# Medicaid Policies for Maternal Depression Screening During Well-Child Visits, BY State (March 2020)

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<th>Related State Initiative(s)¹¹</th>
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<tbody>
<tr>
<td>Alabama ²</td>
<td>Recommend</td>
<td>CPT: 96161 ($2.94)¹</td>
<td>Child’s ID</td>
<td>NA</td>
<td>S9⁹</td>
<td>NA</td>
<td>NA</td>
<td>Require</td>
<td>Standardized tool</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>California ³</td>
<td>Recommend</td>
<td>HCPCS: G8431 ($29.68); G8510 ($10.70)⁹</td>
<td>Child’s ID⁹</td>
<td>Four times in the infant’s first year of life when during a well-child visit, recommend at 1-, 2-, 4-, and 6-month visits, per AAP Bright Futures</td>
<td>HD</td>
<td>Yes, G8431 (positive), G8510 (negative)</td>
<td>No</td>
<td>Require</td>
<td>Validated screening tool (e.g., EPDS, PHQ-9, BDI)</td>
<td>MCOs may require outcome data be reported to the state Medicaid agency; Comprehensive Perinatal Services Program protocols¹⁰</td>
<td>Medi-Cal Children’s Health Advisory Panel recommendations¹¹</td>
</tr>
<tr>
<td>Colorado¹² **</td>
<td>Allow</td>
<td>HCPCS: G8431 ($30.22); G8510 ($10.89)</td>
<td>Recommend billing under mother’s ID</td>
<td>Three 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</td>
<td>HD</td>
<td>Yes G8431 (positive), G8510 (negative)</td>
<td>No</td>
<td>Recommend</td>
<td>EPDS-10 or EPDS-3 (Accept any validated tool, e.g. PHQ-9, BDI, Columbia)</td>
<td>Providers must refer mother to a behavioral health organization or regional care collaborative organization</td>
<td>Accountable care collaborative¹³</td>
</tr>
<tr>
<td>Connecticut¹⁴</td>
<td>Allow</td>
<td>CPT: 96161 ($18)</td>
<td>Either¹⁶</td>
<td>As medically necessary, up to child’s first birthday¹⁷</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Require</td>
<td>Validated tool (e.g., EPDS)</td>
<td>Follow-up guidance in policy¹⁸</td>
<td>NA</td>
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### Glossary
- **AAP**: American Academy of Pediatrics
- **ACO**: Accountable Care Organization
- **BDI**: Beck Depression Inventory
- **CESDS**: Center for Epidemiologic Studies Depression Scale
- **CPT**: Current Procedural Terminology
- **Columbia**: Columbia Depression Scale
- **EPDS**: Edinburgh Postnatal Depression Scale
- **EPSDT**: Early and Periodic Screening, Diagnostic and Treatment Benefit
- **FFS**: Fee for Service
- **HAM-D**: Hamilton Rating Scale for Depression
- **HCPCS**: Healthcare Common Procedure Coding System
- **MADRS**: Montgomery-Asberg Depression Rating Scale
- **MCO**: Managed Care Organization
- **MDS**: Maternal Depression Screening
- **NA**: Information not available
- **PDS**: Postpartum Depression Screening Scale
- **PHQ**: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire
- **PP**: Postpartum
- **SBIRT**: Screening, Brief Intervention, and Referral to Treatment
- **SEEK**: Safe Environment for Every Kid
- **WCV**: Well-child visit

