument documentation
 - **From your Select Health Women's Health dashboard and website:**
 - > Current open gap list
 - > Quality Data Correction (QDC) Instruction Manual
- **Submit corrections using [this online tool](#).** Be sure to:
 - Include a copy of EHR note, progress note, lab note, or screen print including member name, DOB, and provider.
 - Don't attach multiple patient records to a single correction.
 - Each date of service requires separate correction entries.

- **Tips for success:**

- If not sending electronically, enter screening as soon as possible (recommended daily).
- Review gap list on a regular cadence (weekly recommended as best practice).
- **Avoid a HIPPA Violation:** Do not attach multiple patient records to a single submission.

NOTE: For other Women's Health measures that allow manual corrections, refer to the substance use disorder screening and chlamydia booklets. Contact your Quality Provider Performance Representatives for more information (QualityProvider@selecthealth.org).

[Access guidance for general corrections to demographics.](#)

Allowable Corrections, Continued

Allowable Corrections for the Pregnancy Screening Measures

Use the Quality Data Correction (QDC) tool to submit completed screenings for the Prenatal Depression Screening (PND-E) and Postpartum Depression Screening (PDS-E) measures when not sending via electronic transfer. Corrections and/or gap closure may also be communicated using the QDC tool.

Supporting documentation is required and **must** include the following:

- Patient name and date of birth
- Name of screening instrument administered
- Date of completed screening
- Total score of administered screening instrument
- Types of screening instrument documentation accepted:
 - EHR History and Physical
 - EHR Provider Note
 - EHR Progress Note
 - Obstetric Flow Chart
 - Completed Screening Instrument (submitted as PDF, PNG, or screen shot)

| PRENATAL DEPRESSION SCREENING (PND-E) AND POSTPARTUM DEPRESSION SCREENING (PDS-E) | | | | | | |
|---|-------------------------------|---------------------------|--------------------|---|--|---|
| Allowable Correction | Submission Correction Process | | | | | |
| | Category | Measure | Component | PREG BH* Screening Date | PREG BH* Numerator Type 1 | Required Documentation (see page 6) PREG BH* Screening Value |
| Unaccounted for Prenatal or Postpartum Depression Screening | Women's Health | Pregnancy Screenings (BH) | PREG BH* Numerator | Date of screening instrument completion | Select 1: <ul style="list-style-type: none"> • EPDS • PHQ2 • PHQ9 | Enter total score from completed screening instrument |

* PREG BH = Pregnancy Behavioral Health

Frequently Asked Questions

Q: Why do these measures matter?

A: Depression affects 10% to 15% of pregnant and postpartum women, more so in marginalized groups, making it the most common complication of pregnancy. Despite increased awareness, this condition continues to go underdiagnosed and undertreated.¹ Comparatively, death by suicide is the leading cause of maternal mortality accounting for approximately 20% of postpartum deaths. Routine prenatal care and the postpartum visit provides opportunity to identify and intervene for suicide risk.²

Q: What is Select Health doing to help?

A: **Healthy Beginnings** is a prenatal program we make available to our members at no extra cost. Nurse care managers offer:

- Access to needed care, including maternity-specific behavioral health resources, such as:
 - Depression screenings (i.e., EPDS/PHQ) done on enrollment and as needed throughout pregnancy and after delivery
 - Access to behavioral health teams who help with learning coping skills, building healthy support systems, providing care management, and facilitating connection with appropriate levels of care (e.g., counselors in the community, Intermountain Access Centers, Connect Care, SUPeRAD, and Family Support Centers)
 - Referrals to Select Health’s Behavior Health team or county-specific team for Medicaid when needed
- Support and education during pregnancy and postpartum, including:
 - Maternal mental health materials and resources mailed to member after enrollment, including information from www.PSIUtah.org, TheEmilyEffect.org, Postpartum.net, the **SUNSHINE tool** from the Utah Department of Health and Postpartum Support International Utah, UNI’s Crisis Line (**800-273-8255**), and the National Suicide Prevention Lifeline (**988**)

- Support in addressing social needs with community resources (e.g., Women, Infants, and Children (WIC), food, and transportation programs.)
- Help with claims and benefit questions
- Cash incentives for prenatal and postnatal care

Q: What are best practices for these measures?

A: Best practices include:

- Regularly referencing the Select Health Quality Provider Program dashboard/clinic electronic health record to identify caregivers at risk for postpartum depression
- Developing a standardized screening process and follow-up plan for positive screenings
- Using a validated screening tool, preferably the EPDS (see [Appendix A: Screening Instrument Tables for 2026](#) for all accepted depression screening instruments).

Q: What are the most common reasons for allowable correction rejection?

