Provider outreach manual:
Prenatal and postpartum care

www.mercymaricopa.org
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Introduction
The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) develops minimum requirements for the Provider Manual to articulate the requirements of the Arizona public behavioral health system. These requirements are applicable to direct providers of Arizona’s publicly funded behavioral health services. From these requirements, each Tribal and Regional Behavioral Health Authority (T/RBHA) develops content specific to their geographic service areas (GSAs) and communities and creates a T/RBHA specific version of the document. In addition to behavioral health services, Mercy Maricopa also incorporates integrated care to address physical health.

Timeliness of prenatal and postpartum care
To ensure that pregnant members receive a prenatal care visit within the first trimester or within 42 days of enrollment with the health plan, and have a postpartum visit on or between 21 and 56 days after delivery.

Provider service timeline goals for pregnant members

<table>
<thead>
<tr>
<th>Prenatal Care</th>
<th>Appointment Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>First trimester</td>
<td>Within 14 days of the request for an appointment</td>
</tr>
<tr>
<td>Second trimester</td>
<td>Within seven days of the request for an appointment</td>
</tr>
<tr>
<td>Third trimester</td>
<td>Within three days of the request for an appointment</td>
</tr>
</tbody>
</table>

Return Visits
Return visits should be scheduled routinely after the initial visit. Members must be able to obtain return prenatal visits:
- First 28 weeks - every four weeks
- From 28 to 36 weeks - every two to three weeks
- From 37 weeks until delivery - weekly

High Risk Pregnancy care
Within three days of identification of high risk by the contractor or maternity care provider, or immediately if an emergency exists.

Return visits scheduled as appropriate to their individual needs; however, no less frequently than listed above.

Postpartum visits
Postpartum visits should be scheduled routinely after delivery. Routine postpartum visits should be scheduled within 21 and 60 days after delivery.
Summary of billing codes

The following is a summary of codes that pertain to AHCCCS performance measures as they relate to prenatal care and postpartum visits. In order to ensure Mercy Maricopa can accurately identify our members have received each service, it is vital that the appropriate codes (as identified below) be billed when these services are provided. For additional coding resources, please refer to the provider section of www.mercymaricopa.org.

CPT codes used for the TOB package include:

- **59400** – Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
- **59510** – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
- **59610** – Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
- **59618** – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

**Postpartum Care Only Services (59430)** - include office or other outpatient visits following vaginal or cesarean section delivery.

**Multiple Births**

The initial delivery of the first baby will be payable at the appropriate fee for service rate and should be billed with the appropriate CPT delivery code that applies.

Subsequent delivery of each additional baby should be billed with appropriate **delivery only** code with a 51 modifier appended to each. Those CPT codes are as follows:

- **59409** – Vaginal delivery only (with or without episiotomy and/or forceps)
- **59612** – Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
- **59514** – Cesarean delivery only
- **59620** – Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

The rate payable for each subsequent delivery will be 50% of the allowable amount for the above codes. The only exception to the above is if the provider’s contract specifically addresses a different reimbursement methodology. The rate payable for each subsequent delivery will be 50% of the allowable amount for the above codes. The only exception to the above is if the provider’s contract specifically addresses a different reimbursement methodology.
Broken TOB Package
There may be times when a transfer of care may occur from one provider to another during the course of a pregnancy. If a physician or physician group provides all or part of the antepartum and/or postpartum patient care but does not perform delivery due to a referral to another physician or physician group for delivery, this would be considered a broken TOB package. Those cases require special billing and follow CPT code guidelines as follows:

- For 1 – 3 antepartum care visits, use appropriate E&M code, i.e. 99201 - 99215.
- For 4 – 6 antepartum care visits, use code 59425 – Antepartum care only; 4-6 visits.
- For 7 or more antepartum care visits, use code 59426 – Antepartum care only; 7 or more visits.
- Providers in group practices may not unbundle the global delivery code when a recipient receives OB services from more than one provider in the same group and delivery is performed by a provider in the same group.

Other codes available in CPT that represent broken TOB package

Delivery Only CPT Codes that Include Postpartum Care
Delivery codes including postpartum care CPT codes are as follows:

- 59410 – Vaginal delivery only (with or without episiotomy and/or forceps), including postpartum care.
- 59515 – Cesarean delivery only; including postpartum care.
- 59614 – Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care.
- 59622 – Cesarean delivery only, following attempted vaginal deliver after previous cesarean delivery; including postpartum care.