### Acronyms
- **AAP**: American Academy of Pediatrics
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<td>Delaware**</td>
<td>Recommend</td>
<td>CPT: 96161, 96160 ($3.95)</td>
<td>Either (bill to the child’s ID with 96161 or to the mother’s ID with 96160)</td>
<td>As medically necessary, but AAP recommends EPDS would be an appropriate tool at 1-, 2-, 4-, and 6 months</td>
<td>Yes (unspecified)</td>
<td>No</td>
<td>No</td>
<td>Require</td>
<td>Nationally recognized screening tools (e.g., EPDS, PHQ9)</td>
<td>Referral to treatment as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>District of Columbia**</td>
<td>Recommend</td>
<td>CPT: 96161 ($30)</td>
<td>NA</td>
<td>NA</td>
<td>TS</td>
<td>Yes (TS modifier)</td>
<td>NA</td>
<td>Recommend</td>
<td>EPDS</td>
<td>Mental Health Resource Guide and Department of Health Care Finance Transmittal</td>
<td>No</td>
</tr>
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<td>Georgia**</td>
<td>Required</td>
<td>96161 ($3.95)</td>
<td>Child’s ID</td>
<td>1-, 2-, 4-, and 6-month visits per AAP</td>
<td>EP</td>
<td>No</td>
<td>No</td>
<td>Recommend</td>
<td>EPDS, PHQ-2</td>
<td>Follow-up referral for resources and treatment</td>
<td>No</td>
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<td>Hawaii**</td>
<td>Recommend</td>
<td>Included in WCV/ EPSDT rate</td>
<td>Child’s ID</td>
<td>1-, 2-, 4-, and 6-month visits per AAP Bright Futures</td>
<td>EP</td>
<td>No</td>
<td>Yes</td>
<td>Recommend</td>
<td>Standardized tool, per AAP</td>
<td>Contracted MCOs handle referral and follow-up</td>
<td>Alcohol and Drug Abuse Division is incorporating SBIRT into primary care</td>
</tr>
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<td>Idaho**</td>
<td>Recommend</td>
<td>HCPCS: G8431 ($10.28); G8510 ($10.28)</td>
<td>Child’s ID</td>
<td>Three times per child up through the child’s first birthday</td>
<td>No</td>
<td>Yes G8431 (positive), G8510 (negative)</td>
<td>No</td>
<td>Require</td>
<td>EPDS, PHQ-9, BDI</td>
<td>Guidance for referral and follow-up</td>
<td>NA</td>
</tr>
<tr>
<td>Illinois**</td>
<td>Recommend</td>
<td>CPT: 96127 ($14.60)</td>
<td>Child’s ID</td>
<td>Up to 1 year after birth; limit of two screenings per day</td>
<td>HD</td>
<td>No</td>
<td>No</td>
<td>Require</td>
<td>EPDS, BDI, PHQ, CESDS or other tool with approval</td>
<td>Information on referral and follow-up resources</td>
<td>NA</td>
</tr>
<tr>
<td>Indiana**</td>
<td>Recommend</td>
<td>CPT: 96161 ($3.22)</td>
<td>Child’s ID</td>
<td>Up to 6 months after birth</td>
<td>NA</td>
<td>NA</td>
<td>Yes</td>
<td>Require</td>
<td>Standardized tool</td>
<td>NA</td>
<td>NA</td>
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<td>Iowa**</td>
<td>Recommend</td>
<td>CPT: 96161 ($8.19)</td>
<td>Child’s ID</td>
<td>1-, 2-, 4-, and 6-month visits per AAP;²⁸ limit of one screening per day</td>
<td>No</td>
<td>No</td>
<td>Yes (fathers, grandparents, childcare providers)</td>
<td>Require</td>
<td>EPDS or PHQ-9</td>
<td>Guidance on education and/or referral³⁵</td>
<td>Title V agencies perform MDS on all women they serve</td>
</tr>
<tr>
<td>Kentucky**</td>
<td>Recommend</td>
<td>CPT: 96191 ($3.38)</td>
<td>Child’s ID</td>
<td>As medically necessary (FFS)</td>
<td>No</td>
<td>No</td>
<td>Yes (FFS)</td>
<td>No, not in FFS</td>
<td>No</td>
<td>MCOs offer toolkits to providers with guidance for referral and follow-up services</td>
<td>Kentucky Specific Managed Care Performance Measures</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Allow³⁷</td>
<td>CPT: 96160 ($15), 96160 (rate varies by MCO)</td>
<td>Child’s ID</td>
<td>Up to four times per calendar year</td>
<td>U1, U4²⁸</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Louisiana Healthcare Connections Perinatal Depression Disease Management Program³⁹</td>
<td>NA</td>
</tr>
<tr>
<td>Maine⁴⁰</td>
<td>Allow</td>
<td>CPT: 96161 ($2.99)</td>
<td>Child’s ID</td>
<td>No limit</td>
<td>HD¹⁴</td>
<td>NA</td>
<td>No</td>
<td>Require</td>
<td>NA</td>
<td>Standardized tool for PP depression (e.g., EPDS)</td>
<td>NA</td>
</tr>
<tr>
<td>Maryland**</td>
<td>Require</td>
<td>CPT: 96161 ($4.06)</td>
<td>Child’s ID</td>
<td>Up to four times per infant up to 12 months⁴¹</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Recommend</td>
<td>PHQ-9, EPDS</td>
<td>NA</td>
</tr>
<tr>
<td>Massachus efts⁴⁵</td>
<td>Recommend</td>
<td>CPT: 96110⁴⁶ ($10.27)</td>
<td>Child’s ID</td>
<td>For caregivers of infants up to 6 months of age; code may be billed once per date of service</td>