A: Common reasons for rejection include:

- A specific screening tool was not identified in supporting documentation.
- Supporting documentation does not include screening tool total score.
- The patient was not assessed with age-appropriate screening tool.
- There are missing patient identifier(s).
- The gap was closed with documentation of earlier screening.

Q: What are typical measure-specific rejections?

A: Common measure-specific rejections include:

- **Prenatal:** Screening must be within 1 day of start or end of pregnancy.
- **Postpartum:** Screening must fall 7–84 days after delivery date.

FAQs — Prenatal and Postpartum Depression Screening and Follow Up, Continued

Q: Are there exclusions for transfer of care or pregnancy loss?

A: Not currently. Encourage best practice of tracking these internally.

Q: Is the “PREG BH Screening Val” field required even if the result total is zero?

A: Yes. This prevents creating a submission with missing results and duplication of work. The score also determines denominator of the follow-up measure.

Q: Are other depression screening tools eligible for credit?

A: Yes. A list of eligible screening tools can be found in Appendix A on [page 17](#). Please let your QPP team know if your organization uses one of these screening tools.

References:

¹ Toohey J. Depression during pregnancy and postpartum. *Clinical Obstetrics and Gynecology*. 2012;55(3):788–797.

² Chin K., Wendt A., Bennett I. M., & Bhat A. Suicide and maternal mortality. *Current Psychiatry Reports*. 2022;24(4):239–275.

Working Your Open Gaps List: Prenatal Depression Screening and Follow Up

| STEP 1 |
|---|
| Create a current gaps-in-care list: 1. Open your Gaps-in-Care-for-Download report: QPP Women’s Health Report Hub 2. Apply these filters: — Super clinic: Choose your clinic. — Measure: Click on “Prenatal Depression Screening (PNDE-SCR).” — Status: Unclick the “Compliant” box. This will filter for only the noncompliant members. 3. Follow the instructions on the screen to export the data to Excel. Refer to Women’s Health Report Hub Instructions . |
| STEP 2 |
| Format your Excel export. (Refer to Formatting a Gaps List in Excel .) |
| STEP 3 |
| Review tips for working your gaps-in-care list (see page 11). |

Measure Information

The American College of Obstetricians and Gynecologists (ACOG) recommend screening for depression at the initial prenatal visit and again later in the pregnancy.¹ To receive credit for this measure, submit screening results from a validated instrument electronically to Select Health up to the day prior to delivery.

For this measure:

- The beginning of pregnancy is the measurement start date.
- The measurement end date is 1 day prior to the delivery date. **NOTE:** Your gaps-in-care list has “**Month of Due Date**” and the “**Delivery Date**” columns as reference (see **Figure 1** below).
- Any testing completed before or after the measurement year will NOT count as compliance for this measure.

If your team hasn’t already done so, please implement these best practices:

- Ensure that the correct screening tools are available in your electronic health record (EHR).
- Designate staff to scrub charts prior to the visit and send notes/messages to the medical assistant/provider about whether the patient requires prenatal mental health/ depression screening at their visit.

NOTE: Examples used in this document are for instructional purposes only; the dates that appear are only representative of what a user might see.

Figure 1. Month of Due Date and Delivery Date in Gaps-in-Care List

| H | I | J | K | L | M | N | O |
|--------------|------------|-------------------|---------------|----------------|----------|------------|--------------|
| Measure Name | Due Date | Month of Due Date | Delivery Date | Month of Deliv | Numerato | PPD # Days | Last Updated |
| PNDE_SCR | 4/28/2026 | Apr-26 | | | | | 9/17/2025 |
| PNDE_SCR | 2/8/2026 | Feb-26 | | | | | 9/17/2025 |
| PNDE_SCR | 12/24/2025 | Dec-25 | | | | | 9/17/2025 |
| PNDE_SCR | 12/22/2025 | Dec-25 | | | | | 9/17/2025 |
| PNDE_SCR | 12/20/2025 | Dec-25 | | | | | 9/17/2025 |
| PNDE_SCR | 12/8/2025 | Dec-25 | | | | | 9/17/2025 |
| PNDE_SCR | 11/24/2025 | Nov-25 | | | | | 9/17/2025 |
| PNDE_SCR | 11/24/2025 | Nov-25 | | | | | 9/17/2025 |
| PNDE_SCR | 11/15/2025 | Nov-25 | | | | | 5/21/2025 |
| PNDE_SCR | 11/13/2025 | Nov-25 | | | | | 9/17/2025 |
| PNDE_SCR | 11/13/2025 | Nov-25 | | | | | 5/21/2025 |

Continued on page 11...

