WPSI
Women's Preventive Services Initiative

Screening for Anxiety and Depression in Women:
Resource Guide & Clinical Workflow

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Screening Recommendations

While anxiety and depression are separate conditions, they often co-exist and screening, assessment, and treatment follow similar clinical pathways. Periodic universal screening for anxiety and depression in women aged 13 and older, including during pregnancy and postpartum, are recommended by the Women's Preventive Services Initiative (WPSI)[1,2] and the U.S. Preventive Services Task Force (USPSTF)[3-12] based on evidence of effectiveness. Clinicians should provide appropriate follow-up care to patients with positive screening results to establish the diagnosis and initiate interventions that may include counseling and medication. Follow-up may require referral to mental health specialists and other types of care.

Most health plans and issuers are required to cover screening for anxiety and depression without cost sharing.[7] Covered benefits apply to most group health plans and issuers of group and individual health insurance coverage, as well as to patients who qualify for Medicaid based on Medicaid expansion under the Patient Protection and Affordable Care Act.

How to Use this Guide

The purpose of the resource guide and the accompanying clinical workflow diagram are to facilitate screening for anxiety and depression in clinical practice for women aged 13 years and older, including during pregnancy and postpartum when these conditions can be more common. This guide provides clinician resources to support screening and assessment and information on billing and coding, selected national and regional resources, considerations for implementation in clinical practice, and a resource index. This resource guide should be further customized to specific clinical practices as appropriate.

The Women's Preventive Services Initiative (WPSI) developed this guide and the accompanying diagram, *Screening for Anxiety and Depression Clinical Workflow*. These are intended as resource materials for health professionals and should not replace individual considerations and clinical judgement. The WPSI is a collaborative program funded by the U.S. Health Resources and Services Administration (HRSA) and led by the American College of Obstetricians and Gynecologists (ACOG) to review and recommend updates to current women's preventive services guidelines (**https://www.womenspreventivehealth.org**).

Three sections provide specific resources for:

- Adults
- Pregnant and Postpartum Women
- Adolescents

The WPSI provides additional recommendations in their *Well-Woman Chart* that outlines preventive services recommended by the WPSI, USPTF, and Bright Futures based on age, health status, and risk factors. The WPSI also developed *Clinical Summary Tables* to accompany the *Well-Woman Chart* that provide clinical practice considerations, risk assessment methods, and the age and frequency to deliver services (**https://www.womenspreventivehealth.org/wellwomanchart/**).

References

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Resource Guide Development and Funding

The *Screening for Anxiety and Depression Workflow* diagram and *Screening for Anxiety and Depression Resource Guide* were developed by Heidi D. Nelson MD, MPH (Kaiser Permanente School of Medicine), Alanis Colon BA (Kaiser Permanente School of Medicine), and Amy G. Cantor MD, MPH (Oregon Health & Science University) for the Women's Preventive Services Initiative. Information in the Resource Guide is based on recommendations and resources available May 1, 2025, and requires periodic updating.

Screening Adults

Where can I find information about anxiety and depression in women?

Online CME courses and modules are available for clinicians at the American Counseling Association (**ACA**), the American Psychological Association (**APA**), and the Anxiety & Depression Association of America (**ADAA**).

How can we create a safe and private setting within our clinic for screening?

Ways to ensure a private setting include establishing confidential, one-on-one time with the patient to discuss preventive services and individual health questions. Practices should establish policies that promote privacy that can be reviewed with the patient (**HSS HIPAA Rules** and **Mental Health America's Privacy Rights**). Approaches may differ in telehealth settings and may require confirming with the patient they are in a safe, private setting before initiating conversations and screening.

What screening tool should our clinic use?

When selecting a screening tool, clinics should consider the length and type of administration. Although anxiety and depression often co-exist, they are separate conditions that require different screening tools and scoring. Examples of screening tools listed below are validated, accurate, and free to use and distribute for clinical purposes.

