

# 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.
- 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](#), 4th 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.

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- While CMS authorization to cover maternal depression screenings under EPSDT was in place prior to issuance of the bulletin, many states had 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, 36 state Medicaid programs (AL, CA, CO, CT, DE, GA, HI, IA, ID, IL, IN, KY, MA, MD, ME, MI, MN, MS, MT, NC, ND, NM, NV, NY, OH, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV) and the District of Columbia provide some type of payment for maternal depression screenings during a well-child visit. 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. States can also limit the number of screenings allowed.

## What Should Pediatric Practices Know About Providing Maternal Depression Screenings?

- 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. Check with payers prior to billing.
- As currently noted in the [AAP Bright Futures and Preventive Medicine Coding Fact Sheet](#), CPT code **96161: administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument** 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.
- Pediatricians should only be using 96161 when the health risk assessment is being done "for the benefit of the patient" which would be the child. While this code is for overall parental or caregiver risk assessment, it can also be used for maternal depression screening.

- Some payers do not allow the reporting of “caregiver” assessments to the patient. If that is the case, the service may need to be billed under the mother using 96127. Check with payers prior to billing.

### 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](#)
- [Bright Futures](#)
- [Center for Law and Social Policy: Seizing New Policy Opportunities to Help Low-Income Mothers with Depression](#)
- [AAP State Advocacy](#)