



Medicaid Policies for Maternal Depression Screening (MDS) During Well-Child Visits, By State*

Acronym Key	AAP – American Academy of Pediatrics	EPSDT – Early and Periodic Screening, Diagnostic and Treatment benefit	PHQ – Primary Care Evaluation of Mental Disorders Patient Health Questionnaire
	ACO – Accountable care organization	FFS – Fee for service	PP - Postpartum
	BDI – Beck Depression Inventory	HAM-D - Hamilton Rating Scale for Depression	SHIP – State Health Improvement Plan
	BHO – Behavioral Health Organization	HCPCS - The Healthcare Common Procedure Coding System	SIM – State Innovation Model Initiative
	CESDS – Center for Epidemiologic Studies Depression Scale	MADRS - Montgomery-Asberg Depression Rating Scale	WCV - Well-child visit
	CPT – Current Procedural Terminology	MDS – Maternal depression screening	SEEK – Safe Environment for Every Kid
	Columbia – Columbia Depression Scale	MCO – Managed Care Organization	SBIRT – Screening, Brief Intervention, and Referral to Treatment
	EPDS – Edinburgh Postnatal Depression Scale	PDSS – Postpartum Depression Screening Scale	

State	Allow, Recommend or Require MDS as Part of WCV?	Code(s) and FFS Rate(s)	Maximum Allowed and Other Usage	Mod-ifier(s)	Distinguish Positive / Negative Screens?	Can Other Caregivers be Screened?	Require or Recommend Tools?	Specified Tool(s)	Maternal Mental Health Tracking / Referral, Follow Up Guidance	Related State Initiative(s)
Alabama ¹	Allow	CPT: 96161 (\$2.94) ²	---	59 ³	---	---	Require	Standardized tool	---	---
California (Planning to implement mid-2018)	Recommend	HCPCS: G8431 (Rate TBD); G8510 (Rate TBD)	4 times in the first 6 months when during a WCV; ⁴ Recommend at 1, 2, 4 and 6 month visits	TT (WCV provider)	Yes. G8431 (positive), G8510 (negative)	No	Require	Validated screening tool; a list of specific tools is in development	MCOs may require outcome data be reported to the state Medicaid agency; Comprehensive Perinatal Services Program protocols ⁵	Medi-Cal Children's Health Advisory Panel (MCHAP) recommendations ⁶
Colorado ⁷	Allow (recommend billing under mother's ID)	HCPCS: G8431 (\$29.68); G8510 (\$10.70)	3 within first year PP; recommend during 0-1, 2, and either the 4 or 6 month WCV. May screen any time up to 12 months PP	HD	Yes	No	Recommend	EPDS-10 or EPDS-3 (Accept any validated tool, e.g. PHQ-9, BDI, Columbia)	Will track outcome data beginning July 2018; Providers must refer mother to a Behavioral Health Organization or Regional Care Collaborative Organization	Accountable Care Collaborative and SIM ⁸
Connecticut ⁹	Allow	CPT: 96161 ¹⁰ (\$18)	As medically necessary until the child turns 1 year old ¹¹	No	No	No	Require	Validated tool (e.g., EPDS, others on AAP website)	Tracking under SHIP; ¹² Follow up guidance in policy ¹³	---
Delaware ¹⁴	Recommend	CPT: 96161 (\$3.95)	As medically necessary	Yes (unspecified)	No	No	Require	Evidence-based tool; recommended tools include BDI, EPDS, PHQ	Referral to treatment as medically necessary	No