Screening Tools	Items	Prevalence	Score[1]	Languages[2]
Anxiety				
Generalized Anxiety Disorder Scale (GAD-7)	7	Past 2 weeks	10	English (**form**) Spanish (**form**)
Depression				
Patient Health Questionnaire (PHQ-2)	2	Past 2 weeks	≥ 2	English (**form**) Spanish (**form**)
Both Anxiety & Depression				
Patient Health Questionnaire (PHQ-4)	4	Past 2 weeks	≥ 3	English (**form**) Spanish (**form**)

[1]The score indicates the threshold for identifying patients with likely anxiety or depression with screening. The diagnosis should be verified by more comprehensive evaluations.

[2]Identifying and verifying tools in additional languages is beyond the scope of this guide. However, the GAD and PHQ are available in over a dozen languages and can be accessed for free at **the Patient Health Questionnaire Screeners**.

What are the best practices for screening and assessment?

In WPSI's *How I Practice* **Videos**, experts describe how they implement anxiety screening into their everyday practice. Additionally, professional organizations have developed clinical practice guidelines and resource toolkits to support clinical decision making for the assessment, treatment, and management of anxiety and depression in adults. Some of these organizations include:

- USPSTF: Practice Considerations for Screening for **Anxiety** and **Depression/Suicide Risk**
- The REACH Institute: **Mental Health Training**
- American College of Physicians: **Clinical Guidelines & Recommendations**

How can I assess risk of harm?

Self-inflicted harm, including suicide, is a major threat to health for patients with anxiety and depression and should be assessed in the clinical setting. Patients at risk for harm present a medical emergency and require immediate care. The Suicide Prevention Resource Center provides **toolkits** for healthcare settings. In general, 3 steps are recommended: (1) implement universal suicide risk screening, (2) use a Brief Suicide Safety Assessment (BSSA) for positive screens, and (3) identify next steps based on level of risk. Commonly used suicide risk assessment tools include: **ASQ**, **C-SSRS-Triage Version**, **C-SSRS-Full Version**, **ASQ-BSSA**, and the **SAFE-T**.

What are best practices for documenting and reporting screening?

Most documentation practices refer to the CMS clinical quality measures for depression screening to set their guideline requirements. These include recording the date of the completed depression screen, the age-appropriate standardized depression/anxiety screening tool, and, if positive, a follow up plan (i.e., referral for additional evaluation, pharmacological interventions, etc.). Currently, no quality measures exist for anxiety screening, but clinics and health systems could consider practices similar to depression screening. Screening tools should be scored by clinical staff and entered to the medical chart if not already integrated within the EHR system.

An example of a **Clinical Documentation Guide** that is not specific to any particular EHR system was developed by a California Health & Human Services Agency. In general, it includes documentation of an accurate assessment, patient plan, and ongoing care notes (progress notes).

Screening in Pregnancy and Postpartum

Where can I find information about anxiety and depression in pregnancy and postpartum?

The American College of Obstetricians and Gynecologists (ACOG) provides **resources** and **webinars** specific to screening for anxiety and depression in pregnancy and postpartum, including more frequent screening during routine perinatal visits (screen for depression at the initial prenatal visit, later in pregnancy, and at postpartum visits).

What screening tool should our clinic use in pregnancy and postpartum?

When selecting a screening tool, clinics should consider the length and type of administration and whether to utilize pregnancy-specific tools. Although anxiety and depression often co-exist, they are separate conditions that require different screening tools and scoring. Examples of screening tools listed below are validated, accurate, and free to use and distribute for clinical purposes. Additional tools validated in nonpregnant adults included in the previous section of this guide can also be used.

