

Select Health Quality Provider Program

MATERNAL DEPRESSION SCREENING

2026 Quality Measure Reference Guide



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Related Quick Links

- [Primary Care Measures Quick Guide](#)
- [Report Hub Instructions: Basic User](#)
- [Formatting a Gaps List in Excel](#)
- [Demographic Allowable Corrections](#)



This measure is included in the Primary Care Quality Provider Program.

Measure Description

Description	The percentage of babies ages 1 day to 1 year who had a parent/caregiver screened for clinical depression in a primary care setting up to 3 times during their first year of life.* A standardized tool with results must be documented in the child’s medical record by a primary care provider.
Denominator	The number of babies ages 1 day to 1 year during the measurement year. Members <365 days old the following year will stay in the denominator and be eligible for remaining screenings until their first birthday.
Numerator	The number of babies in the denominator who had a parent/caregiver screened for clinical depression in a primary care setting using a standardized screening tool during their first year of life. The “Gap List Status Detail” will show all screenings, but only those that are 30 days apart will count toward numerator compliance.
Intake and Measurement Periods	Intake period: Babies ages 1 day to 1 year at any time during the measurement year. Each baby is eligible for 3 separate payments from 1 day to 1 year old. The measure will roll over each year.**
Data Source	Data for this measure comes from Select Health claims.
Preferred Correction Process	No corrections are allowed for this measure at this time. Best practice is to submit an appropriate billing code with the visit, as follows: <i>CPT 96161 “Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.”</i>

* Displayed as 3 distinct measures in the performance summary. **Screenings must be:**

- Thirty days apart to count for gap closure/payment
- Conducted/billed on the baby’s account
- Conducted at any encounter billed

** Screenings may be conducted the following year (e.g., a baby who was born **July 1, 2025**, would be eligible for screening until **July 1, 2026**. If the member completed 2 screenings in 2025, there will be one open opportunity for 2026).

Allowable Corrections

There are NO measure-specific allowable corrections.

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

Frequently Asked Questions

Q: Why does this measure matter?

A: The mental health of a child’s caregiver affects both the behavioral and cognitive development of an infant, with consequences extending past the first year of life.¹

Postpartum depression (PPD) affects 10% to 15% of 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.² Comparatively, death by suicide is the leading cause of maternal mortality, accounting for approximately 20% of postpartum deaths. Pregnancy and the year postpartum, including attendance at pediatric well child visits, provides many opportunities to identify and intervene for suicide risk.³

The new mom is at highest risk for PPD (postpartum depression) and death by suicide at 6 months postpartum, well past the standard 6-week postpartum visit to their obstetrician. Nearly 3 in 5 women report postpartum depression at 9 to 10 months. Screening for depression throughout the first year can identify women asymptomatic shortly after delivery.⁴

Q: What is Select Health doing to help?

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

- Access to needed care, including maternity-specific behavioral health resources, such as:
 - Depression screenings (e.g., 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 Medicaid team when needed

- Support and education during pregnancy and postpartum, including:
 - Maternal mental health materials and resources mailed to member after enrollment, including information from [PSIUtah.org](https://www.psiutah.org), [TheEmilyEffect.org](https://www.theemilyeffect.org), [Postpartum.net](https://www.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 addressing social needs with community resources (e.g., Women, Infants, and Children [WIC], food & transportation programs, etc.)
 - Help with claims and benefit questions
 - Cash incentives for prenatal and postnatal care

Q: What are best practices for this measure?

A: Best practices include:

- Regularly referencing the Select Health Quality Provider Program dashboard/clinic electronic medical record to identify patients <1 year of age.
- Developing a standardized screening process and follow-up plan for positive screenings. Screenings may coincide with child well-care visits; however, this is not a measure requirement. Screenings can be completed when a child is seen any time during the first year.
- Recommending that 2 of 3 screenings be completed after 3 months of age, as this includes where the postpartum caregiver is at elevated risk for experiencing postpartum depression.
- Using a validated screening tool, preferably the EPDS (see **the screening instruments table** on [page 5](#)).
- Correctly documenting screening assessment by including the date, patient’s name, name and relationship of the informant, name of the instrument, score, and name and credentials of the individual administering the instrument. Also, providers must document referrals and interventions for positive screening and that the score has been reviewed and results discussed as part of the visit.

Frequently Asked Questions, Continued

Q: How will credit be given for maternal depression screening?

A: We identify screening through claims data. Please use billing code **96161** “Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.”

Code **96161** will count towards QPP compliance when billed to the child’s insurance for maternal depression screening during the first year of life. It can be done at any visit type (well-care or sick visit) as long as:

- A standardized screening tool (e.g., EPDS) is used.
- The screening is scored and documented. The code is intended for the caregiver (mom, dad, or legal guardian), but billing is tied to the child’s account for coverage and QPP gap closure.

NOTE: 96161 is an add-on code and must be billed with an E&M code. Select Health does not cover audio-only E&M codes (**98008-98015**).

Instruments for Adolescents (≤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® (DUKE-AD)**	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

* Brief screening instrument; all other instruments are full-length.
 ** Proprietary; there may be cost or licensing requirement associated with use.

Covered: When billed to child’s insurance outside preventive E/M bundling.

Not covered: When billed with a well-child preventive visit (policy exclusion).

