



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

<b>Acronym Key</b>	<b>AAP</b> – American Academy of Pediatrics <b>ACO</b> – Accountable Care Organization <b>BDI</b> – Beck Depression Inventory <b>CESDS</b> – Center for Epidemiologic Studies Depression Scale <b>CPT</b> – Current Procedural Terminology <b>Columbia</b> – Columbia Depression Scale <b>EPDS</b> – Edinburgh Postnatal Depression Scale	<b>EPSDT</b> – Early and Periodic Screening, Diagnostic and Treatment Benefit <b>FFS</b> – Fee for Service <b>HAM-D</b> – Hamilton Rating Scale for Depression <b>HCPCS</b> – Healthcare Common Procedure Coding System <b>MADRS</b> – Montgomery-Asberg Depression Rating Scale <b>MCO</b> – Managed Care Organization <b>MDS</b> – Maternal Depression Screening	<b>NA</b> – Information not available <b>PDSS</b> – Postpartum Depression Screening Scale <b>PHQ</b> – Primary Care Evaluation of Mental Disorders Patient Health Questionnaire <b>PP</b> – Postpartum <b>SBIRT</b> – Screening, Brief Intervention, and Referral to Treatment <b>SEEK</b> – Safe Environment for Every Kid <b>WCV</b> – Well-child visit
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State*	Allow, Recommend, or Require MDS as Part of WCV?	Code(s) and FFS Rate(s)	Bill Using Child or Mother ID, or Either?	Maximum Allowed and Other Usage	Modifier (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) <sup>1</sup>
<b>Alabama</b> <sup>2</sup>	Recommend	CPT: 96161 (\$2.94) <sup>3</sup>	Child's ID	NA	59 <sup>4</sup>	NA	NA	Require	Standardized tool	NA	NA
<b>California</b> <sup>5</sup>	Recommend	HCPCS: G8431 (\$29.68) <sup>6</sup> ; G8510 (\$10.70) <sup>7</sup>	Child's ID <sup>8</sup>	Four times in the infant's first year of life when during a well-child visit; <sup>9</sup> recommend at 1-, 2-, 4-, and 6-month visits, per AAP Bright Futures	HD	Yes, G8431 (positive), G8510 (negative)	No	Require	Validated screening tool (e.g., EDPS, PHQ-9, BDI)	MCOs may require outcome data be reported to the state Medicaid agency; Comprehensive Perinatal Services Program protocols <sup>10</sup>	Medi-Cal Children's Health Advisory Panel recommendations <sup>11</sup>
<b>Colorado</b> <sup>12</sup> **	Allow	HCPCS: G8431 (\$30.22); G8510 (\$10.89)	Recommend billing under mother's ID	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	HD	Yes G8431 (positive), G8510 (negative)	No	Recommend	EPDS-10 or EPDS-3 (Accept any validated tool, e.g. PHQ-9, BDI, Columbia)	Providers must refer mother to a behavioral health organization or regional care collaborative organization	Accountable care collaborative <sup>13</sup>
<b>Connecticut</b> <sup>14</sup>	Allow	CPT: 96161 <sup>15</sup> (\$18)	Either <sup>16</sup>	As medically necessary, up to child's first birthday <sup>17</sup>	No	No	No	Require	Validated tool (e.g., EPDS)	Follow-up guidance in policy <sup>18</sup>	NA

