

MATERNAL DEPRESSION SCREENING

MEDICAID AND EPSDT COVERAGE

Overview

- On May 11, 2016, the Centers for Medicare and Medicaid Services (CMS) issued an [informational bulletin](#) on maternal depression screening and treatment, emphasizing the importance of early screening for maternal depression and clarifying the pivotal role Medicaid can play in identifying children with mothers who experience depression and its consequences, and connecting mothers and children to the help they need.
- State Medicaid agencies may cover maternal depression screening as part of a well-child visit.
- In addition to screenings, states must also cover any medically necessary treatment for the child as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Additionally, treatment for maternal depression that includes both the child and the parent, such as family counseling, may also be paid for under EPSDT.
- While Medicaid programs are permitted to pay for these services, states must affirmatively act to implement coverage. States also have discretion regarding the procedures used to pay pediatricians for providing maternal depression screening services.

Why Should AAP Chapters Take Action?

- Maternal depression can have a lasting impact on a child's health and well-being if left untreated. When parents are depressed it can negatively impact a child's development, impede their ability to learn, and have effects that can last into adulthood.
- The [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents](#), 3rd Edition, recommends a postpartum checkup as part of well-child visits, including depression and substance use disorder screenings and maternal depression screenings as a best practice for pediatricians.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



- While CMS authorization to cover maternal depression screenings under EPSDT was in place prior to issuance of the bulletin, most states have not moved forward with paying pediatricians and other physicians for this service. The bulletin serves to remind states of this option while also providing stakeholders (like AAP chapters) with needed support for related advocacy work with state Medicaid programs.

What Can States Do?

- Currently, 13 state Medicaid programs (CO, DE, IA, IL, MA, MN, ND, NV, NY, OH, SC, VA, WA) already provided coverage of maternal depression screenings. While state Medicaid agencies are not required to cover maternal depression screenings, the bulletin reiterates their ability to do so. States must affirmatively act (ie, adopt policy or rules) to provide coverage of maternal depression screenings.
- States have discretion to determine the procedures used for paying pediatricians for maternal depression screenings. For example:
 - **North Dakota** Medicaid considers maternal depression screenings a risk assessment for the child and covers it as a separate service when provided in conjunction with an EPSDT screening or any other pediatric visit. Pediatricians are instructed to bill under the child's Medicaid ID.
 - Medicaid primary care physicians in **Colorado** are "encouraged" to screen new mothers at a well-child visit using the parent's Medicaid ID number, but are allowed to use the child's in instances where the mother is not enrolled;
- States are permitted to require that a specific screening tool be used in order for pediatricians to be paid. They can also limit the number of screenings allowed.

What Should Pediatric Practices Know About Providing Maternal Depression Screenings?

- As currently noted in the [AAP Bright Futures and Preventive Medicine Coding Fact Sheet](#), CPT code 99420: administration and interpretation of health risk assessment instrument (eg, health hazard appraisal), can be used for a postpartum screening administered to a mother as part of a routine newborn check and can be billed under the child's name.
- Beginning **January 1, 2017**, 99420 will be revised and an additional new code will become effective. The AAP developed a new CPT code to allow reporting of the administration of a caregiver-focused health risk assessment (eg, maternal depression inventory) for the benefit of the patient.
- The **October 2016** issue of the [AAP Coding Newsletter](#) will include member education on appropriate reporting of the new codes.

- Because state laws, managed care contracts, and liability coverage policies vary, pediatricians are encouraged to explore any potential concerns with care offered to adults in the context of delivery of care to a pediatric patient.

What Can AAP Chapters Do?

- AAP chapters can reach out to state Medicaid programs and/or policy makers to advocate for maternal depression screening coverage and payment as part of EPSDT when provided during a child's well-visit. Implementation of coverage of depression screenings should include a plan for Medicaid agencies to communicate with physicians regarding screening tools, how to bill, options for patient referrals, etc.
- Work with state medical and specialty societies, parent and family advocates, and other stakeholders in your state to support increasing access to maternal depression screenings.
- Be aware of existing community resources to help refer parents to appropriate mental health services when necessary. This will be especially important in instances when the parent is ineligible for Medicaid coverage.

Additional Resources

- [AAP Clinical Report: Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice](#)
- [CMS: Medicaid: Keeping Mom Healthy](#)
- [Bright Futures](#)
- [Center for Law and Social Policy: Seizing New Policy Opportunities to Help Low-Income Mothers with Depression](#)
- [AAP Division of State Government Affairs](#)