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District of Columbia ¹⁵ (Updates in process)	Recommend	CPT: 96161 (\$0)	---	TS (in process)	Yes (TS modifier in process)	TBD	Recommend	EPDS	Mental Health Resource Guide ¹⁶ and DHCF Transmittal	No
Georgia ¹⁷	Require	Included in WCV /EPSDT rate	1, 2, 4, and 6 month visits per AAP	---	---	---	Recommend	EPDS, PHQ-2,	Follow up referral for resources and treatment.	---
Hawaii	Allow (Prefer billing to mother's ID if Medicaid recipient)	Included in WCV/ EPSDT rate	1, 2, 4, and 6 month visits per AAP Bright Futures	EP	No	---	Recommend	Standardized tool, per AAP	Contracted MCOs handle referral and follow up	Alcohol and Drug Abuse Division is incorporating SBIRT into primary care
Idaho ¹⁸	Recommend	HCPCS: G8431 (\$10.28); G8510 (\$10.28)	Up through child's first birthday	No	Yes	No	Require	EPDS, PHQ-9, BDI	Guidance for referral and follow up	---
Illinois ¹⁹	Recommend	CPT: 96127 (\$14.60)	Up to one year after birth	HD	No	No	Require	EPDS, BDI, PHQ, CES-D or other tool with approval ²⁰	Information on referral and follow up resources ²¹	Public Act 95-0469; ²² Multi-agency MDS activities ²³
Indiana	Recommend	CPT: 96161 (\$3.22)	Up to six months after birth	---	---	Yes	Require	Standardized tool	---	---
Iowa ²⁴	Recommend	CPT: 96161 (\$8.19) ²⁵	As medically necessary; limit of one screening per day	No	No	Yes (fathers, grandparents, child care providers)	Require	EPDS or PHQ-9	Guidance on education and/or referral ²⁶	Title V agencies perform MDS on all women they serve
Kentucky	Recommend	CPT: 96191 (\$3.38)	As medically necessary (FFS)	No	No	Yes (FFS)	No, not in FFS ²⁷		MCOs offer toolkits to providers with guidance for referral and follow up services.	Kentucky Specific Managed Care Performance Measures

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Maine ²⁸	Recommend	CPT: 96161 (\$3.00)	No limit	HD ²⁹		No	Require	Standardized tool for PP depression (e.g., EPDS)	---	---
Maryland ³⁰	Recommend	CPT: 96161 (\$4.06)	Recommend at 1, 2, 4, and 6 month WCV	---	---	---	Recommend	PHQ-9, EPDS	---	74/Chap. 6 (2015) Taskforce ³¹
Massachusetts ³²	Recommend	CPT: 96110 ³³ (\$10.27)	For caregivers of infants up to 6 months of age; code may be billed once per date of service	U1-U8 (provider type and screen result); UD ³⁴	Yes	Yes	Require	EPDS	Massachusetts Child Psychiatry Access Project (MCPAP) for Moms provides services to help identify and manage depression and other mental health concerns during and after pregnancy ³⁵	MCPAP for Moms also offers trainings and toolkits for health care providers and their staff ³⁶
Michigan ³⁷	Require ³⁸	CPT: 96161 (\$2.18)	Per AAP periodicity, guidelines	25	No	No	Recommend	EPDS	Guidance about mother-child relationship, follow up, referral as appropriate	Infant Mortality Reduction Plan ³⁹
Minnesota ⁴⁰	Recommend	CPT: 96161 (\$2.81)	Up to 6 for a mother for each child she has who is less than 13 months old	No	No	No	Recommend	EDPS, PHQ-9, BDI	Clinical guidelines outline responses and support systems ⁴¹	Postpartum Depression Quality Improvement Project; ⁴² Maternal Well-Being Plan ⁴³
Mississippi ^{44,45}	Require	CPT: 96161 (\$3.65 general fee or \$21.77 outpatient fee)	Once from 1 month through 6 month visits	EP	---	No	Require	Standardized tool; (PHQ-2) is commonly used.	---	---

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Montana ⁴⁶	Recommend	CPT: 96161 (\$4.75)	No limits until age 1	No	No	Yes, anyone considered primary caregiver	Require	Evidence-based tool	Referral for positive screenings	No
Nevada ⁴⁷	Allow	CPT: 96160 (\$4.09 for MD/DO; \$3.03 for APRN/PA) ⁴⁸	3 times from birth to age 1	No	No	No	Recommend	Standardized tool ⁴⁹	---	---
New Mexico ⁵⁰ (Implementation in process)	Recommend	Forthcoming	1, 2, 4, 6 months	---	---	Yes	Recommend	Standardized tool, per AAP	---	Home visiting program focusing on prenatal care, post-partum care and early child development is in revised 1115 waiver ⁵¹
New York ⁵²	Allow	HCPCS: G8431 (\$15.60) G8510 (\$15.60) ⁵³	Up to 3 times within first year of infant's life	HD	Yes	No	Recommend	BDI, CES-D, EPDS, HAM-D, MADRS, PHQ-2, PHQ-9, PDSS, RAND 3-Question Screen ⁵⁴	Follow-up required if mother screens positive	---
North Carolina ⁵⁵	Recommend	CPT: 96161 (\$3.74)	Up to 4 times (AAP recommends at 1, 2, 4, 6 month WCV)	EP (EPSD T)	---	No	Require	Validated tool (such as EPDS or PHQ-2, PHQ-9)	Referral encouraged and local resource information provided	No
North Dakota ⁵⁶	Recommend	CPT: 96161 (\$4.67)	Up to 3 times for a child up to age 1; suggest at 1, 4 month WCV and 1 subsequent WCV before first birthday)	---	---	Yes	Require	EPDS, PHQ-9, BDI	---	---