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Delaware <sup>19</sup>	Recommend	CPT: 96161, 96160 (\$3.95)	Either (bill to the child's ID with 96161 or to the mother's ID with 96160)	As medically necessary, but AAP recommends EPDS would be an appropriate tool at 1-, 2-, 4-, and 6 months	Yes (unspecified)	No	No	Require	Nationally recognized screening tools (e.g., EPDS, PHQ9) <sup>20</sup>	Referral to treatment as medically necessary	No
District of Columbia <sup>21</sup> **	Recommend	CPT: 96161 (\$30)	NA	NA	TS	Yes (TS modifier)	NA	Recommend	EPDS	Mental Health Resource Guide <sup>22</sup> and Department of Health Care Finance Transmittal	No
Georgia <sup>23</sup>	Required	96161 (\$3.95)	Child's ID	1-, 2-, 4-, and 6-month visits per AAP	EP	No	No	Recommend	EPDS, PHQ-2	Follow-up referral for resources and treatment	No
Hawaii <sup>24</sup>	Recommend	Included in WCV/ EPSDT rate	Child's ID	1-, 2-, 4-, and 6-month visits per AAP Bright Futures	EP	No	Yes	Recommend	Standardized tool, per AAP	Contracted MCOs handle referral and follow-up	Alcohol and Drug Abuse Division is incorporating SBIRT into primary care
Idaho <sup>25</sup>	Recommend	HCPCS: G8431 (\$10.28); G8510 (\$10.28)	Child's ID	Three times per child up through the child's first birthday	No	Yes G8431 (positive), G8510 (negative)	No	Require	EPDS, PHQ-9, BDI	Guidance for referral and follow-up	NA
Illinois <sup>26</sup> **	Recommend	CPT: 96127 (\$14.60)	Child's ID	Up to 1 year after birth; limit of two screenings per day	HD	No	No	Require	EPDS, BDI, PHQ, CESDS or other tool with approval <sup>27</sup>	Information on referral and follow-up resources <sup>28</sup>	Public Act 95-0469; <sup>29</sup> multi-agency MDS activities <sup>30</sup>
Indiana <sup>31</sup> **	Recommend	CPT: 96161 (\$3.22)	Child's ID	Up to 6 months after birth	NA	NA	Yes	Require	Standardized tool	NA	NA

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Iowa <sup>32</sup> **	Recommend	CPT: 96161 (\$8.19) <sup>33</sup>	Child's ID	1-, 2-, 4-, and 6-month visits per AAP; <sup>34</sup> limit of one screening per day	No	No	Yes (fathers, grandparents, childcare providers)	Require	EPDS or PHQ-9	Guidance on education and/or referral <sup>35</sup>	Title V agencies perform MDS on all women they serve
Kentucky**	Recommend	CPT: 96191 (\$3.38)	Child's ID	As medically necessary (FFS)	No	No	Yes (FFS)	No, not in FFS <sup>36</sup>	No	MCOs offer toolkits to providers with guidance for referral and follow-up services	Kentucky Specific Managed Care Performance Measures
Louisiana	Allow <sup>37</sup>	CPT: 96160 (\$15), 96160 (rate varies by MCO)	Child's ID	Up to four times per calendar year	U1, U4 <sup>38</sup>	NA	NA	NA	NA	Louisiana Healthcare Connections Perinatal Depression Disease Management Program <sup>39</sup>	
Maine <sup>40</sup>	Allow	CPT: 96161 (\$2.99)	Child's ID	No limit	HD <sup>41</sup>	NA	No	Require	Standardized tool for PP depression (e.g., EPDS)	NA	NA
Maryland <sup>42</sup> **	Require	CPT: 96161 (\$4.06)	Child's ID	Up to four times per infant up to 12 months <sup>43</sup>	NA	NA	NA	Recommend	PHQ-9, EPDS	NA	74/Chap. 6 (2015) Taskforce <sup>44</sup>
Massachusetts <sup>45</sup>	Recommend	CPT: 96110 <sup>46</sup> (\$10.27)	Child's ID	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 <sup>47</sup>	Yes (modifier)	Yes	Require	EPDS	Massachusetts Child Psychiatry Access Project (MCPAP) for Moms <sup>48</sup>	MCPAP for Moms also offers trainings and toolkits for health care providers and their staff <sup>49</sup>
Michigan <sup>50</sup>	Allow	CPT: 96161 (\$1.78)	Child's ID	1-, 2-, 4-, and 6 months, per AAP periodicity guidelines	25 <sup>51</sup>	No	No	Recommend	Any scientifically standardized tool, e.g., EPDS	Guidance about mother-child relationship, follow-up, referral as appropriate	Mother Infant Health and Equity Improvement Plan (2020-2023) <sup>52</sup>