Delivery Only CPT Codes
The following CPT codes will be billed, if provider is only billing for delivery services:

- 59409 – Vaginal delivery only (with or without episiotomy and/or forceps).
- 59514 – Cesarean delivery only.
- 59612 – Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps).
- 59620 – Cesarean delivery only following attempted vaginal delivery after previous cesarean delivery.

Postpartum Care Only CPT Code
A provider billing for postpartum care only should bill code 59430 – Postpartum care only (separate procedure).
Tips for billing appropriately
AHCCCS Medical Policy Manual, Chapter 400 under the section titled “Maternity Care Provider Requirements” states:
   “3. All maternity care providers will ensure that:
      f. All prenatal and postpartum visits are recorded on claims forms to the Contractor regardless of the payment methodology used.”

Based on this, Mercy Maricopa will require that the provider bill in the manner exemplified here.

Example 1: TOB Package Claims

<table>
<thead>
<tr>
<th>Dates of Service From</th>
<th>To</th>
<th>Place of Service</th>
<th>Procedures, Services or Suppliers CPT/HCPCS</th>
<th>$ Charges</th>
<th>Days/Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/19/2013</td>
<td>02/19/2013</td>
<td>11</td>
<td>99213</td>
<td>$0.00</td>
<td>1</td>
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<tr>
<td>03/19/2013</td>
<td>03/19/2013</td>
<td>11</td>
<td>99213</td>
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<td>1</td>
</tr>
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<td>11</td>
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<td>$0.00</td>
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<tr>
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<td>06/11/2013</td>
<td>11</td>
<td>99213</td>
<td>$0.00</td>
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<tr>
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</tr>
<tr>
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<td>99213</td>
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<tr>
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<td>11</td>
<td>99213</td>
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<td>1</td>
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<td>$0.00</td>
<td>1</td>
</tr>
</tbody>
</table>

All pre- and post-natal care information is necessary in order for Mercy Maricopa to report these required statistics to AHCCCS. No dollar amount is billed for the pre- and post-natal dates, as payment is included in the delivery. Only the delivery CPT code would have a billed amount.
Example 2: Broken OB Package Claims

<table>
<thead>
<tr>
<th>Dates of Service From</th>
<th>To</th>
<th>Place of Service</th>
<th>Procedures, Services or Suppliers</th>
<th>$ Charges</th>
<th>Days/Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/19/2013</td>
<td>02/19/2013</td>
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<td>99213</td>
<td>$0.00</td>
<td>1</td>
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<td>04/16/2013</td>
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<td>1</td>
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<td>05/14/2013</td>
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<td>99213</td>
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<tr>
<td>06/11/2013</td>
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<td>$0.00</td>
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</tr>
<tr>
<td>07/09/2013</td>
<td>07/09/2013</td>
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<td>$0.00</td>
<td>1</td>
</tr>
<tr>
<td>08/06/2013</td>
<td>08/06/2013</td>
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<td>99213</td>
<td>$0.00</td>
<td>1</td>
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<tr>
<td>08/20/2013</td>
<td>08/20/2013</td>
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<td>99213</td>
<td>$0.00</td>
<td>1</td>
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<tr>
<td>09/03/2013</td>
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<tr>
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<tr>
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<tr>
<td>09/24/2013</td>
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<td>11</td>
<td>59426</td>
<td>$800.00</td>
<td>1</td>
</tr>
</tbody>
</table>

*Second Provider* – Patient was out of town and a different doctor not in the same practice delivered the baby and is providing postpartum care.

Example 3: Broken OB Package Claims – after break

<table>
<thead>
<tr>
<th>Dates of Service From</th>
<th>To</th>
<th>Place of Service</th>
<th>Procedures, Services or Suppliers</th>
<th>$ Charges</th>
<th>Days/Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2013</td>
<td>10/01/2013</td>
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<td>11/12/2013</td>
<td>11</td>
<td>99213</td>
<td>$0.00</td>
<td>1</td>
</tr>
</tbody>
</table>

All pre- and post-natal care information is necessary in order for Mercy Maricopa to report these required statistics to AHCCCS. No dollar amount is billed for the pre- and post-natal dates, as payment is included in the specific CPT code. Only the CPT code for the type of OB package being billed would have a billed amount.