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Ohio	Recommend	CPT: 96160 (\$3.43); 96161 (\$3.43)	As medically necessary	59,XP, XE, XS, XU, GC ⁵⁷	No	Yes (CPT 96161)	Recommend	Nationally accepted tool	Managed care plan guidance ⁵⁸	State Health Improvement Plan ⁵⁹
Pennsylvania	Require	CPT: 96161 (included in WCV rate)	1, 2, 4 and 6 month WCVs. MDS may be billed as part of WCV until child reaches 1 year of age	52 ⁶⁰	Yes (by MCOs)	Yes	Require	Standardized tool	Refer according to AAP recommendations	Perinatal depression screening is a statewide mandatory managed care program performance measure
Rhode Island ⁶¹ (Updates are in process)	Recommend	CPT: 96160, 96161, 96127 (\$2.50-\$20)	No restrictions	---	No	Current use is recommended for birth mother	Recommend	Currently, PHQ-9; will be EPDS, with updated EPSDT schedule guidance	Managed care plans track in their case management programs	Included in aligned measure set for inclusion in primary care and ACO contracts that pay for value
South Carolina ⁶²	Recommend	CPT: 96161 (\$8.14)	2 times per date of service	---	---	No	Recommend	Standardized tool (e.g., EPDS, SEEK)	No	SBIRT Initiative includes behavioral health screening for 12 months PP and referral protocols ⁶³
South Dakota ⁶⁴	Recommend	CPT: 96161 (\$9.87)	1 annually for child under 1 year old	No	No	Yes, in place of the mother (1 screening allowed)	Require	Standardized tool	No	No

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Tennessee	Recommend	CPT: 96160 96161 96127 (Rate ---)	---	49 59 ⁶⁵ 59,76, 25	Yes	Yes, in some cases, but must be a TennCare member	No, MCOs determine	MCOs specify EPDS or standardized tool	Yes	Mental Health is a key component of the TennCare quality strategy ⁶⁶
Texas ⁶⁷ (Implementation in process)	Recommend	HCPCS: G8431 and G8510 (proposed; rate TBD) ⁶⁸	Once during one of the infant's WCVs, up to the first birthday (proposed)	No	Yes G8431 (positive), G8510 (negative)	No	Require (proposed)	Validated screening tool such as EPDS, PDSS, PHQ-9 (proposed)	Refer mothers with positive screens to a provider who can evaluate and determine treatment	No
Vermont	Recommend	CPT: 96161 (\$3.79)	Once per day	No	No	Yes	Require	Standardized tool	No	Health Department Workgroup ⁶⁹
Virginia ⁷⁰	Recommend	CPT: 96161 (\$3.89)	Maternal: 4/provider/ pregnancy; Infant: 4/provider/ yearly	---	Yes ⁷¹	No, not in FFS (but some MCOs cover it)	Recommend	Behavioral Health Risks Screening Tool ⁷² or other standardized tool	Referrals generated under managed care plans through mandated Maternity Programs	BabyCare Program ⁷³
Wisconsin	Allow	CPT: 96161 (\$3.57)	Standard correct coding guidelines applies	Not required	No	Yes	No	---	No	Title V Program state performance measure related to perinatal depression screening
Washington ⁷⁴	Require	CPT: 96161 (\$2.90)	For caregivers of infants ages 6 months and younger	No	No	Yes	Recommend	EPDS, PHQ-2, PHQ-9, PHQ-A	No	Children's Mental Health Work Group ⁷⁵
West Virginia ⁷⁶	Recommend	CPT: 96160 (\$2.78); 96161 (\$2.78)	4 times in the first 120 days after birth	EP	Yes	No	Recommend	EPDS	Yes	The information is linked to trauma indicators for mother and child

*States not listed either a) confirmed with NASHP that the Medicaid agency does not have a policy in place regarding MDS during WCVs (Alaska, Arizona, Florida, Indiana, Kansas, Louisiana, Nebraska, Oklahoma, Wyoming) or b) did not confirm with NASHP that a policy is in place. (Arkansas, Missouri, New Hampshire, New Jersey, Oregon, and Utah)

Sources: The primary sources of information are state Medicaid agency websites and provider guidance; uncited information is from NASHP communication with the State Medicaid agency.