Screening Tools	Items	Prevalence	Score[1]	Languages[2]
Anxiety				
Generalized Anxiety Disorder Scale (GAD-7)	7	Past 2 weeks	10	English (**form**) Spanish (**form**)
Depression				
Edinburgh Postnatal Depression Scale (EPDS)[3]	10	Past week	EPDS: EPDS: ≥ 12 EPDS-Anxiety subscale (EPDS-3A): 4	English and Spanish (**form**)

[1]The score indicates the threshold for identifying patients with likely anxiety or depression with screening. The diagnosis should be verified by more comprehensive evaluations.

[2]Identifying and verifying tools in additional languages is beyond the scope of this guide. However, the GAD and PHQ are available in over a dozen languages and can be accessed for free at the **Patient Health Questionnaire Screeners**.

[3]The EPDS is most used for perinatal depression screening. Although it contains an anxiety subscale (EPDS-3A including EPDS items 3, 4, and 5), it is less accurate than other anxiety screening tools, such as the GAD-7.

What are best practices for screening and assessment in pregnancy and postpartum?

In WPSI's *How I Practice* **Videos**, experts describe how they implement anxiety screening into their everyday practice. Additionally, professional organizations have developed clinical practice guidelines and resource toolkits for the assessment, treatment, and management of anxiety and depression in pregnant and postpartum women. Some of these organizations include:

● ACOG: **Clinical Practice Guidelines for Screening and Diagnosis of Mental Health Conditions**
● ACA: **Practice Briefs – Peripartum and Postpartum Depression**
● UMass Chan Medical School – Lifeline for Moms: **Mental Health Resources and Toolkits**

Pediatricians can also take advantage of regular contact with postpartum women and play a vital role in screening, intervention, and referral to treatment. Tools and resources can be found at **AAP's Perinatal Mental Health and Social Support** site.

How can I assess risk of harm in pregnancy and postpartum?

Self-inflicted harm, including suicide, is a major threat to health for patients with anxiety and depression and a leading cause of maternal mortality. Risk of harm should be assessed in the clinical setting. Patients at risk for harm present a medical emergency and require immediate care. NC Matters provides a **Maternal Suicide and Risk Assessment Toolkit**. In general, it advises: (1) implement universal suicide risk screening, (2) use a Brief Suicide Safety Assessment (BSSA) for positive screens, and (3) identify next steps based on level of risk. Commonly used suicide risk assessment tools include: **C-SSRS-Full Version**, **ASQ-BSSA**, and the **SAFE-T**.

Screening Adolescents

Where can I find information about anxiety and depression in adolescents?

Online CME courses and modules for clinicians are available at the American Academy of Child & Adolescent Psychiatry (**AACAP**), the American Academy of Pediatrics (**AAP**), and the American Psychological Association (**APA**). Additional publications and resources are available at the APA and Centers for Disease Prevention and Control (CDC).

How can we create a safe and private setting within our clinic for screening adolescents?

The AAP policy, **Unique Needs of the Adolescent**, and **Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents** recommend confidential, one-on-one time between clinicians and adolescents to discuss preventive services and individual health questions. Practices should establish policies on privacy and confidentiality that can be reviewed with adolescents and their families. Clinicians may choose to address these discussions when the parent is not in the room and should remind both adolescents and their parents that this is a standard protocol at the beginning of the visit.

Approaches may differ in telehealth settings and may require confirming with the patient they are in a safe, private setting before initiating conversations and screening. The AAP provides **tips and resources** on how to implemental confidential discussions with adolescents, including sample letters to **Adolescents** and their **Parents**.

What screening tools should our clinic use for adolescents?

When selecting screening tools, clinicians should consider the length and type of administration and whether to use tools specific to adolescents. Although anxiety and depression often co-exist, they are separate conditions that require different screening tools and scoring. Examples of screening tools listed below are validated, accurate, and free to use and distribute for clinical purposes. Additional tools validated in adults included in the previous section of this guide could also be considered.