<td>U1-U8 (Provider type and screen result); UD²⁹</td>
<td>Yes (modifier)</td>
<td>Yes</td>
<td>Require</td>
<td>EPDS</td>
<td>Massachusetts Child Psychiatry Access Project (MCPAP) for Moms⁵⁸</td>
<td>MCPAP for Moms also offers trainings and toolkits for health care providers and their staff⁵⁹</td>
</tr>
<tr>
<td>Michigan⁵⁰</td>
<td>Allow</td>
<td>CPT: 96161 ($1.78)</td>
<td>Child’s ID</td>
<td>1-, 2-, 4-, and 6 months, per AAP periodicity guidelines</td>
<td>ZS²⁵⁵¹</td>
<td>No</td>
<td>No</td>
<td>Recommend</td>
<td>Any scientifically standardized tool, e.g., EPDS</td>
<td>Guidance about mother-child relationship, follow-up, referral as appropriate</td>
<td>Mother Infant Health and Equity Improvement Plan (2020-2023)⁵²</td>
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<tr>
<td>Minnesota</td>
<td>Recommend</td>
<td>CPT: 96161- included in the bundled rate</td>
<td>Child’s ID</td>
<td>Up to six MDSs for each child younger than 13 months</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Recommend</td>
<td>EPDS, PHQ-9, BDI</td>
<td>Clinical guidelines outline responses and support systems</td>
<td></td>
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<tr>
<td>Mississippi</td>
<td>Require</td>
<td>CPT: 96161 ($2.54)</td>
<td>Child’s ID</td>
<td>By 1 month and at the 2-, 4-, and 6-month visit</td>
<td>EP</td>
<td>NA</td>
<td>No</td>
<td>Require</td>
<td>Standardized tool; PHQ-2 is commonly used</td>
<td>NA</td>
<td></td>
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<tr>
<td>Missouri</td>
<td>Allow</td>
<td>CPT: 96161 ($2.38)</td>
<td>Child’s ID</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Montana</td>
<td>Recommend</td>
<td>CPT: 96161 ($3.46)</td>
<td>Child’s ID</td>
<td>Allowed until the child’s first birthday</td>
<td>No</td>
<td>No</td>
<td>Yes, anyone considered primary caregiver</td>
<td>Require</td>
<td>Evidence-based tool</td>
<td>Referral for positive screenings</td>
<td>No</td>
</tr>
<tr>
<td>Nevada</td>
<td>Allow</td>
<td>CPT: 96160 ($4.09 for MD/DO; $3.03 for APRN/PA)</td>
<td>Child’s ID</td>
<td>Three times from birth to age 1</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Recommend</td>
<td>Standardized tool</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Required</td>
<td>CPT: 96160 ($4.29)</td>
<td>Child’s ID</td>
<td>1-, 2-, 4-, 6-months with no limitation for additional screens during WCVs</td>
<td>No</td>
<td>NA</td>
<td>Yes</td>
<td>Require</td>
<td>Standardized tool, per AAP and Bright Futures</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>Allow</td>
<td>HCPCS: G8431 ($15.60); G8510 ($15.60)</td>
<td>Either</td>
<td>Up to three times within first year of infant’s life</td>
<td>HD</td>
<td>Yes</td>
<td>G8431 (positive), G8510 (negative)</td>
<td>No</td>
<td>BDI, CESDS, EPDS, MADRS, PHQ-2, PDSS, RAND 3-Question Screen</td>
<td>Follow-up required if mother screens positive</td>
<td>No</td>
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<tr>
<td>North Carolina71</td>
<td>Recommend</td>
<td>CPT: 96161 ($3.74)</td>
<td>Child’s ID</td>
<td>Up to four times within the infant’s first year (AAP recommends at 1-, 2-, 4-, and 6-month WCV)</td>
<td>EP (EPSDT)</td>
<td>NA</td>
<td>No</td>
<td>Require</td>
<td>Scientifically validated tool (such as EPDS or PHQ-2, PHQ-9)</td>
<td>Providers are required to coordinate follow-up care if risk factors are identified72</td>
<td>No</td>
</tr>
<tr>
<td>North Dakota73</td>
<td>Recommend</td>
<td>CPT: 96161 ($3.25)</td>
<td>Child’s ID</td>
<td>Up to three times for a child up to age 1; suggest at 1- and 4-month WCV and one subsequent WCV before first birthday</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Require</td>
<td>EPDS, PHQ-9, BDI</td>
<td>Refer for positive screens74</td>
<td>NA</td>
</tr>
<tr>
<td>Ohio</td>
<td>Recommend</td>
<td>CPT: 96160 ($3.43); 96161 ($3.43)</td>
<td>Either</td>
<td>1-, 2-, 4-, and 6-month WCV (AAP recommendation); currently no limits in the system for reimbursement of the code</td>
<td>S9, XP, XE, XS, XU, GC75</td>
<td>No</td>
<td>Yes (CPT 96161)</td>
<td>Recommend</td>
<td>Nationally accepted tool</td>
<td>Managed care plan guidance76</td>
<td>State Health Improvement Plan77</td>
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<tr>
<td>Oklahoma78</td>
<td>Allow</td>
<td>CPT: 96161 ($5.00)</td>
<td>Child’s ID</td>
<td>1-, 2-, 4-, and 6-month visits as per AAP Bright Futures’ periodicity schedule</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Recommend</td>