Notes: Accurate as of September 7, 2018. Unless otherwise noted, information is for FFS systems. “---” indicates information is not available.

¹ Alabama: <https://static1.squarespace.com/static/562e7aaae4b07a09bd62c597/t/58e7a1f959cc682cc95debdd/1491575298748/82572-1+AAP.pdf>

² Alabama: https://medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules/7.3G_Physician_Fee_Schedule_10-5-17.pdf

³ Alabama: Ibid. Modifier is for use when the code is billed in conjunction with vaccine administration or a developmental screening.

⁴ California: Twice yearly for prenatal provider (once prenatally and once postpartum). Modifier “HD” when used by prenatal provider.

⁵ Ibid.

⁶ California: The recommendations include expand and align benefits and prevention and treatment services to improve access, quality, and outcomes for children, including by providing guidance around maternal depression and postpartum depression screening http://www.dhcs.ca.gov/services/Documents/DHCSResponse_BehavioralHealth.pdf

⁷ Colorado: https://www.colorado.gov/pacific/sites/default/files/Bulletin_0917_B1700403.pdf

⁸ Colorado: <https://www.colorado.gov/pacific/hcpf/accphase2>; <https://www.colorado.gov/healthinnovation/what-is-sim>

⁹ Connecticut: <https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=Maternal%20Depression%20Screenings.pdf&URI=Bulletins/Maternal%20Depression%20Screenings.pdf>

¹⁰ Connecticut: The code is for a caregiver focused health risk assessment instrument for benefit of the patient with scoring and documentation.

¹¹ Connecticut:

<https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=Maternal%20Depression%20Screenings.pdf&URI=Bulletins/Maternal%20Depression%20Screenings.pdf>

¹² Connecticut: <http://www.portal.ct.gov/DPH/State-Health-Planning/State-Health-Assessment--Plan-2012/State-Health-Improvement-Planning-Coalition>

¹³ Connecticut: Providers are to contact the CT Behavioral Health Partnership’s online provider directory or Beacon Health Options. See

<https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=Maternal%20Depression%20Screenings.pdf&URI=Bulletins/Maternal%20Depression%20Screenings.pdf>; CT Behavioral Health Partnership’s provider directory here: www.ctbhp.com or Beacon Health Options by phone at 1-877-552-8247.

¹⁴ Delaware: https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=704&language=en-US&PortalId=0&TabId=94

¹⁵ District of Columbia: <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/16863>

¹⁶ District of Columbia: <https://www.dchealthcheck.net/documents/mental-health-guide/Childrens-MH-Resource-Guide-Spring-2017.pdf>

¹⁷ Georgia: <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/EPST%20Services%20Health%20Check%2020171221183804.pdf>

¹⁸ Idaho: <https://www.idmedicaid.com/MedicAide%20Newsletters/December%202017%20MedicAide.pdf>

¹⁹ Illinois: <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn170123a.aspx>

²⁰ Illinois: https://www.illinois.gov/hfs/SiteCollectionDocuments/010108_mch.pdf; <https://www.illinois.gov/hfs/SiteCollectionDocuments/33017HK200Handbook.pdf>

²¹ Illinois: <https://www.illinois.gov/hfs/MedicalProviders/MaternalandChildHealth/Pages/Resources.aspx>

²² Illinois: <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=095-0469&print=true&write>. Also, the Perinatal Outcomes Report to the General Assembly is published every two years; it captures data about birth outcomes, birth demographics, and prenatal and postnatal care, including postpartum depression and postpartum depression screening rates.

²³ Illinois: <http://www.dhs.state.il.us/page.aspx?item=35251>

²⁴ Iowa: <http://www.iowaepsdt.org/other-resources/billing-coding/>

²⁵ Iowa: https://idph.iowa.gov/Portals/1/Files/FamilyHealth/cdst_qa.pdf

²⁶ Iowa: https://idph.iowa.gov/Portals/1/Files/FamilyHealth/cdst_052814.pdf

²⁷ Kentucky: Some MCOs supply specific tools such as the EPDS to providers.

²⁸ Maine: http://www.maine.gov/dhhs/oms/pdfs_doc/children_IHOC/Pediatric%20Preventive%20Health%20Screenings%20revised%20June2017.pdf

²⁹ Maine: Ibid. HD indicates parenting/pregnant women’s program.