In every broken OB package type, both post-and pre-natal care information needs to be billed in the same manner as the above examples.

*Important Note:* When billing via a paper claim, the total amount of the claim should be listed on the last page, along with the service that generates payment.
Maternity Services
Encouragement for prompt prenatal care is essential to reduce incidents of preterm birth, high risk pregnancies, LBW/VLBW infants and birth defects that can lead to increased medical costs. Studies have shown that women who report poor mental health before pregnancy are more likely to have complications or give birth to a LBW infant.

In an effort to reduce these numbers and therefore reducing hospital costs, Mercy Maricopa members are encouraged to seek maternity services as soon as possible after a positive pregnancy diagnosis.

Along with these goals for appointments, Mercy Maricopa encourages providers to educate pregnant members on the services provided under their care coverage.

Voluntary HIV testing
Members are to be informed of voluntary HIV testing and counseling if the test is positive. Education for mothers testing positive is provided, no less than annually, to members by Perinatal Case Manager/Care Coordinator, providers, and through mailed materials such as the “You and Your Baby” magazine, member newsletter and the member handbook.

Vaccines
Flu shots are provided for prenatal members as well as pertussis shots for mothers with small children.

Education
Prenatal classes are provided to pregnant members at no cost, as well as transportation to/from these classes, doctor or any other appointments pertaining to pregnancy health. We provide our members with educational resources and tools one within one week of a members confirmed pregnancy. Our pregnant members all receive:
- Introduction letter
- Informational flyer on the WIC program
- “You and Your Baby” magazine

The information in these mailings is just one way to educate our members about the importance of a healthy pregnancy. Education at the provider level is also expected and important to ensuing members have health pregnancy.
Nutrition
Proper nutrition is essential to a healthy pregnancy. Education for new mothers on nutrition is an important part of preventing birth defects and maintaining appropriate birth weights. Arizona Women Infants and Children (WIC) provides food, breastfeeding education, and information on healthy diet to women who are pregnant, infants, and children under five years old.

150 N. 18th Ave., Ste. 310
Phoenix, AZ 85007
Phone: 1-800-252-5942
Website: www.azdhs.gov/azwic/
To find a clinic, visit clinicsearch.azbnp.gov/

High risk identification
All pregnant females whose physical health services are covered by Mercy Maricopa are provided with High Risk Obstetrical Care Management. The care manager will complete a comprehensive Case Analysis Review (CAR) that will include:

- A medical chart review to identify member current health status, current providers service utilization, specific gaps in care
- Consultation with the member’s treatment team
- Review of administrative data, including claims and encounter data
- Demographic and customer service data
- Root cause analysis as to over- or under-utilization of services
- Medication review, including updating a member medication list
- Placement review, including updating a member placement history

The information from the CAR is used in the development of a member-centric plan of care that is streamlined and supports the member’s physical and behavioral health, social and community service needs, and placement goals, preferences and barriers.

You can refer member for care management by calling the care management referral line at 480-435-0640.
Special programs

Members are also encouraged to participate in special programs to ensure their health and the health of their unborn child. Substance Abuse Prevention and Treatment Block Grant (SABG) program funds are used to ensure access to treatment and long-term recovery support services for (in order of priority):

- Pregnant women/teenagers who use drugs by injection;
- Pregnant women/teenagers who use substances;
- Other persons who use drugs by injection;
- Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children; and
- All other clients with a substance abuse disorder, regardless of gender or route of use, (as funding is available).

Persons must indicate active substance use within the previous 12-month period to be eligible for SABG funded services. Interim services are available for pregnant women and injections drug users to reduce the adverse health effects of substance abuse, to promote the health of the individual and reduce the risk of transmission of disease. It is available to Non-title XIX/XXI priority populations who are maintained on an actively managed wait list.
Postpartum depression rating scale
Enclosed in this manual is the AHCCCS Tool Kit for Postpartum Depression. This tool kit serves as a great resource for you and your staff members and helps ensure our members are screened properly for postpartum depression.

Please complete the Edinburgh Postnatal Depression Scale found on page 4 of the tool kit and fax it back to us. As stated in Article 13.4.1-G of the Provider Manual sending this completed form to us is a provider requirement. The form must be sent to us after the first postpartum visit, which takes place 21 and 60 days from delivery.