<td>EPDS</td>
<td>Referral encouraged as appropriate to connect to appropriate provider or community resources</td>
<td>OK Perinatal Quality Improvement Collaborative and State Health Department Infant Mortality Reduction</td>
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| Oregon | Allow CPT: 96161 ($3.23) | Either As medically necessary | No | No | No | Recommend | EPDS, PHQ-9 | Referral | Perinatal depression initiative, public service announcements, and primary provider training*  
South Carolina | Recommend CPT: 96161 ($8.14) | Child’s ID | 1-, 2-, 4- and 6-month WCVs MDS may be billed as part of WCV until child reaches 1 year of age | NA | No | Current use is recommended for birth mother | Recommend | Standardized screening tools including: EPDS, PHQ-9, GAD | Managed care plans track in their case management programs | In aligned measure set for inclusion in primary care and ACO contracts that pay for value; HRSA grant: RI MomsPRN* | |
<p>| Pennsylvani | Require CPT: 96161 (included in WCV rate) | Child’s ID | 1-, 2-, 4- and 6-month WCVs per AAP Bright Futures | NA | No | Current use is recommended for birth mother | Recommend | Standardized tool (e.g., EPDS, SEEK) | No | SBIRT Initiative includes behavioral health screening for 12 months PP and referral protocols* | |
| Rhode Island | Recommend CPT: 96160 ($2.68), 96161 ($4.16). | Child’s ID | 1-, 2-, 4- and 6-month WCVs per AAP Bright Futures; limited to two per date of service | No | No | No | Recommend | Standardized tool (e.g., EPDS, SEEK) | No | SBIRT Initiative includes behavioral health screening for 12 months PP and referral protocols* | |</p>
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<td>South Dakota **&lt;sup&gt;47&lt;/sup&gt; **</td>
<td>Recommend</td>
<td>CPT: 96161 ($10.07)&lt;sup&gt;48&lt;/sup&gt;</td>
<td>Child’s ID</td>
<td>One annually for child until first birthday</td>
<td>No</td>
<td>No</td>
<td>Yes, in place of the mother (one screening allowed)</td>
<td>Require</td>
<td>Standardized tool</td>
<td>Refer mothers to follow-up treatment as necessary</td>
<td>No</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Recommend</td>
<td>CPT: 96160 96161, 96127 (Rate varies by MCO)</td>
<td>Either, depending on the screening timing</td>
<td>As medically necessary</td>
<td>49&lt;sup&gt;99&lt;/sup&gt; 59,76,25</td>
<td>No</td>
<td>Yes, in some cases, but must be a TennCare member</td>
<td>Recommend</td>
<td>MCOs specify EPDS or standardized tool</td>
<td>Yes</td>
<td>Mental health is a key component of the TennCare quality strategy&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
<tr>
<td>Texas&lt;sup&gt;11,92&lt;/sup&gt;</td>
<td>Recommend</td>
<td>FFS G8431 and G8510 ($10.49)</td>
<td>Infant’s provider may bill for one screening between birth and the first birthday; if the infant’s provider changes, the new provider may also bill one screening. Providers may screen more often, but reimbursement is available only once per infant and covers any and all screenings completed during check-ups</td>
<td>No</td>
<td>Yes G8431 (positive), G8510 (negative)</td>
<td>No</td>
<td>Require</td>
<td>Validated screening tool for PPD screening, including but not limited to: EPDS, PDSS, PHQ-9&lt;sup&gt;31&lt;/sup&gt;</td>
<td>EPSDT providers completing PPD depression screenings must discuss all screening results with mothers; mothers with positive screenings should be referred to an appropriate provider for further evaluation and determination of an appropriate course of treatment and receive resources for support in the interim until they access care.</td>
<td>In accordance with Senate Bill 750, 86th Legislature, Regular Session, 2019, Texas Health and Human Services Commission is collaborating with Medicaid MCOs to implement a PPD depression treatment network</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Allow, Recommend, or Require MDS as Part of WCV?</td>
<td>Code(s) and FFS Rate(s)</td>
<td>Bill Using Child or Mother ID, or Either?</td>
<td>Maximum Allowed and Other Usage</td>
<td>Modifier(s)</td>
<td>Distinguish Positive/ Negative Screens?</td>
<td>Can Other Caregivers Be Screened?</td>
<td>Require or Recommend Tools?</td>
<td>Specified Tool(s)</td>
<td>Maternal Mental Health Tracking, Referral, Follow-Up Guidance</td>
<td>Related State Initiative(s)</td>
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<tr>
<td>Utah **</td>
<td>Recommend</td>
<td>CPT: 96161 ($2.27)</td>