Screening Tools	Items	Prevalence	Score[1]	Languages[2]
Anxiety				
Screen for Child Anxiety Related Emotional Disorders (SCARED-5)[3]	5	Past 3 mos	3	English & Spanish (Parent & Child Versions **form**)
Depression				
Patient Health Questionnaire (PHQ-9)	9	Past 2 wks	≥ 10	English (**form**) Spanish (**form**)
Both Anxiety & Depression				
Bright Futures' Pediatric Symptom Checklist – Youth Report (PSC-Y)[4]	35	Current	30	English (**form**) Spanish (**form**)

[1]The score indicates the threshold for identifying patients with likely anxiety or depression with screening. The diagnosis should be verified by more comprehensive evaluations.
[2]Identifying and verifying tools in additional languages is beyond the scope of this guide. However, the PHQ is available in over a dozen languages and can be accessed for free at the **Patient Health Questionnaire Screeners**.
[3]The SCARED-5 tool includes items 24, 25, 28, 36, and 41 from the full 41-item SCARED tool.
[4]While the PSC-Y assess both anxiety and depression within the same tool, it may be more efficient to utilize two concise tools to screen for these conditions separately.

What are best practices for screening and assessment for adolescents?

In WPSI's *How I Practice* **Videos**, experts describe how they implement anxiety screening into their everyday practice. Additionally, professional organizations have developed clinical practice guidelines and resource toolkits to support clinical decision making for the assessment, treatment, and management of childhood and adolescent anxiety and depression. Some of these organizations include:

● AACAP: **Anxiety Disorders Resource Center**, **Practice Parameters**, & **Toolbox for Clinical Practice and Outcomes**
● AAP: **Addressing Mental Health Concerns in Pediatrics: A Practical Resource Toolkit for Clinicians**
● The REACH Institute: **GLAD-PC Toolkit** (Depression Only)

How can I assess risk of harm in adolescents?

Self-inflicted harm, including suicide, is a major threat to health for patients with anxiety and depression and a leading cause of adolescent deaths. Risk of harm should be assessed in the clinical setting. Patients at risk for harm present a medical emergency and require immediate care. The AAP created a ***Blueprint for Youth Suicide Prevention***, outlining **strategies** for clinical settings to integrate suicide prevention protocols, clinical pathways, and resources on how to respond to a positive screen. In brief, the AAP recommends 3-steps: (1) implement universal suicide risk screening, (2) use a brief suicide safety assessment for positive screens, and (3) identify next steps based on level of risk. A commonly used, evidence-based, publicly available suicide risk assessment screening tool is the **ASQ**. Others include: **C-SSRS-Triage Version**, **PHQ-9A+ASQ**, **C-SSRS-Full Version**, **ASQ-BSSA**, and the **SAFE-T**.

What are best practices for documenting and reporting screening in adolescents?

Clinicians should be aware that there are variations in state laws related to adolescent confidentiality, minor consent, and documentation. A **compendium** of these laws was created by the Center for Adolescent Health & Law to provide guidance on clinical protocols. Please refer to professional society guidelines and/or state policies for further resources and guidance.

While Bright Futures has developed a ***Visit Documentation Form*** for typical health supervision visits, other models exist that are specific to depression screening. An example of a **Clinical Documentation Guide** that is not specific to any particular EHR system was developed by a California Health & Human Services Agency. In general, it includes documentation of an accurate assessment, patient plan, and ongoing care notes (progress notes).

Regional and National Resources

Depression and/or Anxiety

● National Alliance of Mental Illness (NAMI) HelpLine: Call 1-800-950-6264, Chat/Text "helpline" to 62640

● SAMHSA's National Helpline: 1-800-662-HELP(4357) or visit their **online treatment locator**

● 24/7 Crisis Text line: Text "HOME" to 741-741

● National Domestic Violence Hotline: 800-787-3224

Specific to Suicide Prevention

● The 988 Suicide & Crisis Lifeline: Call/Text (988) or chat **online**

● National Suicide Prevention Lifeline: 1-800-273-TALK(8255); Spanish (1-888-628-9454)

Specific to Postpartum and Pregnant Women

● National Maternal Mental Health Hotline: 833-9-HELP4MOMS

● Lifeline for Moms: **Website**

● Postpartum Depression **Support Organizations by State**

● **Policy Center for Maternal Mental Health**

Clinics should also identify additional local and regional resources that may provide additional support and care that meet the needs of their patient population.