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Minnesota <sup>53</sup>	Recommend	CPT: 96161- included in the bundled rate	Child's ID	Up to six MDSs for each child younger than 13 months	No	No	No	Recommend	EPDS, PHQ-9, BDI <sup>54</sup>	Clinical guidelines outline responses and support systems <sup>55</sup>	
Mississippi <sup>56, 57</sup>	Require	CPT: 96161 (\$2.54)	Child's ID	By 1 month and at the 2-, 4-, and 6-month visit	EP	NA	No	Require	Standardized tool; PHQ-2 is commonly used	NA	NA
Missouri <sup>58</sup>	Allow	CPT: 96161 (\$2.38)	Child's ID	NA	NA	NA	NA	NA	NA	NA	NA
Montana <sup>59</sup>	Recommend	CPT: 96161 (\$3.46)	Child's ID	Allowed until the child's first birthday	No	No	Yes, anyone considered primary caregiver	Require	Evidence-based tool	Referral for positive screenings <sup>60</sup>	No
Nevada <sup>61</sup>	Allow	CPT: 96160 (\$4.09 for MD/DO; \$3.03 for APRN/PA) <sup>62</sup>	If mother is no longer Medicaid-eligible, may use child's ID <sup>63</sup>	Three times from birth to age 1	No	No	No	Recommend	Standardized tool <sup>64</sup>	NA	NA
New Mexico <sup>65</sup>	Required	CPT: 96160 (\$4.29)	Child's ID	1-, 2-, 4-, 6-months with no limitation for additional screens during WCVs	No	NA	Yes	Require	Standardized tool, per AAP and Bright Futures	NA	Home visiting program focusing on prenatal care, PP care and early child development in revised 1115 waiver <sup>66</sup>
New York <sup>67</sup>	Allow	HCPCS: G8431 (\$15.60); G8510 (\$15.60) <sup>68</sup>	Either <sup>69</sup>	Up to three times within first year of infant's life	HD	Yes G8431 (positive), G8510 (negative)	No	Recommend	BDI, CESDS, EPDS, MADRS, PHQ-2, PHQ-9, PDSS, RAND 3-Question Screen <sup>70</sup>	Follow-up required if mother screens positive	No

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North Carolina <sup>71</sup>	Recommend	CPT: 96161 (\$3.74)	Child's ID	Up to four times within the infant's first year (AAP recommends at 1-, 2-, 4-, and 6-month WCV)	EP (EPSDT)	NA	No	Require	Scientifically validated tool (such as EPDS or PHQ-2, PHQ-9)	Providers are required to coordinate follow-up care if risk factors are identified <sup>72</sup>	No
North Dakota <sup>73</sup>	Recommend	CPT: 96161 (\$3.25)	Child's ID	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	No	Yes	Yes	Require	EPDS, PHQ-9, BDI	Refer for positive screens <sup>74</sup>	NA
Ohio	Recommend	CPT: 96160 (\$3.43); 96161 (\$3.43)	Either	1-, 2-, 4-, and 6-month WCV (AAP recommendation); currently no limits in the system for reimbursement of the code	59, XP, XE, XS, XU, GC <sup>75</sup>	No	Yes (CPT 96161)	Recommend	Nationally accepted tool	Managed care plan guidance <sup>76</sup>	State Health Improvement Plan <sup>77</sup>
Oklahoma <sup>78</sup>	Allow	CPT: 96161 (\$5.00)	Child's ID	1-, 2-, 4-, and 6-month visits as per AAP Bright Futures' periodicity schedule	No	No	No	Recommend	EPDS	Referral encouraged as appropriate to connect to appropriate provider or community resources	OK Perinatal Quality Improvement Collaborative and State Health Department Infant Mortality Reduction