Working Your Open Gaps List: Prenatal Depression Screening, Continued

Tips for Working your Gaps-in-Care List

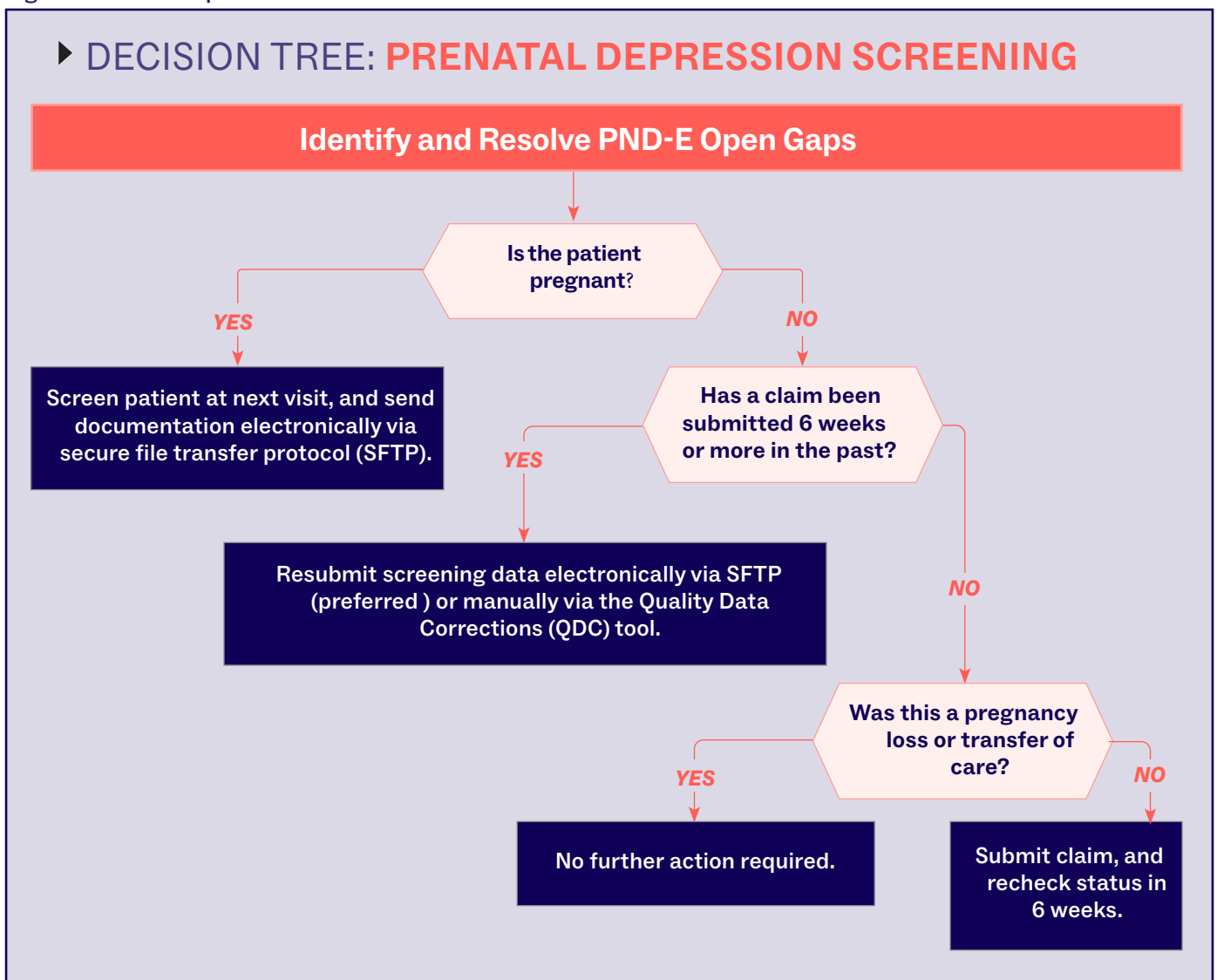
1. Identify open gaps for this measure by following these steps:
 - Create and download the “PND-E Gap List” from the dashboard.
 - Sort the gap list by the “Due Date” from oldest to newest.
 - Then, sort by the “Delivery Date” column from oldest to newest.

This process will group the “achievable” patients into 3 scenarios that identify patients who are/have:

1. Pregnant and require depression screening
2. Past their estimated due date (EDD) with missing prenatal depression screening
3. Delivered without having had identified prenatal depression screening

Follow the decision tree in **Figure 2** below to determine course of action to close any gaps identified.

Figure 2. PND-E Gap List Decision Tree



Working Your Open Gaps List: Prenatal Depression Screening, Continued

Tips for Working your Gaps-in-Care List, Continued

2. Enter corrections by:

- Accessing the Quality Data Corrections (QDC) Tool
- Using the link(s) provided in the downloaded gaps-in-care Excel file to have member and measure information prepopulated (see **Figure 3** below).

