



**Closing the Mental
Health Gap**

Background

- Perinatal depression is one of the most common complications in pregnancy/postpartum
 - Affects 1 in 7 women

Source: Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol* 2005;106:1071-83.

- Medicaid population has a higher prevalence of perinatal depression yet a greater gap in treatment and treatment initiation is later

Source: DOI: [10.1016/j.whi.2018.08.007](https://doi.org/10.1016/j.whi.2018.08.007)

Number of Women in Postpartum Period with CPT 96127, 96160 or 96161	
Year	N (%)
2019	10,031 (24%)
2020	8,876 (20%)

*All births, all claims, postpartum period defined as 60 days

National Recommendations

- Screen patients at least once in the perinatal period for depression and anxiety using a standardized validated tool
- Complete a full assessment of mood and emotional well-being during the comprehensive visit
- If patient was screened during pregnancy, screening should take place again at comprehensive visit
- U.S. Preventive Services Task Force (USPSTF) recommends that pregnant and postpartum women be assessed to identify whether they are at high risk for depression so they can receive intervention before symptoms arise

Best Practices

- Integration into primary care settings – (OB, Family practice, Pediatrics)
- EHR Integration
- Varied screening intervals (Kaiser Permanente)
 - First prenatal visit
 - 16-week visit
 - 32-week visit
 - Postpartum
- Onsite social worker, case management, behavioral health specialist
- Telehealth and teleconsultation

Use Validated Tools

Edinburgh Perinatal Depression Scale

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____
 Your Date of Birth: _____
 Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
 - Yes, most of the time
 - No, not very often
 - No, not at all
- This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

- | | |
|---|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I always could <input type="checkbox"/> Not quite so much now <input type="checkbox"/> Definitely not so much now <input type="checkbox"/> Not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual <input type="checkbox"/> No, most of the time I have coped quite well <input type="checkbox"/> No, I have been coping as well as ever |
| <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I ever did <input type="checkbox"/> Rather less than I used to <input type="checkbox"/> Definitely less than I used to <input type="checkbox"/> Hardly at all | <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> Not very often <input type="checkbox"/> No, never | <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all |
| <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> No, not at all <input type="checkbox"/> Hardly ever <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, very often | <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Only occasionally <input type="checkbox"/> No, never |
| <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, quite a lot <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No, not much <input type="checkbox"/> No, not at all | <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never |

<https://www.tn.gov/content/dam/tn/tennicare/documents/EdinburghPostnatalDepressionScale.pdf>

PHQ-9

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
 (use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
 please refer to accompanying scoring card).

10. If you checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

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<https://www.tn.gov/content/dam/tn/tennicare/documents/PHQ9Questionnaire.pdf>

How to Submit the Claim

CPT 96127

Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.