<td>Child’s ID</td>
<td>Suggested at 2-week and 2-month WCVs</td>
<td>No</td>
<td>No</td>
<td>NA</td>
<td>Recommend</td>
<td>PHQ-2, PHQ-9, BDI-II, FPS</td>
<td>Referral to a mental health provider, non-judgmental discussion of depression impact on child, follow-up with phone call or a later visit</td>
<td>NA</td>
</tr>
<tr>
<td>Vermont</td>
<td>Recommend</td>
<td>CPT: 96161 ($2.71)</td>
<td>Child’s ID</td>
<td>Once per day; recommended at 1-, 2-, 4-, and 6-month WCV per AAP Bright Futures</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Require</td>
<td>Standardized tool</td>
<td>No</td>
<td>Health Department Workgroup</td>
</tr>
<tr>
<td>Virginia</td>
<td>Allow</td>
<td>FFS CPT: 96161 ($2.63) 96160: ($8.09) 96127: ($4.61-$5.27) MCO CPT Examples: 96127, 96160, 96161, 99401, 99402, 99403, 99404, G0444, G9000, G9001</td>
<td>Either (FFS); majority of MCOs allow billing under a child’s ID. All mothers have access to a screening benefit</td>
<td>The state follows AAP Bright Futures periodicity schedule. FFS: using 96160 under the mother’s ID – four per pregnancy (state recommends one per trimester and one postpartum); using 96161 under child’s ID-4 units per year until child is 2 years old. MCOs set their own limits.</td>
<td>No</td>
<td>No</td>
<td>No (FFS); MCOs may allow, but it is not required</td>
<td>Recommend</td>
<td>FFS: Medicaid Behavioral Health Risk Assessment Tool MCO: Evidence-based behavioral health risk screening tool based on AAP and the American College of Obstetricians and Gynecologists guidelines</td>
<td>FFS: Case management services are reimbursed via the BabyCare program; case managers may follow-up on positive screens with referrals. MCO care coordinators may track and issue referrals for follow-up services when a member has a positive screen. Mental health benefits are available to all members.</td>
<td>Medicaid participates in a statewide Maternal Mental Health Work Group facilitated by the state health department and collaborates with various stakeholders. FFS: BabyCare Program MCO: MCO high-risk maternity programs</td>
</tr>
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<td>State</td>
<td>Allow, Recommend, or Require MDS as Part of WCV?</td>
<td>Code(s) and FFS Rate(s)</td>
<td>Bill Using Child or Mother ID, or Either?</td>
<td>Maximum Allowed and Other Usage</td>
<td>Modifier(s)</td>
<td>Distinguish Positive/Negative Screens?</td>
<td>Can Other Caregivers Be Screened?</td>
<td>Require or Recommend Tools?</td>
<td>Specified Tool(s)</td>
<td>Maternal Mental Health Tracking, Referral, Follow-Up Guidance</td>
<td>Related State Initiative(s)*</td>
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<tr>
<td>Washington</td>
<td>Require</td>
<td>CPT: 96161 ($1.84)</td>
<td>Mother’s ID can be used up to one month, and child’s ID can be used up to six months</td>
<td>For caregivers of infants ages 6 months and younger</td>
<td>Not required, but can use 25100</td>
<td>No</td>
<td>Yes</td>
<td>Recommend</td>
<td>EPDS</td>
<td>Provider may refer the client to a mental health provider and assist the client in making appointments and obtaining necessary treatment; and there are referral requirements.101</td>
<td>Children’s Mental Health Work Group102</td>
</tr>
<tr>
<td>West Virginia103 **</td>
<td>Recommend</td>
<td>CPT: 96160 ($2.78); 96161 ($2.78)</td>
<td>Child’s ID</td>
<td>Recommended at 1-, 2-, 4-, and 6-month WCVs, per AAP Bright Futures104</td>
<td>EP</td>
<td>Yes</td>
<td>No</td>
<td>Recommend</td>
<td>EPDS</td>
<td>Yes</td>
<td>NA</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Allow</td>
<td>CPT: 96161 ($4.64)</td>
<td>Child’s ID</td>
<td>1-, 2-, 4-, and 6-month WCVs per AAP Bright Futures105</td>
<td>Not required</td>
<td>No</td>
<td>Yes</td>
<td>Recommend</td>
<td>EPDS, BDI-II, CESDS, or PHQ-9</td>
<td>Follow-up services are prescribed as necessary.</td>
<td>Title V Program state performance measure related to perinatal depression screening106</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Recommend</td>
<td>CPT: 96161 ($5.89); 96127 ($5.89)</td>
<td>Either</td>
<td>1-, 2-, 4-, and 6-month WCV per AAP Bright Futures, up to the child’s first birthday.107</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Recommend</td>
<td>Standardized tools (EPDS, PHQ-2, PHQ-9)</td>
<td>Follow-up as necessary.</td>
<td>Wyoming Perinatal Quality Collaborative108 and a statewide Public Health Nursing Home Visitation Program109</td>
</tr>
</tbody>
</table>