Please send completed screening forms by fax to 1-860-975-3618.
Attention
Mercy Maricopa
Quality Management
Laurie Belongie, RN, Maternal Child Health Coordinator

We are here to help
For questions or concerns, please call Laurie Belongie, RN, Quality Management Maternal Child Health Coordinator, at 602-453-5585 or BelongieL@mercymaricopa.org.
AHCCCS

TOOL KIT
FOR THE
MANAGEMENT OF
ADULT
POSTPARTUM
DEPRESSION
**Tool Kit for the Management of Adult Postpartum Depression**

The clinical tool kit is intended to assist the PCP in assessing the postpartum needs of women regarding depression and decisions regarding health care services provided by the PCP or subsequent referral to the Regional Behavioral Health Authority (RBHA) if clinically indicated. Tools include:

- The decision making algorithm for depression
- Edinburgh Postnatal Depression Scale with accompanying scoring instructions
- The Postpartum Safety Screening
- The list of medications universally available through AHCCCS Health Plans and the RBHA.

**Clinician Note:**

In the assessment of postpartum depression, the clinician should review for the possible existence of psychotic symptoms since 1/1000 women may suffer with psychotic symptoms as part of this mood disorder. These symptoms include:

1) Delusions
2) Hallucinations
3) Disorganized Speech
4) Inappropriate Behavior

These severe symptoms can last for one day or up to a month. In some cases, the symptoms of psychosis may accompany periods of restlessness or agitation. Psychiatric consultation and/or emergency referral should occur.

**A RBHA consultation is available at any time.**
Depression

Danger to Self or Others

YES

Refer to RBHA

NO

Refer to RBHA

Treatment By PCP

*Sole usage of Algorithms is not a substitute for a comprehensive clinical assessment*
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   This would mean: “I have felt happy most of the time” during the past week.
☐ No, not very often       Please complete the other questions in the same way.
☐ No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   ☐ As much as I always could
   ☐ Not quite so much now
   ☐ Definitely not so much now
   ☐ Not at all

2. I have looked forward with enjoyment to things
   ☐ As much as I ever did
   ☐ Rather less than I used to
   ☐ Definitely less than I used to
   ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   ☐ Yes, most of the time
   ☐ Yes, some of the time
   ☐ Not very often
   ☐ No, never

4. I have been anxious or worried for no good reason
   ☐ No, not at all
   ☐ Hardly ever
   ☐ Yes, sometimes
   ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   ☐ Yes, quite a lot
   ☐ Yes, sometimes
   ☐ No, not much
   ☐ No, not at all

*6. Things have been getting on top of me
   ☐ Yes, most of the time I haven’t been able
     to cope at all
   ☐ Yes, sometimes I haven’t been coping as well
     as usual
   ☐ No, most of the time I have copied quite well
   ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   ☐ Yes, most of the time
   ☐ Yes, sometimes
   ☐ Not very often
   ☐ No, not at all

*8 I have felt sad or miserable
   ☐ Yes, most of the time
   ☐ Yes, quite often
   ☐ Not very often
   ☐ No, not at all

*9 I have been so unhappy that I have been crying
   ☐ Yes, most of the time
   ☐ Yes, quite often
   ☐ Only occasionally
   ☐ No, never

*10 The thought of harming myself has occurred to me
   ☐ Yes, quite often
   ☐ Sometimes
   ☐ Hardly ever
   ☐ Never

Administered/Reviewed by ______________________________    Date ______________________________


194-199

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authors, the title and the source of the paper in all reproduced copies.
Postpartum depression is the most common complication of childbearing. The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)
Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)
Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

- Maximum score: 30
- Possible Depression: 10 or greater
- Always look at item 10 (suicidal thoughts)

Users may reproduce the scale without further permission, providing they respect copyright by quoting the names of the authors, the title, and the source of the paper in all reproduced copies.

Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.

2. All the items must be completed.

3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)

4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.


Postpartum Safety Screening

The PCP, Mother and/or her family is concerned about the new mother’s mood or behaviors or the new mother has a score of 10 or greater on the Edinburgh (EPDS) 

Mother is exhibiting bizarre or unusual behavior or beliefs (e.g. extremes of mood, especially elation, seeming lack of sleep; strange ideas about the baby) 

Assess and refer to Emergency Department – If no other responsible parent/caregiver is available; refer to Child Protective Services (1-888-767-2445)

Is she exhibiting suicidal or infanticidal thoughts or thoughts of wanting to run away with infant? 