Figure 3. Entering Corrections

The screenshot displays the 'QDC Tool' interface. At the top, the browser address bar shows the URL: `https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection/submission?cat=9&msr=22&comp=46`. Below the browser bar is a form titled 'Add Submission Correction'. The form contains several input fields and dropdown menus:

- EMPI *** and **Member Id *** fields with a search icon.
- Provider Name **** field with a search icon.
- Category **** dropdown menu set to 'Women's Health'.
- Measure **** dropdown menu set to 'Pregnancy Screenings (BH and SUD)'. A red arrow points from the browser address bar to this dropdown.
- Component **** dropdown menu with options: 'PREG BH Numerator' (selected), 'PREG BH Numerator' (checked), and 'PREG SUD Numerator'.
- PREG BH Screening Date *** field with a calendar icon.
- PREG BH Numerator Type1 *** dropdown menu.
- Add Attachment(s)*:** field with a cloud upload icon.
- Comment** text area.

At the bottom right of the form, there are two buttons: 'Review & Submit' and 'Reset'.

Reference:

¹ American College of Obstetricians and Gynecologists (ACOG). *Patient Screening*. [Acog.org](https://www.acog.org/programs/perinatal-mental-health/patient-screening) website. 2025. <https://www.acog.org/programs/perinatal-mental-health/patient-screening>. Accessed November 6, 2025.

Working Your Open Gaps List: Postpartum Depression Screening and Follow Up

| STEP 1 |
|--|
| Create a current gaps-in-care list: 1. Open your Gaps-in-Care-for-Download report: QPP Women’s Health Report Hub 2. Apply these filters: — Super clinic: Choose your clinic. — Measure: Click on “Postpartum Depression Screening (PDS-E).” — Status: Unclick the “Compliant” box. This will filter for only the noncompliant members. 3. Follow the instructions on the screen to export the data to Excel. Refer to Women’s Health Report Hub Instructions . |
| STEP 2 |
| Format your Excel export. (Refer to Formatting a Gaps List in Excel .) |
| STEP 3 |
| Review tips for working your gaps-in-care list (see page 14). |

Measure Information

The American College of Obstetricians & Gynecologists (ACOG) recommends integration of mental health screenings into the postpartum workflow, including prompt scoring and follow-up care.¹ Screening in the postpartum period should occur within 12 weeks of delivery, ideally during a comprehensive postpartum visit.

For this measure:

- The measurement year includes deliveries occurring **January 1 to September 7 of the measurement year**.
- Deliveries occurring after **September 8** of the measurement year qualify for the program next year and are marked as “HEDIS 202X” (which represents the year following the current measurement year) in the “Compliance Status” column.
- Your gaps-in-care list includes the “Delivery Date” column and number of days from the delivery date in the “PPD # Days” column.

If your team hasn’t already done so, please implement these best practices:

- Screen at least once for postpartum depression from 7 to 84 days postpartum using a validated instrument (see Appendix A: .
- Document screening results in the electronic health record (EHR) using a coded field, and share the results electronically with Select Health.
- Pull a new gaps-in-care list from the dashboard on a regular cadence.

NOTE: Examples used in this document are for instructional purposes only; the dates that appear are only representative of what a user might see.

| Measure Name | Due Date | Month of Due | Delivery Date | Month of Deliv | Numerator Date | PPD # Days | Last Updated | QDC Tool |
|--------------|------------|--------------|---------------|----------------|----------------|------------|--------------|---|
| PDSE_SCR | 10/8/2025 | Oct-25 | 4/21/2025 | Apr-25 | | 197 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 11/1/2025 | Nov-25 | 5/26/2025 | May-25 | | 162 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 10/16/2025 | Oct-25 | 6/21/2025 | Jun-25 | | 136 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 11/13/2025 | Nov-25 | 6/25/2025 | Jun-25 | | 132 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/1/2025 | Sep-25 | 9/1/2025 | Sep-25 | | 64 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/2/2025 | Sep-25 | 9/2/2025 | Sep-25 | | 63 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/2/2025 | Sep-25 | 9/2/2025 | Sep-25 | | 63 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/3/2025 | Sep-25 | 9/3/2025 | Sep-25 | | 62 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/4/2025 | Sep-25 | 9/4/2025 | Sep-25 | | 61 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/4/2025 | Sep-25 | 9/4/2025 | Sep-25 | | 61 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/4/2025 | Sep-25 | 9/4/2025 | Sep-25 | | 61 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/5/2025 | Sep-25 | 9/5/2025 | Sep-25 | | 60 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |
| PDSE_SCR | 9/7/2025 | Sep-25 | 9/7/2025 | Sep-25 | | 58 | 10/29/2025 | https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection |