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Oregon <sup>79</sup>	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 <sup>80</sup>
Pennsylvania <sup>81 **</sup>	Require	CPT: 96161 (included in WCV rate)	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	52 <sup>82</sup>	Yes (by MCOs)	Yes	Require	Standardized tool	Refer according to AAP recommendations	Perinatal depression screening is a statewide required managed care program performance measure
Rhode Island <sup>83 **</sup>	Recommend	CPT: 96160 (\$2.68), 96161 (\$4.16).	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 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 <sup>84</sup>
South Carolina <sup>85</sup>	Recommend	CPT: 96161 (\$8.14)	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 <sup>86</sup>

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South Dakota <sup>87 **</sup>	Recommend	CPT: 96161 (\$10.07) <sup>88</sup>	Child's ID	One annually for child until first birthday	No	No	Yes, in place of the mother (one screening allowed)	Require	Standardized tool	Refer mothers to follow-up treatment as necessary	No
Tennessee	Recommend	CPT: 96160, 96161, 96127 (Rate varies by MCO)	Either, depending on the screening timing	As medically necessary	49, 59 <sup>89</sup> , 59,76,25	No	Yes, in some cases, but must be a TennCare member	Recommend	MCOs specify EPDS or standardized tool	Yes	Mental health is a key component of the TennCare quality strategy <sup>90</sup>
Texas <sup>91, 92</sup>	Recommend	FFS G8431 and G8510 (\$10.49)  Reimbursement for screenings for clients in managed care is determined by the MCO.	Child's ID	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	No	Yes G8431 (positive), G8510 (negative)	No	Require	Validated screening tool for PPD screening, including but not limited to: EPDS, PDSS, PHQ-9 <sup>93</sup>	EPSDT providers completing PP 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.	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 PP depression treatment network

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Utah <sup>94</sup> **	Recommend	CPT: 96161 (\$2.27)	Child's ID	Suggested at 2-week and 2-month WCVs	No	No	NA	Recommend	PHQ-2, PHQ-9, BDI-II, FPS <sup>95</sup>	Referral to a mental health provider, non-judgmental discussion of depression impact on child, follow-up with phone call or a later visit	NA
Vermont	Recommend	CPT: 96161 (\$2.71)	Child's ID	Once per day; recommended at 1-, 2-, 4-, and 6-month WCV per AAP Bright Futures	No	No	Yes	Require	Standardized tool	No	Health Department Workgroup <sup>96</sup>
Virginia	Allow	FFS CPT: 96161 (\$2.63) 96160: (\$8.09) 96127: (\$4.61-\$5.27) MCO CPT Examples: <sup>97</sup> 96127, 96160, 96161, 99401, 99402, 99403, 99404, G0444, G9000, G9001	Either (FFS); majority of MCOs allow billing under a child's ID. All mothers have access to a screening benefit	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.	No	No	No (FFS); MCOs may allow, but it is not required	Recommend	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	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.	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 <sup>98</sup>



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Washington <sup>99</sup>	Require	CPT: 96161 (\$1.84)	Mother's ID can be used up to one month, and child's ID can be used up to six months	For caregivers of infants ages 6 months and younger	Not required, but can use 25 <sup>100</sup>	No	Yes	Recommend	EPDS	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. <sup>101</sup>	Children's Mental Health Work Group <sup>102</sup>
West Virginia <sup>103</sup> **	Recommend	CPT: 96160 (\$2.78); 96161 (\$2.78)	Child's ID	Recommended at 1-, 2-, 4-, and 6-month WCVs, per AAP Bright Futures <sup>104</sup>	EP	Yes	No	Recommend	EPDS	Yes	NA
Wisconsin	Allow	CPT: 96161 (\$4.64)	Child's ID	1-, 2-, 4-, and 6-month WCVs per AAP Bright Futures <sup>105</sup>	Not required	No	Yes	Recommend	EPDS, BDI-II, CESDS, or PHQ-9	Follow-up services are prescribed as necessary.	Title V Program state performance measure related to perinatal depression screening <sup>106</sup>
Wyoming	Recommend	CPT: 96161 (\$5.89); 96127 (\$5.89)	Either	1-, 2-, 4-, and 6-month WCV per AAP Bright Futures, up to the child's first birthday. <sup>107</sup>	No	Yes	Yes	Recommend	Standardized tools (EPDS, PHQ-2, PHQ-9)	Follow-up as necessary.	Wyoming Perinatal Quality Collaborative <sup>108</sup> and a statewide Public Health Nursing Home Visitation Program <sup>109</sup> .