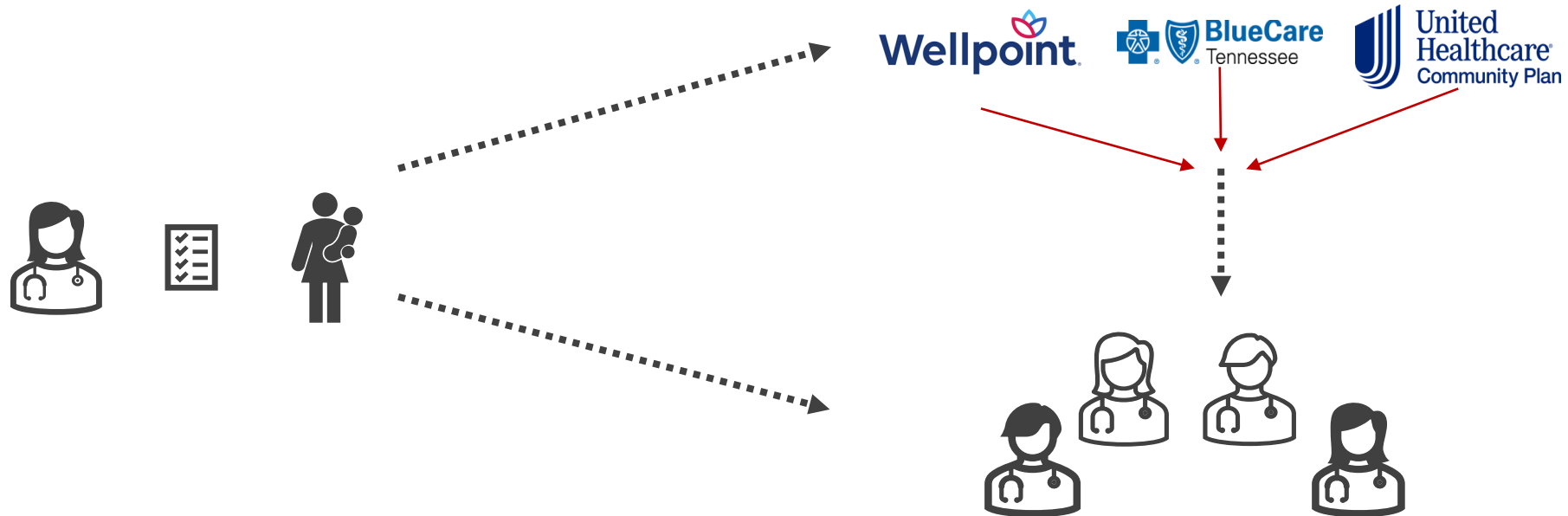
CPT 96160

Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument.

Enhanced
Reimbursement
96160 + TH
modifier

Connect Members to Care

Positive screens can be (1) directly connected with behavioral health providers or (2) referred to MCOs to be linked with a provider



Takeaways

- ❑ Screen every individual with a validated tool
- ❑ Submit claim to receive enhanced reimbursement (96160 + TH modifier)
- ❑ Refer to Maternity Care Management for additional supports



TennCare Checklist

Notify MCO of a Pregnancy

- Fill out the Maternity Care Management Form
- Submit form via portal or fax to respective MCO
- Submit the claim with the right codes to get \$25

Addressing Gaps in Care

- Use validated tool to screen mental health
- Submit claim to get enhanced reimbursement for services
- Connect members to care

MCO Care Management Supports

- Refer members via form
- Call MCO for urgent referrals
- Encourage engagement with Care Management

TennCare Benefits

- Remind the member to update TennCare Connect
- Encourage utilization of benefits
- Educate on oral health and dental care

Wellpoint Mental Health Screening



Submit a Claim

For coding resources please visit: <https://provider.wellpoint.com/tennessee-provider/home>

Connect Members to Care

If member has a positive mental health screen, what are next steps?

- Providers can refer member to the High-Risk OB (HROB) Case Management (CM) program by using the Maternity Care Notification form located on **Wellpoint Provider Portal:** <https://provider.wellpoint.com/tennessee-provider/resources/forms>
 - Click on Maternal/Child Services (MCS) section for fillable PDF form
- Forms can be submitted via:
 - **Fax:** 866-495-5788
 - **Email:** hcmref@wellpoint.com
 - **Phone (Member Services):** 1-833-731-2153

HROB Care Managers consult with BH Care Managers for an integrated approach:

- Assess for physical, behavioral and psychosocial issues and risk factors
- Provide education and advocacy
- Referrals to SDOH agencies, Community Based Organizations and Behavioral Health support
- Continued BH support (if appropriate) after the postpartum period by HROB CM transitioning member to BH Care Management



BlueCare Maternity Care Mental Health Screening



Submit a Claim

For coding resources please visit: [508C BlueCare Tennessee Provider Administration Manual \(bcbst.com\)](#)

Connect Members to Care

Member screens positive:

- Obtain member permission to refer for additional support
- Health Navigation Team sends task to Behavioral Health CM (BHCM) with notes about member's score
- BHCM engages member in BH Case Management Process
- Detailed assessments occur based on member responses
- Appropriate case management services provided to encourage and support member needs

Referrals to BlueCare Care Management for one-on-one support from the member's care team

- Initiated by providers directly by phone or email
 - Phone: 1-888-416-3025
 - Email: MaternityReferralRequest@bcbst.com
- Routed by a Health Navigator to the appropriate member of the BlueCare Integrated Care Team (ICT) for additional support including care coordination, social needs and barriers, and medical or behavioral case management



Mental Health Screening

UnitedHealthcare Community Plan: Tennessee



Submit a Claim

Providers are offered incentive for administration of a mental health risk assessment as part of the member's prenatal or postpartum care. Bill screening services with 96160 + TH modifier.

For full coding resources and detailed information, please refer to the 2023 Care Provider Manual: <https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/TN-TennCare-Care-Provider-Administrative-Manual.pdf>

Connect Members to Care

Referral process

Pregnant Members:

Healthy First Steps (HFS) Care Managers work with pregnant individuals to provide the information, education, and support they need during pregnancy and in the postpartum period.

- Email: tnhealthyfirststeps@uhc.com
- Phone Healthy First Steps: 800-599-5985 or Phone Member Services: 800-690-1606
- Fax (Maternity Care Management Notification Form): 877-353-6913

Non-Pregnant Members:

Behavioral Health Care Coordinators work intensely with individuals (non-pregnant) in the development of a comprehensive plan of care

- Email: care.coordination@optum.com

We also offer Peer Support Specialists for members with a history of, or current SUD or mental health disorder.