Working Your Open Gaps List: Postpartum Depression Screening, Continued

Tips for Working Your Gaps-in-Care List

1. Identify open gaps for this measure by following these steps:

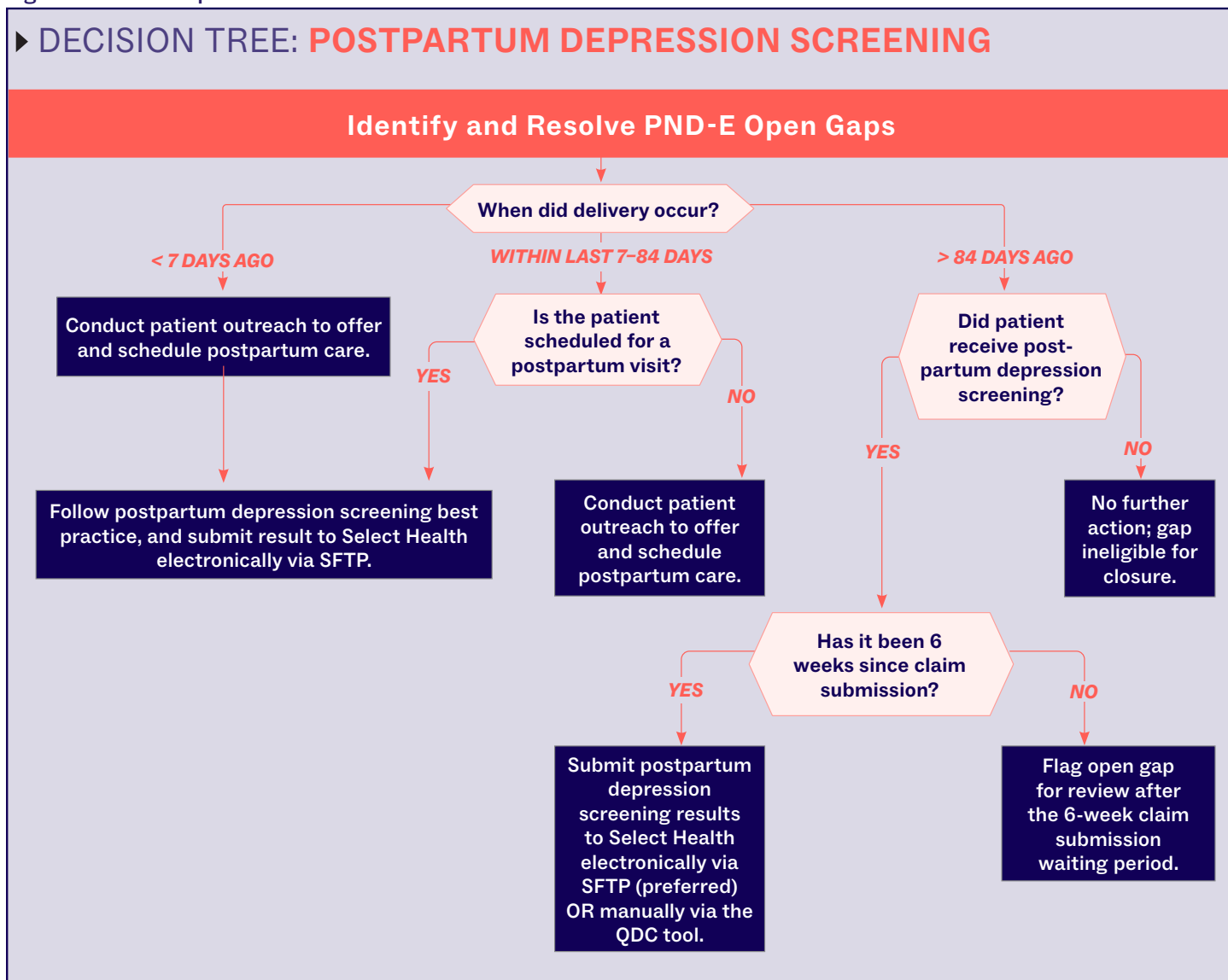
- Create and download the “PND-E Gap List” from the dashboard.
- Sort the gap list by the “Due Date” (Column J) from oldest to newest.
- Then, sort by the “Delivery Date” column (Column L) from oldest to newest.

This process will group the “achievable” patients into 3 scenarios that identify patients who are/have:

1. Pregnant and require depression screening
2. Past their estimated due date (EDD) with missing prenatal depression screening
3. Delivered without having had identified prenatal depression screening

Follow the decision tree in **Figure 4** below to determine course of action to close any gaps identified.