\*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

<sup>1</sup> 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.

<sup>2</sup> Alabama: <https://static1.squarespace.com/static/562e7a004b07a09bd62c597/t/58e7a1f959cc682cc95debdd/1491575298748/82572-1+AAP.pdf>

<sup>3</sup> Alabama: [https://medicaid.alabama.gov/content/Gated/7.3G\\_Fee\\_Schedules/7.3G\\_Physician\\_Fee\\_Schedule\\_10-5-17.pdf](https://medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules/7.3G_Physician_Fee_Schedule_10-5-17.pdf)

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

<sup>5</sup> California: <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/psy201811.asp>

<sup>6</sup> California: [https://files.medi-cal.ca.gov/pubsdoco/rates/rates\\_information.asp?num=23&first=A0130&last=L3253](https://files.medi-cal.ca.gov/pubsdoco/rates/rates_information.asp?num=23&first=A0130&last=L3253)

<sup>7</sup> California: [https://files.medi-cal.ca.gov/pubsdoco/rates/rates\\_information.asp?num=23&first=A0130&last=L3253](https://files.medi-cal.ca.gov/pubsdoco/rates/rates_information.asp?num=23&first=A0130&last=L3253)

<sup>8</sup> California: 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>

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

<sup>10</sup> California: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/pages/default.aspx>

<sup>11</sup> 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](http://www.dhcs.ca.gov/services/Documents/DHCSResponse_BehavioralHealth.pdf)

<sup>12</sup> Colorado: [https://www.colorado.gov/pacific/sites/default/files/Bulletin\\_0917\\_B1700403.pdf](https://www.colorado.gov/pacific/sites/default/files/Bulletin_0917_B1700403.pdf)

<sup>13</sup> Colorado: <https://www.colorado.gov/pacific/hcpf/accphase2;>

<sup>14</sup> 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>

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

<sup>16</sup> 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.*);

<sup>17</sup> 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>

<sup>18</sup> 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](http://www.ctbhp.com) or Beacon Health Options by phone at 1-877-552-8247.

<sup>19</sup> Delaware: [https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core\\_Download&EntryId=704&language=en-US&PortalId=0&TabId=94](https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=704&language=en-US&PortalId=0&TabId=94)

<sup>20</sup> Delaware: [https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core\\_Download&EntryId=848&language=en-US&PortalId=0&TabId=94](https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=848&language=en-US&PortalId=0&TabId=94)

<sup>21</sup> District of Columbia: <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/16863>

<sup>22</sup> District of Columbia: <https://www.dchealthcheck.net/documents/mental-health-guide/Childrens-MH-Resource-Guide-Spring-2017.pdf>

<sup>23</sup> Georgia: <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/EPSTDT%20Health%20Check%20Program%20Manual%2020191226174717.pdf>

<sup>24</sup> Hawaii: <https://medquest.hawaii.gov/en/plans-providers/managed-care-providers/provider-epsdt.html>

<sup>25</sup> Idaho: <https://www.idmedicaid.com/MedicAide%20Newsletters/December%202017%20MedicAide.pdf>

<sup>26</sup> Illinois: <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn170123a.aspx>

<sup>27</sup> Illinois: [https://www.illinois.gov/hfs/SiteCollectionDocuments/010108\\_mch.pdf](https://www.illinois.gov/hfs/SiteCollectionDocuments/010108_mch.pdf); <https://www.illinois.gov/hfs/SiteCollectionDocuments/33017HK200Handbook.pdf>