References:

1. Bernard-Bonin A-C, Canadian Paediatric Society, Mental Health and Developmental Disabilities Committee. Maternal depression and child development. *Paediatrics & Child Health*. 2004;9(8):575-598.
2. Toohey J. Depression during pregnancy and postpartum. *Clinical Obstetrics and Gynecology*. 2012;55(3):788-797.
3. Chin K., Wendt A., Bennett I. M., & Bhat A. Suicide and maternal mortality. *Current Psychiatry Reports*. 2022;24(4):239-275.
4. Robbins CL, Ko JY, D’Angelo DV, et al. Timing of postpartum depressive symptoms. *Prev Chronic Dis*. 2023;20:230107.

Working Your Open Gaps List

STEP 1
<p>Create a current gaps-in-care list:</p> <ol style="list-style-type: none"> 1. Open your Gaps-in-Care-for-Download report: QPP Report Hub 2. Apply these filters: <ul style="list-style-type: none"> — Super clinic: Choose your clinic. — Measure: Click on “Maternal Depression Screening 1 (SH_MDS_1); Maternal Depression Screening 2 (SH_MDS_2); and Maternal Depression Screening 3 (SH_MDS_3)” — Status: Unclick the “Compliant” box. This will filter for only the achievable and/or non-compliant members. 3. In the drop-down menu on the top right side of the page, change the view from “Member” to “Download.” 4. Follow the instructions on the screen to export the data to Excel. <p>Refer to Report Hub Instructions: Basic User.</p>
STEP 2
<p>Format your Excel export. (Refer to Formatting a Gaps List in Excel.)</p>
STEP 3
<p>Review tips for working your Gaps-in-Care List (page 7).</p>

Measure Information

Maternal depression screening is critical for the health and well-being of both mother and baby. If untreated, this disorder can impact the mother’s ability to care for the child, which may contribute to long-term emotional and behavioral problems. For the mother, postpartum depression can strain family relationships and increase the risk of suicide.¹

The American Academy of Pediatrics (AAP) recommends routinely screening mothers of patients for postpartum depression:²

- With a validated screening tool (e.g., Edinburgh Postpartum Depression Scale or Patient Health Questionnaire)
- At first year well-child visits: the 1-, 2-, 4-, and 6-month visits

In addition, the AAP Perinatal Depression policy statement indicates that, “Repeated screening aids in overcoming initial reticence in disclosing depressive symptoms.”

Working Open Gaps List, Continued

Tips for Working your Gaps-in-Care List

Understand the Data in your Gap List:

“Compliance Date”: The date the screening was completed.

“Status”: Patients are “Achievable” if they are < 1 year old and their parent/ caregiver has not been screened. Patients are “Non-compliant” if they are > 1 year old and their parent/ caregiver has not been screened. Patients are “Compliant” when Select Health has received the claim for the screening before the patient turned 1 year old.

“Status Detail”: Contains information about compliance, including screening date and submitted code.

Measure	Compliance Date	Status	Status Detail
Maternal Depression Screening 2 (SH_MDS_2)		Achievable	To Be Completed
Maternal Depression Screening 3 (SH_MDS_3)		Non-Compliant	Screening not completed
Maternal Depression Screening 1 (SH_MDS_1)	8/16/2024	Compliant	Recorded screening on Dates: (08/16/24 96161)

Achievable Date	Measure Instructions
3/12/2025	Parent needs to have completed screening by 3/12/2025.
3/12/2025	Parent needs to have completed screening by 3/12/2025.
	Parent completed screening.

“Achievable Date” and “Measure Instructions”: The child’s 1st birthday and the date by which the 3 screenings must occur to receive payment.

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

References:

- Carlson K., Mughal S, Azhar , Siddiqui W. Perinatal Depression. [Updated 2025 Jan 22]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from <https://www.ncbi.nlm.nih.gov/books/nBK519070/>. Accessed May 11, 2025.
- American Academy of Pediatrics; Croke L, AFP Senior Associate Editor. Perinatal depression: AAP policy statement on recognition and management. Pediatrics. January 2019;143(1):e20183259. Available at: <https://www.aafp.org/pubs/afp/issues/2019/1001/p443.html>. Accessed May 11, 2025.

Best Practices: Closing Gaps in Care

The Maternal Depression Screening measure requires screening new caregivers for postpartum depression using a validated screening tool **up to 3 times in the 1st year of the child’s life**.

To help close gaps in care, remember to bill code **96161**: “Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.”

Work the patient list by “Achievable” status. These patients’ parents/caregivers are missing one or more screenings. Be sure to:

- Check to see if the “Achievable” patients have an upcoming well-baby appointment scheduled, and contact parents of those who do not to get a visit scheduled.
- Work with your team to make sure that the Edinburgh Postpartum Depression Screen (EPDS) or other

standardized screening tool is part of your well-baby visit template or pre-visit forms.

- Talk to parents about any barriers to care that they may be encountering (e.g., cost, transportation, remembering to schedule), and provide relevant education and resources.

Access these Quality Provider Program maternal mental health resources:

- [Maternal Mental Health Screening Guide](#) (includes screening algorithm, depression resources for providers, depression resources for patients and parents)
- [Screening Algorithm](#) (standalone)
- [Depression Resources for Providers](#) (standalone)
- [Depression Resources for Patients and Parents](#) (standalone)

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