Figure 4. PDS-E Gap List Decision Tree



Working Open Gaps List: Postpartum Depression Screening, Continued

Tips for Working your Gaps-in-Care List, Continued

2. Enter corrections by:

- Accessing the [Quality Data Corrections \(QDC\) Tool](#)
- Using the link(s) provided in the downloaded gaps-in-care Excel file to have member and measure information prepopulated (see **Figure 5** below).

Corrections Pro Tip

Please wait 6 weeks from the date of service before determining if a correction is needed. This allows time for claims to be processed, ultimately ensuring that only needed corrections are submitted.

Figure 5. Entering Corrections

The screenshot displays the 'QDC Tool' interface. At the top, the browser address bar shows the URL: <https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection/submission?cat=9&msr=22&comp=46>. Below the browser bar is a form titled 'Add Submission Correction'. The form contains several input fields and dropdown menus:

- EMPI *** and **Member Id *** fields with a search icon and a red error message: 'EMPI is mandatory'.
- Provider Name **** field with a search icon.
- Category **** dropdown menu set to 'Women's Health'.
- Measure **** dropdown menu set to 'Pregnancy Screenings (BH and SUD)'. A red arrow points from the browser address bar to this dropdown.
- Component **** dropdown menu with options: 'PREG BH Numerator' (selected), 'PREG BH Numerator' (checked), and 'PREG SUD Numerator'.
- PREG BH Screening Date *** field with a calendar icon.
- PREG BH Numerator Type1 *** dropdown menu.
- Add Attachment(s)*:** field with a cloud upload icon.
- Comment** text area.

At the bottom right of the form are two buttons: 'Review & Submit' and 'Reset'.

Reference:

¹ American College of Obstetricians and Gynecologists (ACOG). *Patient Screening*. [Acog.org](https://www.acog.org/programs/perinatal-mental-health/patient-screening) website. 2025. <https://www.acog.org/programs/perinatal-mental-health/patient-screening>. Accessed November 6, 2025.

Best Practices: Closing Gaps in Care

To help close gaps in care for prenatal depression screening and follow up:

- Educate patients that depression screening helps protect both their health and their baby's well-being.
- Perform universal depression screening for all patients.
- Choose age-appropriate, evidence-based screening tools (e.g., EPDS, PHQ-2, PHQ-9).
- Complete screening at the initial prenatal visit and once more later in pregnancy. Successful clinics set aside time at either the 20- or 36-week visit for depression screening.
- Record screening results in the EMR using coded fields for easy reporting and data sharing.
- Act quickly on positive screenings. Before the visit ends, secure a plan for assessment, diagnosis, and treatment.
- Address safety immediately. If a patient answers "yes" to self-harm or suicide questions, assess risk immediately and follow emergency protocols.
- Ensure access to care. Use in-house management, payer resources, healthcare systems, or contracted organizations. Please enroll all members with a positive screening in Select Health's Healthy Beginnings program (see above right).
- Integrate behavioral health by including behavioral health specialists and offering telehealth options for convenience.
- Monitor the gaps in care list weekly to facilitate follow-up care within 30 days of the initial positive screen.

To help close gaps in care for postpartum depression screening and follow up:

- Educate patients on the importance of postpartum care through the first year.
- Perform universal depression screening for all patients.

Select Health Healthy Beginnings

Please enroll all members with a positive screening in our Healthy Beginnings program. This program is covered at no added costs. Our Care Managers can help these members get the care they need.

Contact us at **866-442-5052**.

Learn more by visiting selecthealth.org/healthy-beginnings or using this QR code.



- Choose age-appropriate, evidence-based screening tools (e.g., EPDS, PHQ-2, PHQ-9).
- Complete screening within 7 – 84 days postpartum. Successful clinics schedule a postpartum appointment before delivery.
- Record screening results in the EMR using coded fields for easy reporting and data sharing.
- Act quickly on positive screenings. Before the visit ends, secure a plan for assessment, diagnosis, and treatment.
- Address safety immediately. If a patient answers "yes" to self-harm or suicide questions, assess risk immediately and follow emergency protocols.
- Ensure access to care. Use in-house management, payer resources, healthcare systems, or contracted organizations. Please enroll all members with a positive screening in Select Health's Healthy Beginnings program (see above).
- Integrate behavioral health by including behavioral health specialists and offering telehealth options for convenience.
- Monitor the gaps in care list weekly to facilitate follow-up care within 30 days of the initial positive screen.

Resources

American College of Obstetricians and Gynecologists (ACOG). *Clinical Practice Guideline: Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum (Number 5)*. June 2023. [ACOG.org](https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/treatment-and-management-of-mental-health-conditions-during-pregnancy-and-postpartum) website. <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/treatment-and-management-of-mental-health-conditions-during-pregnancy-and-postpartum>. Accessed December 15, 2025.