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- ³⁰ Maryland: <https://mmcp.health.maryland.gov/epsdt/healthykids/AppendixSection6/Coding-Guidelines-for-Screening-Tools-Primary-Care-final.pdf>
- ³¹ Maryland: Directed to identify vulnerable populations and risk factors for maternal mental health disorders; identify and recommend prevention, screening, identification and treatment strategies; identify successful postpartum mental health initiatives in other states and strategies for implementing similar initiatives in Maryland; identify and recommend evidence-based practices for health care providers and public health systems; make recommendations on legislation, policy initiatives, funding requirements, and budgetary priorities to address maternal mental health needs in Maryland, as well as any other relevant issues identified by the Task Force; http://mgaleg.maryland.gov/2015RS/Chapters_noln/CH_6_sb0074t.pdf
- ³² Massachusetts: <http://www.mass.gov/eohhs/docs/masshealth/transletters-2016/chc-105.pdf>
- ³³ <http://www.mass.gov/eohhs/docs/masshealth/transletters-2017/phy-153.pdf>
- ³⁴ For description of modifiers, please see page 24 of <http://www.mass.gov/eohhs/docs/masshealth/servicecodes/sub6-phy.pdf>
- ³⁵ Massachusetts: MCPAP for Moms is free for all Massachusetts providers. 1-855-Mom-MCPAP (1-855-666-6272) or visit www.mcpapformoms.org.
- ³⁶ <https://www.mcpapformoms.org/Toolkits/PediatricProvider.aspx>
- ³⁷ Michigan: http://www.michigan.gov/documents/mdhhs/MSA_17-34_607322_7.pdf
- ³⁸ Michigan promulgated the maternal depression screening policy and incorporated this into the Medicaid Provider Manual in April 2018: <http://www.mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf>
- ³⁹ Michigan: <http://www.michigan.gov/infantmortality/0,5312,7-306-64191-296542--,00.html>
- ⁴⁰ Minnesota: http://www.dhs.state.mn.us/dhs16_150092
- ⁴¹ Minnesota: <http://www.health.state.mn.us/divs/cfh/program/ctc/content/document/pdf/ppdwebinar.pdf>. If low, the provider may give the family basic education handouts on maternal wellbeing and postpartum depression, available from the Department of Health in seven languages. If the screen shows a concern, there are different types of responses, outlined in the clinical guidelines
- ⁴² Minnesota: <http://www.health.state.mn.us/divs/cfh/topic/pmad/professionals.cfm>
- ⁴³ Ibid and <http://www.health.state.mn.us/divs/cfh/topic/pmad/content/document/pdf/qipcohort3.pdf>
- ⁴⁴ Mississippi: <https://medicaid.ms.gov/wp-content/uploads/2016/07/EPST-Periodicity-Examination-Schedule.pdf>
- ⁴⁵ Mississippi: The Mississippi Administrative Code is under revision to reflect the Bright Futures 4th Edition changes.
- ⁴⁶ Montana: <http://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2017/provnotic042744caregiverdepressionscreening07252017.pdf>
- ⁴⁷ Nevada: <http://dhcfnv.gov/uploadedFiles/dhcfpvnv/content/Pgms/CPT/maternal%20depression%20screen%20tech%20bulletin.pdf>
- ⁴⁸ Nevada: MD/DO refers to Physician with M.D. or Osteopath with D.O; APRN/PA refers to Advanced Practice Registered Nurse/Physician Assistant
- ⁴⁹ Nevada: <http://dphnv.gov/uploadedFiles/dphnvnv/content/Providers/Postpartum%20Depression%20Screenings%20as%20part%20of%20a%20Healthy%20Kids%20EPST%20Exam.pdf>
- ⁵⁰ New Mexico: http://www.hsd.state.nm.us/uploads/files/Providers/Resources/Supplements/MAD%20Supplement%20No_%202017-11_EPST%20Svc.pdf
- ⁵¹ New Mexico: <http://www.hsd.state.nm.us/centennial-care-2-0.aspx>
- ⁵² New York: https://www.health.ny.gov/health_care/medicaid/program/update/2016/aug16_mu.pdf
- ⁵³ New York: https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Fee_Schedule_Sect2.xls
- ⁵⁴ New York: https://www.rand.org/health/surveys_tools/depression.html
- ⁵⁵ North Carolina: <https://www.communitycarenc.org/media/files/update-coding-db-screening-may-2017.pdf>
- ⁵⁶ North Dakota: <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/cpt/maternal-depression-screen-jan2017.pdf>
- ⁵⁷ Ohio: The modifiers are described here: <http://medicaid.ohio.gov/Portals/0/Resources/Publications/Guidance/BillingInstructions/ModifiersODM-2017.pdf>
- ⁵⁸ Ohio: ORC 5167.17; MCP Provider Agreement, Appendix G; Guidance for Managed Care Plans: Provision of Enhanced Maternal Care Services, June 1, 2016. <http://medicaid.ohio.gov/Portals/0/Providers/Enhanced-Maternal-Care-Guidelines-MCPs-2016-06.pdf>
- ⁵⁹ Ohio: Maternal and Infant Health & Mental Health and Addiction are two of three priority topics identified. See <https://www.odh.ohio.gov/en/odhprograms/chss/HealthPolicy/ship/State-Health-Improvement-Plan>
- ⁶⁰ Pennsylvania: Modifier may be used if the provider is unable to perform the MDS during the WCV; the provider must perform the service during the next WCV.
- ⁶¹ Rhode Island: The state EPSDT schedule is being updated to include MDS, but it has not yet been posted. Guidance for referrals and to encourage consistency across managed care plans and providers in billing will be included with the updated EPSDT schedule.
- ⁶² South Carolina: <https://www.scdhhs.gov/internet/pdf/manuals/Physicians/Section%202.pdf> and <https://www.scdhhs.gov/press-release/update-screening-brief-intervention-and-referral-treatment-sbirt-initiative>