Do the symptoms impair the new mother’s ability to care for herself, the infant, other children (e.g. she is unable to out of bed)? 

Have symptoms (mood or behavior changes) been present for two or more weeks? 

Have symptoms resulted in significant disruptions to appetite or sleep pattern, or physical symptoms such as racing heart, shortness of breath, dizziness, or GI upset 

1) Refer to community supports, including new homes groups or post-partum groups in the area 
2) Educate the parent on Arizona’s *Safe Haven Law 
3) Evaluate chronic stressors (e.g. inadequate or unsafe housing, social isolation) and refer to social services or to the RBHA for psychotherapy 
4) Provide the local RBHAs crisis helpline 
5) Follow up as clinically indicated 

Continue to Evaluate

*Safe Haven Law
According to Arizona State Law you can give your baby to a Safe Haven provider without fear of being arrested or anyone trying to identify or find you as long as the baby is less than 3 days old and is left with a staff member at a fire station or hospital, the baby has not been physically harmed and you do not plan to return for the baby at a later time. (Arizona Revised Statute-13-3623)
**POSTPARTUM DEPRESSION**

**UNIVERSALLY AVAILABLE MEDICATIONS THROUGH AHCCCS HEALTH PLANS AND RBHA PROVIDERS***

<table>
<thead>
<tr>
<th><strong>SELECTIVE SEROTONIN REUPTAKE INHIBITOR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoxetine (Prozac)</td>
</tr>
<tr>
<td>Citalopram (Celexa)</td>
</tr>
<tr>
<td>Paroxetine (Paxil)</td>
</tr>
<tr>
<td>Sertraline (Zoloft)</td>
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<table>
<thead>
<tr>
<th><strong>SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITOR</strong></th>
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</thead>
<tbody>
<tr>
<td>Venlafaxine (Effexor)</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>NOREPINEPHRINE DOPAMINE REUPTAKE INHIBITOR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupropion (Wellbutrin)</td>
</tr>
</tbody>
</table>

**Note for Use by Lactating Women:**

- For lactating mothers who have no history of antidepressant treatment, an antidepressant, such as paroxetine or sertraline should be first choice due to the evidence that these drugs produce very low drug levels in breast milk and infant serum and have few side effects.

- For lactating mothers who have been successfully treated with a particular SSRI, TCA, or SNRI in the past, the data and information for the previous specific antidepressant should be reviewed and carefully considered for first-line treatment if there are no contraindications.

- There are insufficient reports to support the use of venlafaxine, bupropion and duloxetine, however if a member was stable on one of these medications previously then the specific medication should be evaluated and considered for first-line treatment.

- Strategies to decrease infant exposure to the drug include administering the drug after feedings or pumping and discarding breast milk obtained during expected peak infant serum levels.

*Refer to health plan for prior authorization requirements.*

Initial Effective Date: 05/01/2009  Revision Date: 05/01/2011, 12/01/09
Connecting our members to care

Mercy Maricopa Member Services
Our Member Services representatives are available 24 hours a day, seven days a week to connect our members to care. We can help our members find rides to their appointments, schedule appointments and connect them to resources.

602-586-1841 or 1-800-564-5465
TTY/TDD: 711

Behavioral Health Crisis Line
Available 24 hours a day, seven days a week for crisis intervention, support and referrals. The Crisis Line is operated by the Crisis Response Network.

602-222-9444 or 1-800-631-1314
TTY/TDD: 1-800-327-9254

Nurse Line
An information line for members to get their health questions answered. Members can talk to a registered nurse Monday-Friday, 6 p.m. to 7 a.m. and Saturday-Sunday, 24 hours a day.

602-263-3000 or 1-800-624-3879
TTY/TDD: 711

Text4Baby text message service
This text messaging service is available to you at no cost. It provides information to help pregnant women and new mothers care for themselves and their babies. You will receive a text message every day for the first six days. Then you will receive three text messages a week until your baby turns one. To sign up, text Baby (or Bebe for Spanish) to 511-411. You can also call Mercy Maricopa 602-586-1841 or 1-800-564-5465; TTY/TDD 711 to sign up.