Billing Codes for Anxiety and Depression Screening

The **WPSI Coding Guide** assists practices with coding and billing preventive services for women, including anxiety and depression. The correct evaluation and management code will depend on whether the encounter was for screening or treatment. Please refer to specific payer policies.[1] Procedure and diagnosis codes are listed below. Additional resources for billing and coding can be found in the Resource Index.

Codes	Definition
CPT Codes	**Non-Medicare/Commercial Payers**
99381-99387, 99391-99397	Evaluation & Management (E/M) for annual exam
96127 or 96161/96160 with modifier 25	Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument (i.e., PHQ-9)
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument (i.e., EPDS). Depression screen for pregnant/postpartum patients.
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 (EPDS or PHQ-9). Depression screening of mother during a baby's visit.
99401-99404	Preventive medicine, individual counseling
99202-99215	Time-dependent code levels
HCPCS Code	**Medicare**
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment (PHQ-9)
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0468	Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv

HCPCS Code	Medicare
99497 + 99498 (if needed)	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate; each additional 30 minutes
E/M service code + 99202-99205, 99211-99215 with modifier 25	If AWV provided and significant, separately identifiable, medically necessary evaluation and management service
G0444	Annual depression screening, 5 to 15 minutes
ICD-10-CM	**Diagnosis Codes**
R45.-	Symptoms and signs involving emotional state
Z13.39	Encounter for screening examination for other mental health and behavioral disorders
Z13.30	Encounter for screening examination for mental health and behavioral disorders, unspecified
Z13.31	Encounter for screening for depression
Z13.32	Encounter for screening for maternal depression
F41.9	Anxiety disorder, unspecified
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F32	Depressive episode
F53	Mental and behavioral disorders associated with the puerperium, not elsewhere classified (i.e., postnatal/postpartum depression)

[1]**CMS** covers "initial wellness visits" and "annual wellness visits" (HCPCS codes). CMS does not cover anxiety screening as a preventive service. The IWV and AWV codes include depression screening and will not be billable if the additional G0444 code is added. All 12 components of the AWV need to be completed for screening to be successfully billed. G0444 code may be used if screening opportunity arises outside of the AWV.

Implementation Considerations

Currently, there are no standard methods for the integration, documentation, and measurement of anxiety and depression screening. This section describes suggested best practices, approaches, and resources to help guide implementation.

Methods of Administration

Clinics should use validated screening tools that can be administered efficiently and are suited to their clinical operations and patient populations. Although administering tools using a paper and pencil or interview format may gather comprehensive and accurate assessments, online administration provides real-time scoring and reporting features. Some practices ask patients to complete the screening tools through the patient portal prior to their visit. Currently, for rural locations, Medicare pays for telehealth screening using staff or clinicians if the practice meets **specified requirements**. Regardless, ensuring accessibility with online tools or in-person methods requires consideration of feasibility, organizational readiness for technology needs, costs, and security. The **AAFP** provides examples of how primary care practices are leveraging information technology to support depression screening that would also be applicable to anxiety screening.

Using the Electronic Health Record

The electronic health record (EHR) could act as a central hub for presenting automated reminders for screening and follow-up care, entering screening responses, tracking symptoms, triggering best practice advisories for significant scores on screening tools, documenting treatment plans, sending referrals, and communicating with patient's primary care team, among others. However, the capacity and functionality of individual EHR systems vary. Additionally, clinics need to consider privacy safeguards relating to both documentation as well as clinical encounters. Clinicians have a responsibility to share reporting requirements with patients, particularly regarding adolescent patients, before engaging in conversations about sensitive health information. AAP provides support to **integrate Bright Futures Tool and Resource Kit forms** into an EHR system to ensure that pediatric patients and their families receive all Bright Futures-recommended preventive services, screens, and tests.

