

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

Effective date: July 1, 2019

**NOTE:** Colorado State Legislature (Bill # HB 1269) recommends that clinicians provide pregnant and women who were recently pregnant and who are at increased risk of depression to counseling sessions as defined in section 25-1.5-502 (1.3), or mental health professional licensed or certified pursuant to article 43 of title 12.

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**

96150	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
96151	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
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)

## **Diagnosis Codes**

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