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- <sup>28</sup> Illinois: <https://www.illinois.gov/hfs/MedicalProviders/MaternalandChildHealth/Pages/Resources.aspx>
- <sup>29</sup> 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.
- <sup>30</sup> Illinois: <http://www.dhs.state.il.us/page.aspx?item=35251>
- <sup>31</sup> Indiana: <https://www.in.gov/medicaid/files/epsdt.pdf>
- <sup>32</sup> Iowa: <http://www.iowaepsdt.org/other-resources/billing-coding/>
- <sup>33</sup> Iowa: [https://idph.iowa.gov/Portals/1/Files/FamilyHealth/cdst\\_qa.pdf](https://idph.iowa.gov/Portals/1/Files/FamilyHealth/cdst_qa.pdf)
- <sup>34</sup> Iowa: [https://dhs.iowa.gov/sites/default/files/EPSTDT\\_Periodicity\\_Schedule.pdf?121020191918](https://dhs.iowa.gov/sites/default/files/EPSTDT_Periodicity_Schedule.pdf?121020191918)
- <sup>35</sup> Iowa: [https://idph.iowa.gov/Portals/1/Files/FamilyHealth/cdst\\_052814.pdf](https://idph.iowa.gov/Portals/1/Files/FamilyHealth/cdst_052814.pdf)
- <sup>36</sup> Kentucky: Some MCOs supply specific tools such as the EPDS to providers.
- <sup>37</sup> Louisiana: Louisiana Fee-for-Service Medicaid does not cover maternal depression screenings in conjunction with a well-child visit and each MCO has their own policy..
- <sup>38</sup> Louisiana: AmeriHealth Caritas pays 96160 with a U1 modifier up to four times per calendar year, reimbursed at \$15 per screening (Physical health providers) & 96160 with a U4 modifier is paid up to twice per calendar year, reimbursed at \$15 per screening, and must be conducted by an LMHP as part of the full bio-psycho-social assessment.
- <sup>39</sup> Louisiana: Louisiana Healthcare Connections Perinatal Depression Disease Management Program educates members in the perinatal period (prenatal and postpartum) about the risks of depression, the signs and symptoms of depression, and accessing services for treatment of depression.
- <sup>40</sup> Maine: [http://www.maine.gov/dhhs/oms/pdfs\\_doc/children\\_IHOC/Pediatric%20Preventive%20Health%20Screenings%20revised%20June2017.pdf](http://www.maine.gov/dhhs/oms/pdfs_doc/children_IHOC/Pediatric%20Preventive%20Health%20Screenings%20revised%20June2017.pdf)
- <sup>41</sup> Maine: Ibid. HD indicates parenting/pregnant women’s program.
- <sup>42</sup> Maryland: <https://mmcp.health.maryland.gov/epsdt/healthykids/AppendixSection6/Coding-Guidelines-for-Screening-Tools-Primary-Care-final.pdf>
- <sup>43</sup> Maryland: <https://mmcp.health.maryland.gov/epsdt/healthykids/AppendixSection6/Coding-Guidelines-for-Screening-Tools-Primary-Care-final.pdf>
- <sup>44</sup> 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](http://mgaleg.maryland.gov/2015RS/Chapters_noln/CH_6_sb0074t.pdf)
- <sup>45</sup> Massachusetts: <http://www.mass.gov/eohhs/docs/masshealth/transletters-2016/chc-105.pdf>
- <sup>46</sup> Massachusetts: <http://www.mass.gov/eohhs/docs/masshealth/transletters-2017/phy-153.pdf>
- <sup>47</sup> For description of modifiers, please see page 24 of <http://www.mass.gov/eohhs/docs/masshealth/servicecodes/sub6-phy.pdf>
- <sup>48</sup> Massachusetts: MCPAP for Moms provides consultative warmline services to help providers identify and manage depression, connect patients with care, access support groups and other resources specific to mental health concerns during and after pregnancy. MCPAP for Moms is free for all Massachusetts providers. 1-855-Mom-MCPAP (1-855-666-6272) or visit [www.mcpapformoms.org](http://www.mcpapformoms.org).
- <sup>49</sup> Massachusetts: <https://www.mcpapformoms.org/Toolkits/PediatricProvider.aspx>
- <sup>50</sup> Michigan: [http://www.michigan.gov/documents/mdhhs/MSA\\_17-34\\_607322\\_7.pdf](http://www.michigan.gov/documents/mdhhs/MSA_17-34_607322_7.pdf)
- <sup>51</sup> Michigan: Michigan law does not require use of a modifier.
- <sup>52</sup> Michigan: <https://www.michigan.gov/infantmortality/0,5312,7-306-88846NA,00.html>
- <sup>53</sup> Minnesota: [http://www.dhs.state.mn.us/dhs16\\_150092](http://www.dhs.state.mn.us/dhs16_150092)
- <sup>54</sup> Minnesota: [https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_150092#maternal](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_150092#maternal)
- <sup>55</sup> Minnesota: 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
- <sup>56</sup> Mississippi: <https://medicaid.ms.gov/wp-content/uploads/2016/07/EPSTDT-Periodicity-Examination-Schedule.pdf>
- <sup>57</sup> Mississippi: The Mississippi Administrative Code is under revision to reflect the Bright Futures 4<sup>th</sup> Edition changes.