*States not listed either confirmed with NASHP that the Medicaid agency does not have a policy in place regarding MDS during WCVs (AZ, FL, NE) or did not confirm NASHP’s research that a policy was not in place (AK, AR, KS, NJ).

**States did not confirm their policy in place regarding MDS with NASHP in 2020.

Sources: The primary sources of information are state Medicaid agency websites and provider guidance. Uncited information is from NASHP communication with the state’s Medicaid agency. Information is accurate as of February 2020. Unless otherwise noted, information is for FFS systems.
Notes

1 In an analysis on state performance improvement projects, and incentives promoting women’s health services NASHP identified 20 states who completed a behavioral health risk assessment for pregnant women or depression using the mother’s Medicaid ID.

2 Alabama: https://static1.squarespace.com/static/562e7aaae4b07a09bd62c397/t/58e7a1f953cc682cc95debbd/1491575298748/82572-1+AAP.pdf

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

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

5 California: http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/psoy201811.asp


8 When a postpartum depression screening is provided at the infant’s well-child visit, the screening must be billed using the infant’s Medi-Cal ID. The only exception to this policy is that the mother’s Medi-Cal ID may be used during the first two months of life if the infant’s Medi-Cal eligibility has not yet been established. From http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/psy201811.asp

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

10 California: https://www.cdph.ca.gov/Programs/CH/DMCAH/CP5F/pages/default.aspx

11 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/DHCSRresponse_BehavioralHealth.pdf


13 Colorado: https://www.colorado.gov/pacific/hcpf/acpphase2:


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

16 Connecticut: PB 2016-63 (Pediatric medical providers can bill the maternal depression screen using their pediatric patient’s HUSKY Health number. All maternal depression screenings performed in a pediatric medical office will be considered a health risk assessment to ascertain the safety of their pediatric patient.);


26 Illinois: https://www.illinois.gov/hsf/MedicalProviders/notices/Pages/prn170123a.aspx

Maryland: The Maternal Child Health Task Force, in consultation with stakeholders, has developed a comprehensive plan for addressing maternal mental health needs in Maryland, as well as any other relevant issues identified by the Task Force; this plan includes recommendations on legislation, policy initiatives, funding requirements, and budgetary priorities to address maternal mental health needs in Maryland; it captures data about birth outcomes, birth demographics, and prenatal and postnatal care, including postpartum depression and postpartum depression screening rates.