American College of Obstetricians and Gynecologists (ACOG). Perinatal mental health conditions. Alliance for Innovation on Maternal Health (AIM) website. 2025. <https://saferbirth.org/psbs/perinatal-mental-health-conditions/>. Accessed December 15, 2025.

Appendix A: Screening Instrument Tables for 2026

| INSTRUMENTS FOR ADOLESCENTS (≤17 YEARS) | TOTAL SCORE LOINC CODES | POSITIVE FINDING |
|---|-------------------------|---------------------------|
| Patient Health Questionnaire® (PHQ-9) | 44261-6 | Total Score ≥10 |
| Patient Health Questionnaire Modified for Teens® (PHQ- 9M) | 89204-2 | Total Score ≥10 |
| Patient Health Questionnaire-2® (PHQ-2)* | 55758-7 | Total Score ≥3 |
| Beck Depression Inventory-Fast Screen® (BDI-FS)* ** | 89208-3 | Total Score ≥8 |
| Center for Epidemiologic Studies Depression Scale- Revised (CESD-R) | 89205-9 | Total Score ≥17 |
| Edinburgh Postnatal Depression Scale (EPDS) | 71354-5 | Total Score ≥10 |
| PROMIS Depression | 71965-8 | Total Score (T Score) ≥60 |

| INSTRUMENTS FOR ADULTS (18+ YEARS) | TOTAL SCORE LOINC CODES | POSITIVE FINDING |
|---|-------------------------|---------------------------|
| Patient Health Questionnaire® (PHQ-9) | 44261-6 | Total Score ≥10 |
| Patient Health Questionnaire-2® (PHQ-2)* | 55758-7 | Total Score ≥3 |
| Beck Depression Inventory-Fast Screen® (BDI-FS)* ** | 89208-3 | Total Score ≥8 |
| Beck Depression Inventory (BDI-II) | 89209-1 | Total Score ≥20 |
| Center for Epidemiologic Studies Depression Scale- Revised (CESD-R) | 89205-9 | Total Score ≥17 |
| Duke Anxiety-Depression Scale® (DUKE-AD)** | 90853-3 | Total Score ≥30 |
| Edinburgh Postnatal Depression Scale (EPDS) | 71354-5 | Total Score ≥10 |
| My Mood Monitor® (M-3) | 71777-7 | Total Score ≥5 |
| PROMIS Depression | 71965-8 | Total Score (T Score) ≥60 |
| Clinically Useful Depression Outcome Scale (CUDOS) | 90221-3 | Total Score ≥31 |

* Brief screening instrument; all other instruments are full-length.

** Proprietary; there may be cost or licensing requirement associated with use.

Appendix B: Weeks of Gestation Less than 37 Value Set

| | |
|--------------|---|
| Z3A.01 | [Z3A.01] Less than 8 weeks gestation of pregnancy |
| Z3A.08 | [Z3A.08] 8 weeks gestation of pregnancy |
| Z3A.09 | [Z3A.09] 9 weeks gestation of pregnancy |
| Z3A.10..... | [Z3A.10] 10 weeks gestation of pregnancy |
| Z3A.11..... | [Z3A.11] 11 weeks gestation of pregnancy |
| Z3A.12..... | [Z3A.12] 12 weeks gestation of pregnancy |
| Z3A.13..... | [Z3A.13] 13 weeks gestation of pregnancy |
| Z3A.14..... | [Z3A.14] 14 weeks gestation of pregnancy |
| Z3A.15..... | [Z3A.15] 15 weeks gestation of pregnancy |
| Z3A.16..... | [Z3A.16] 16 weeks gestation of pregnancy |
| Z3A.17 | [Z3A.17] 17 weeks gestation of pregnancy |
| Z3A.18..... | [Z3A.18] 18 weeks gestation of pregnancy |
| Z3A.19..... | [Z3A.19] 19 weeks gestation of pregnancy |
| Z3A.20..... | [Z3A.20] 20 weeks gestation of pregnancy |
| Z3A.21..... | [Z3A.21] 21 weeks gestation of pregnancy |
| Z3A.22..... | [Z3A.22] 22 weeks gestation of pregnancy |
| Z3A.23..... | [Z3A.23] 23 weeks gestation of pregnancy |
| Z3A.24..... | [Z3A.24] 24 weeks gestation of pregnancy |
| Z3A.25..... | [Z3A.25] 25 weeks gestation of pregnancy |
| Z3A.26..... | [Z3A.26] 26 weeks gestation of pregnancy |
| Z3A.27 | [Z3A.27] 27 weeks gestation of pregnancy |
| Z3A.28..... | [Z3A.28] 28 weeks gestation of pregnancy |
| Z3A.29..... | [Z3A.29] 29 weeks gestation of pregnancy |
| Z3A.30 | [Z3A.30] 30 weeks gestation of pregnancy |
| Z3A.31..... | [Z3A.31] 31 weeks gestation of pregnancy |
| Z3A.32..... | [Z3A.32] 32 weeks gestation of pregnancy |
| Z3A.33..... | [Z3A.33] 33 weeks gestation of pregnancy |
| Z3A.34..... | [Z3A.34] 34 weeks gestation of pregnancy |
| Z3A.35..... | [Z3A.35] 35 weeks gestation of pregnancy |
| Z3A.36..... | [Z3A.36] 36 weeks gestation of pregnancy |

