



## U.S. Preventative Services Task Force (USPSTF) recommendation on Preventative Interventions for Perinatal Depression

Effective date: National – February 1, 2020, New York - July 1, 2019

NOTE: For Colorado - see separate notice

The U.S. Preventative Services Task Force (USPSTF) recommends that clinicians provide or refer pregnant and post-pregnancy people who have an increased risk of post-pregnancy depression to counseling.

Members who qualify for counseling are pregnant or were pregnant less than 1 year ago. Counseling is also available for these members who do not currently have a depression diagnosis but are at a higher risk of developing depression. If a member’s provider assesses that a person meets one or more of the following criteria, they qualify for counseling:

- Personal or family history of depression
- Current depressive symptoms (that do not reach a diagnostic threshold)
- Low income
- Adolescent or single parenthood
- Recent domestic violence
- Mental health factors (e.g., elevated anxiety symptoms or history of significant life events)

Optum is offering these counseling interventions with **no out-of-pocket costs to the member**, with the following specifications:

- Sessions without a copay for an individual who has been identified as at risk of pregnancy related mental health issues with \$0 cost share; Coverage should be for duration of pregnancy and up to 1-year post-partum
- No auth requirements; Must follow existing rules for these codes, no other provider restrictions
- Use the following combination of CPT and Diagnosis codes to identify this service and wave copay:

### CPT Codes

<b>96150</b>	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
<b>96151</b>	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
<b>96152</b>	Health and behavior intervention, each 15 minutes, face-to-face; individual
<b>96154</b>	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)

## Diagnosis Codes

<b>Z39.2</b>	Encounter for routine postpartum follow-up
<b>Z13.32</b>	Encounter for screening for maternal depression
<b>O9A.311</b>	Physical abuse complicating pregnancy, first trimester
<b>O9A.312</b>	Physical abuse complicating pregnancy, second trimester
<b>O9A.313</b>	Physical abuse complicating pregnancy, third trimester
<b>O9A.319</b>	Physical abuse complicating pregnancy, unspecified trimester
<b>O9A.32</b>	Physical abuse complicating childbirth
<b>O9A.33</b>	Physical abuse complicating the puerperium
<b>O9A.411</b>	Sexual abuse complicating pregnancy, first trimester
<b>O9A.412</b>	Sexual abuse complicating pregnancy, second trimester
<b>O9A.413</b>	Sexual abuse complicating pregnancy, third trimester
<b>O9A.419</b>	Sexual abuse complicating pregnancy, unspecified trimester
<b>O9A.42</b>	Sexual abuse complicating childbirth
<b>O9A.43</b>	Sexual abuse complicating the puerperium
<b>O9A.511</b>	Psychological abuse complicating pregnancy, first trimester
<b>O9A.512</b>	Psychological abuse complicating pregnancy, second trimester
<b>O9A.513</b>	Psychological abuse complicating pregnancy, third trimester
<b>O9A.519</b>	Psychological abuse complicating pregnancy, unspecified trimester
<b>O9A.52</b>	Psychological abuse complicating childbirth
<b>O9A.53</b>	Psychological abuse complicating the puerperium
<b>O09.621</b>	Supervision of high-risk pregnancy due to social problems, unspecified trimester
<b>O09.622</b>	Supervision of high-risk pregnancy due to social problems, first trimester
<b>O09.623</b>	Supervision of high-risk pregnancy due to social problems, second trimester
<b>O09.629</b>	Supervision of high-risk pregnancy due to social problems, third trimester