- <sup>58</sup> Missouri: <https://dss.mo.gov/mhd/providers/pdf/bulletin41-23-2018.pdf>
- <sup>59</sup> Montana: <http://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2017/provnotic042744caregiverdepressionscreening07252017.pdf>
- <sup>60</sup> Montana: <https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2018/provnoticcaregiverdepressionscreeningsreissued071720181.pdf>
- <sup>61</sup> Nevada: <http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/content/Pgms/CPT/maternal%20depression%20screen%20tech%20bulletin.pdf>
- <sup>62</sup> Nevada: MD/DO refers to Physician with M.D. or Osteopath with D.O; APRN/PA refers to Advanced Practice Registered Nurse/Physician Assistant
- <sup>63</sup> Nevada: <http://dph.nv.gov/uploadedFiles/dphnvgov/content/Providers/Postpartum%20Depression%20Screenings%20as%20part%20of%20a%20Healthy%20Kids%20EPSDT%20Exam.pdf>
- <sup>64</sup> Nevada: <http://dph.nv.gov/uploadedFiles/dphnvgov/content/Providers/Postpartum%20Depression%20Screenings%20as%20part%20of%20a%20Healthy%20Kids%20EPSDT%20Exam.pdf>
- <sup>65</sup> New Mexico: [http://www.hsd.state.nm.us/uploads/files/Providers/Resources/Supplements/MAD%20Supplement%20No\\_%2017-11\\_EPSDT%20Svc.pdf](http://www.hsd.state.nm.us/uploads/files/Providers/Resources/Supplements/MAD%20Supplement%20No_%2017-11_EPSDT%20Svc.pdf)
- <sup>66</sup> New Mexico: <http://www.hsd.state.nm.us/centennial-care-2-0.aspx>
- <sup>67</sup> New York: [https://www.health.ny.gov/health\\_care/medicaid/program/update/2016/aug16\\_mu.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2016/aug16_mu.pdf)
- <sup>68</sup> New York: [https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician\\_Manual\\_Fee\\_Schedule\\_Sect2.xls](https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Fee_Schedule_Sect2.xls)
- <sup>69</sup> New York: [https://www.health.ny.gov/community/pregnancy/health\\_care/perinatal/maternal\\_depression/providers/screening.htm](https://www.health.ny.gov/community/pregnancy/health_care/perinatal/maternal_depression/providers/screening.htm)
- <sup>70</sup> New York: [https://www.rand.org/health/surveys\\_tools/depression.html](https://www.rand.org/health/surveys_tools/depression.html)
- <sup>71</sup> North Carolina: <https://www.communitycarenc.org/media/files/update-coding-db-screening-may-2017.pdf>
- <sup>72</sup> North Carolina: [https://files.nc.gov/ncdma/documents/Providers/Programs\\_Services/EPST/Health-Check-Program-Guide-2018-04-01.pdf](https://files.nc.gov/ncdma/documents/Providers/Programs_Services/EPST/Health-Check-Program-Guide-2018-04-01.pdf)
- <sup>73</sup> North Dakota: <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/cpt/maternal-depression-screen-jan2017.pdf>
- <sup>74</sup> North Dakota: <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/cpt/maternal-depression-screen-jan2017.pdf>
- <sup>75</sup> Ohio: The modifiers are described here: <https://medicaid.ohio.gov/RESOURCES/Publications/ODM-Guidance#161541-provider-billing-instructions>
- <sup>76</sup> 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>
- <sup>77</sup> 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-acda-c88142d91032/SHIP\\_Progress\\_Report.pdf?MOD=AJPERES&CONVERT\\_TO=url&CACHEID=ROOTWORKSPACE.Z18\\_M1HGGIK0N0JO00QO9DDDDM3000-1fa9adc9-ac8a-4979-acda-c88142d91032-mQx5Kjz](https://odh.ohio.gov/wps/wcm/connect/gov/1fa9adc9-ac8a-4979-acda-c88142d91032/SHIP_Progress_Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-1fa9adc9-ac8a-4979-acda-c88142d91032-mQx5Kjz)
- <sup>78</sup> Oklahoma: <http://www.okhca.org/xPolicy.aspx?id=734>
- <sup>79</sup> Oregon: <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WOMEN/MATERNALMENTALHEALTH/Pages/Providers.aspx>
- <sup>80</sup> Oregon: The Oregon Health Authority and Conference of Local Health Officials, MCH Committee 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.
- <sup>81</sup> Pennsylvania: <https://www.keystonefirstpa.com/pdf/provider/resources/epsdt/periodicity-schedule.pdf>
- <sup>82</sup> 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.
- <sup>83</sup> Rhode Island: <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Providers/EPST-Table-2018.pdf>
- <sup>84</sup> 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/behavioral-health/ri-momsprn.cfm>
- <sup>85</sup> 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>
- <sup>86</sup> 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>
- <sup>87</sup> South Dakota: <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Well-Child%20Services.pdf>
- <sup>88</sup> South Dakota: [https://dss.sd.gov/docs/medicaid/providers/feeschedules/physician\\_nonlabFY20.pdf](https://dss.sd.gov/docs/medicaid/providers/feeschedules/physician_nonlabFY20.pdf)
- <sup>89</sup> Tennessee: Append 59 to 96161 if reported with 96110 or 96127
- <sup>90</sup> 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.