Appendix C: Coding Reference for PND-E and PDS-E

Use the table below as a reference to follow-up visit billing codes for measures:

- Prenatal Depression (PND-E)
- Postpartum Depression (PDS-E)

| DESCRIPTION | CPT/CPT II CODES* | HCCPS CODES | SNOWMED CODES |
|--|---|--|--|
| Follow-Up Visit Billing Codes for PND-E & PDS-E | <ul style="list-style-type: none"> • 99385 • 99386 • 99205 • 99203 • 99204 • 99202 • 99211 • 99212 • 99215 • 99213 • 99214 | <ul style="list-style-type: none"> • G2252 • G2012 • G2251 • T1015 • G0463 • G0071 • G2250 • G2010 | <ul style="list-style-type: none"> • 50357006 • 108221006 • 108220007 • 870191006 • 281036007 • 390906007 • 185389009 • 90526000 • 86013001 • 42137004 • 386472008 • 314849005 • 185317003 • 386473003 • 40126700 • 406547006 |
| Depression Case Management Encounter | <ul style="list-style-type: none"> • 99494 • 99492 • 99366 • 99493 | <ul style="list-style-type: none"> • T1016 • T2022 • G0512 • T1017 • T2023 | <ul style="list-style-type: none"> • 662081000124106 • 225333008 B • 386230005 • 416584001 • 425604002 • 416341003 • 410216003 • 410328009 • 737850002 • 409022004 • 661051000124109 • 662541000124107 • 410335001 • 385828006 • 410346003 • 424490002 • 410347007 • 842901000000108 • 410219005 • 182832007 • 621561000124106 • 410351009 • 410352002 • 410353007 • 410354001 • 410356004 • 410360001 • 410363004 • 410364005 • 410366007 |

* Contact your QPP Consultant and Partner for additional CPT codes not found on this list.

Appendix C: Coding Reference for PND-E and PDS-E, Continued

| DESCRIPTION | CPT/CPT II CODES* | HCCPS CODES | SNOWMED CODES | |
|------------------------------------|-------------------|-------------|---------------|-------------|
| Behavioral Health Encounter | • 99484 | • G0176 | • 401277000 | • 410230008 |
| | • 90870 | • H0040 | • 385721005 | • 410231007 |
| | • 90847 | • H0039 | • 385724002 | • 410232000 |
| | • 90846 | • H0004 | • 5694008 | • 410233005 |
| | • 90853 | • H2012 | • 439141002 | • 91310009 |
| | • 90880 | • H0002 | • 385725001 | • 165190001 |
| | • 90875 | • H0037 | • 385726000 | • 38756009 |
| | • 90876 | • H0036 | • 385727009 | • 10997001 |
| | • 99492 | • H2015 | • 90407005 | • 88848003 |
| | • 90887 | • H2016 | • 370803007 | • 10197000 |
| | • 90849 | • H2010 | • 372067001 | • 43592008 |
| | • 90865 | • H2000 | • 165171009 | • 225337009 |
| | • 90791 | • S9485 | • 79094001 | |
| | • 90792 | • S9484 | • 410234004 | |
| | • 90845 | • H2011 | • 410223002 | |
| | • 90839 | • G0410 | • 410224008 | |
| | • 90832 | • S9480 | • 410225009 | |
| | • 90833 | • G0411 | • 385887004 | |
| | • 90834 | • H0034 | • 385889001 | |
| | • 90836 | • H0031 | • 38589005 | |
| | • 90837 | • H0035 | • 410226005 | |
| | • 90838 | • S0201 | • 410227001 | |
| | • 99493 | • H2013 | • 410228006 | |
| | • 90867 | • H2017 | • 410229003 | |
| | • 90868 | • H2018 | | |
| | • 90869 | • H2001 | | |
| | | • G0511 | | |
| | | • G0512 | | |
| | | • G0155 | | |
| | | • H2014 | | |
| | | • G0409 | | |
| | | • H2019 | | |
| | | • H2020 | | |
| | • G0177 | | | |

* Contact your QPP Consultant and Partner for additional CPT codes not found on this list.

Questions about the Quality Provider Program?
Contact us at QualityProvider@selecthealth.org.