Maryland: The Maryland Administrative Code is under revision to reflect the Bright Futures Edition changes. 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.

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Nevada: http://dhcfp.nv.gov/uploadedfiles/dhcfpnvoy/content/pgms/CP7/maternal%20depression%20screen%20tech%20bulletin.pdf

Nevada: MD/DO refers to Physician with M.D. or Osteopath with D.O; APRN/PA refers to Advanced Practice Registered Nurse/Physician Assistant

Nevada: http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Providers/Postpartum%20Depression%20Screenings%20as%20part%20of%20Healthy%20Kids%20EPSDT%20Exam.pdf

Nevada: http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Providers/Postpartum%20Depression%20Screenings%20as%20part%20of%20Healthy%20Kids%20EPSDT%20Exam.pdf


New York: https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician Manual Fee Schedule_Sect2.xls


New York: https://www.rand.org/health/surveys_tools/depression.html


Ohio: The modifiers are described here: https://medicaid.ohio.gov/RESOURCES/Publications/ODM-Guidance%20161541-provider-billing-instructions

Ohio: ORC 5167.17: MCP Provider Agreement, Appendix G; Guidance for Managed Care Plans: Provision of Enhanced Maternal Care Services, June 1, 2016. https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provision-for-Enhanced-Maternal-Care.pdf

Ohio: Maternal and Infant Health & Mental Health and Addiction are two of three priority topics identified. See https://odh.ohio.gov/wps/wcm/connect/gov/1fa9adc9-ac8a-4979-acde-c8814291032/SHIP%20Progress%20Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE%20218_M1HG I2K000J000Q9DDDM3000-1fa9adc9-ac8a-4979-acde-c8814291032-mQX5Kg

Ohio: https://www.ohcha.org/xPolicy.aspx?id=734

Oregon: https://www.oregon.gov/oha/PB/HEALTHYFAMILIES/WOMEN/MATERNALMENALHEALTH/Pages/Providers.aspx

Oregon: The Oregon Health Authority and Conference of Local Health Officials, MCH lead a perinatal depression initiative, there are “speak up when you’re down” public service announcements, and the Oregon Pediatric Society’s START (Screening Tools and Referral Training) project trains primary providers to implement MDS in their practices.


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.

Rhode Island: http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Providers/EPDST-Table-2018.pdf

Rhode Island: MomsPRN aims to increase screening for mental health and substance use disorders at all perinatal and pediatric care sites across the state http://www.womenandinfants.org/services/behavorial-health/ri-momsprn.cfm


Tennessee: Append 59 to 96161 if reported with 96110 or 96127

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.
Texas: [http://www.legis.state.tx.us/tlodocs/85R/billtext/pdf/HB02466F.pdf#navpanes=0](http://www.legis.state.tx.us/tlodocs/85R/billtext/pdf/HB02466F.pdf#navpanes=0)


Texas: [https://www.texmed.org/TexasMedicineDetail.aspx?id=4807](https://www.texmed.org/TexasMedicineDetail.aspx?id=4807)


Utah: [https://healthvermont.gov/family/pregnancy/maternal-depression](https://healthvermont.gov/family/pregnancy/maternal-depression)

Vermont: Please note that requirements of reimbursement vary under managed care. Not all MCOs utilize the above codes for MMH screenings. MCO rates are proprietary

Virginia: Under managed care, members may be screened either by a provider as an available benefit or by an MCO care coordinator.

Washington: This is a Washington State modifier to identify extra physician services.

Washington: This referral must be made within two weeks from the date the problem is identified, unless the problem is urgent, in which case a referral must be made immediately. The referring provider must follow-up to ensure the assessment was completed.


Washington: 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.

West Virginia: Medicaid opened two CPT codes for this purpose and is in the process of modifying age-appropriate preventive health forms to reflect the maternal screening.


Wyoming: [https://health.wyo.gov/publichealth/mch/healthybaby/](https://health.wyo.gov/publichealth/mch/healthybaby/)