Resources for Implementation

Professional societies and organizations have developed toolkits and frameworks that guide clinicians and health systems in implementing behavioral health into their practices. Examples include:
● NCTSN Screening and Assessment: Considerations for Implementation (**Fact Sheet**)
https://saferbirth.org/psbs/perinatal-mental-health-conditions/

Resource Index

This index includes a nonexhaustive list of clinical resources, including those cited in previous sections, to facilitate screening for anxiety and depression.

Education/CME Resources for Clinicians

- Perinatal Support Washington: **Perinatal Anxiety Resources for Clinicians**
- The REACH Institute: **Mental Health Training for Primary Care Providers**
- American Psychological Association: **Resources for Professionals** (Adolescents)
- American Psychological Association: **Resources for Professionals** (Adults)
- American Academy of Pediatrics: **Mental Health Resources**
- American Academy of Child & Adolescent Psychiatry: **Lifelong Learning Modules**
- ACOG: **Perinatal Mood and Anxiety Disorders** & **CME Opportunities**
- American Counseling Association: **Resources for Assessment, Diagnosis, & Treatment**
- SAMHSA SMI Adviser: **Clinicians Knowledge Base**
- Anxiety & Depression Association of America: **Education Programs for Professionals**
- Medicaid: **Maternal & Infant Health Care Quality**

Universal Education/Patient Resources

- CDC Children's Mental Health: **Anxiety and Depression in Children**
- SAMHSA SMI Adviser: **Individuals & Families Knowledge Base**
- ADAA: **Mental Health Resources for Your Clients/Patients**

Patient Safety & Privacy

- US Department HSS: **Information Related to Mental and Behavioral Health**
- Mental Health America: **Privacy Rights**
- AAP/Bright Futures: **Guidelines for Health Supervision of Infants, Children, and Adolescents**
- AAP: Policy Statement on "**Unique Needs of the Adolescent**"
- AAP: **Adolescent Health Care Campaign Toolkit**
- ACOG AIM: **Perinatal Mental Health Conditions**
- Futures Without Violence: **Privacy Principles**
  Although materials were developed for patients experiencing intimate partner violence, these methods could apply to screening for anxiety and depression.

Anxiety & Depression Screening Guidelines & Toolkits

- WPSI *How I Practice*: **Screening for Anxiety Video**
- WPSI: **Screening for Anxiety Recommendation**
- USPSTF: Practice Considerations for Screening **Anxiety** and **Depression/Suicide Risk** (Adults)
- USPSTF: Practice Considerations for Screening **Anxiety** and **Depression/Suicide Risk** (Adolescents)
- American College of Physicians: **Clinical Guidelines & Recommendations**
- ACOG: **Clinical Practice Guidelines for Screening and Diagnosis of Mental Health Conditions**
- ACA: **Practice Briefs – Peripartum and Postpartum Depression**

- UMass Chan Medical School – Lifeline for Moms: **Mental Health Resources and Toolkits**
- AACAP: **Anxiety Disorders Resource Center**, **Practice Parameters**, & **Toolbox for Clinical Practice and Outcomes**
- AAP: **Addressing Mental Health Concerns in Pediatrics: A Practical Resource Toolkit for Clinicians**
- The REACH Institute: **GLAD-PC Toolkit** (Depression Only)
- Massachusetts Child Psychiatry Access Program (MCPAP) for Moms: **Obstetric Provider Toolkit**
- 2020 Mom: **Universal Screening for Maternal Mental Health Disorders**