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- ⁶³ South Carolina: To learn more see: <https://www.scdhhs.gov/organizations/screening-brief-intervention-and-referral-treatment-sbirt> and <https://www.scdhhs.gov/press-release/update-screening-brief-intervention-and-referral-treatment-sbirt-initiative>
- ⁶⁴ South Dakota: <http://dss.sd.gov/formsandpubs/docs/MEDSRVCS/professional.pdf>
- ⁶⁵ Tennessee: Append 59 to 96161 if reported with 96110 or 96127
- ⁶⁶ Tennessee: Through Patient Centered Medical Homes for primary care and the Tennessee Health Link program for behavioral health, TennCare has focused on increasing access to integrated physical and mental health.
- ⁶⁷ Texas: <http://www.legis.state.tx.us/tlodocs/85R/billtext/pdf/HB02466F.pdf#navpanes=0>
- ⁶⁸ Texas: MDS policy is under development in Texas. Draft language is here: <https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/policy-review/draft-thsteps-postpartum-screening.pdf>
- ⁶⁹ Vermont: <http://www.healthvermont.gov/family/pregnancy/maternal-depression>
- ⁷⁰ Virginia: <https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={8FA6F751-B1AA-4615-B4D2-70D203B93A07}&vsId={00EBCA5B-0000-C613-9C66-1C5F0E89ED3C}&objectType=document&objectStoreName=VAPRODOS1>
- ⁷¹ Virginia: Referrals are generated as needed for positive screenings under managed care plans. For Fee for Service (FFS) members, DMAS BHSA identifies depression screening as a standard of care, but there are limited enforcement mechanisms as FFS clients do not have care coordination through the Medicaid agency.
- ⁷² Virginia: http://www.dmas.virginia.gov/Content_atchs/mch/Behavioral%20Health%20Risks%20Screening%20Tool%20 Provider%20 03242015.pdf
- ⁷³ Virginia: http://www.dmas.virginia.gov/Content_atchs/mch/mch-bcare_facts.pdf The BabyCare program aims to improve pregnancy and birth outcomes: The program includes case management for high risk pregnant women and infants up to age two by a Registered Nurse or Social Worker and Expanded prenatal services for pregnant women including patient education classes (including tobacco cessation), nutritional services, homemaker services and substance abuse treatment services (SATS) by an approved provider. The Behavioral Health Risks Screening Tool for Women of Childbearing Age, which may be administered by provider and by the woman to identify and support women “as well as new mothers who may be at risk for mental health, substance use or intimate partner violence as well as infants who may be at risk for developmental issues secondary to their family situation and mother’s risks.”
- ⁷⁴ Washington: <https://www.hca.wa.gov/assets/billers-and-providers/EPSTDT-bi-20180101.pdf>
- ⁷⁵ Washington: <http://lawfilesexxt.leg.wa.gov/biennium/2017-18/Pdf/Bill%20Reports/House/1713%20HBR%20APP%2017.pdf>. The 2016 Legislature established the Children's Mental Health Work Group (Work Group) to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population. The Work Group published its final report and recommendations in December 2016.
- ⁷⁶ West Virginia: Medicaid recently opened two CPT codes for this purpose and as of February 2018 is in the process of modifying age-appropriate preventive health forms to reflect the maternal screening.