Assessing Suicide/Risk of Harm

- AAP: **Blueprint for Youth Suicide Prevention** Toolkit & **Strategies**
- NIH: **Youth ASQ Toolkit**
- SAMHSA: **SAFE-T Pocket Card**
- The Columbia Lighthouse Project: **Columbia Protocol & Screening Tool**
- Children's Hospital of Philadelphia: **Clinical Pathways for Assessment and Care Planning**
- NC Matters: **Maternal Suicide and Risk Assessment Toolkit**
- Suicide Prevention Resource Center: **Suicide Risk Toolkit**

Documentation & Reporting Resources

- Center for Adolescent Health & Law: **Compendium of State Laws on Confidentiality**
- CMS: **Clinical Quality Measures for Depression Screening**
- AAP/Bright Futures: **Visit Documentation Form**
- CA Health & Human Services Agency: **Model Clinical Documentation Guide**

Billing & Coding Resources

- **WPSI Coding Guide**
- CMS **Medicare Preventive Services**: provides HCPCS & CPT Codes, ICD-10 Codes, and summaries of coverage
- **CMS Medicare Wellness Visits**: Describes and differentiates between an Initial Preventive Physical Exam (IPPE), Annual Wellness Visit (AWV), and a Routine Physical Exam
- American Academy of Professional Coders (AAPC) developed an online medical code search and lookup resource, **Codify**, which provides CPT, HCPCS Level II, ICD-10-CM, and ICD-10-PCS codes associated with keywords and phrases.
- For Perinatal/Postpartum Women: ACOG developed a **coding & billing library** with specific resources for **telehealth services** and **Q&A platforms**.

Screening for Anxiety and Depression Clinical Workflow

Screen all women ages 13 and older at least once per year and during pregnancy and postpartum; screen for depression at the initial prenatal visit, later in pregnancy, and at postpartum visits

Assure Private Setting

- Create safe space alone with patient: "*Can we have time alone during your visit?*"
- Offer framing statement: "*Mental health issues are common and can affect overall health*"

Resources in this Clinic

Screening tools:
Education materials:
Referral contacts:

Screen for Anxiety and Depression

- Use validated screening tools for each condition
- Offer Record response in medical record

NO →

Screening Negative

- Provide brief patient education
- Offer supportive message: "*If this should change, please talk with me about it*"

YES ↓

Screening Positive Assess Risk of Harm

- Determine severity of symptoms and risk of harm
- Interview patient alone with open-ended probing questions and/or suicide risk assessment tools: "*Do you feel like hurting yourself or ending your life?*"

**NO** →

Low Risk of Immediate Harm

- Offer mental health resources
- Establish diagnosis and treat or refer based on clinical guidelines for anxiety and depression
- Follow-up as clinically indicated

Documentation, Billing, Coding

- Document screening in the health record: method, patient responses, plan
- Indicate education, resources, and referrals offered
- Bill and code clinical encounter
- Follow-up and refer as needed

YES ↓

Risk of Immediate Harm Facilitate Next Steps

- Assess acute mental health needs
- Do not leave patient alone
- Refer to crisis mental health services
- Provide escorted referral for patients at risk for harming themselves or others
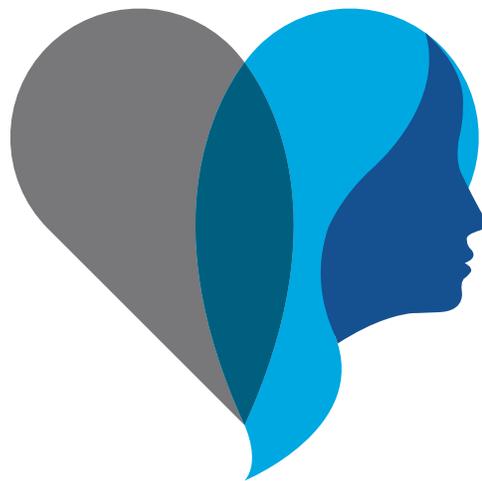
Women's Preventive Services Initiative

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