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- <sup>91</sup> Texas: <http://www.legis.state.tx.us/tlodocs/85R/billtext/pdf/HB02466F.pdf#navpanes=0>
- <sup>92</sup> Texas: <https://www.texmed.org/TexasMedicineDetail.aspx?id=48072>
- <sup>93</sup> Texas: [http://www.tmhp.com/News\\_Items/2018/05-May/05-17-18%20Postpartum%20Depression%20Screening%20during%20an%20Infant%E2%80%99s%20THSteps%20Checkup-Benefit%20of%20Texas%20Medicaid%207-1-18.pdf](http://www.tmhp.com/News_Items/2018/05-May/05-17-18%20Postpartum%20Depression%20Screening%20during%20an%20Infant%E2%80%99s%20THSteps%20Checkup-Benefit%20of%20Texas%20Medicaid%207-1-18.pdf)
- <sup>94</sup> Utah: [https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/EPSTDT%20\(Formerly%20Child%20Health%20Evaluation%20And%20Care%20\(CHEC\)\)/EPSTDT\(CHEC\)7-19.pdf](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/EPSTDT%20(Formerly%20Child%20Health%20Evaluation%20And%20Care%20(CHEC))/EPSTDT(CHEC)7-19.pdf)
- <sup>95</sup> Utah: [https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/EPSTDT%20\(Formerly%20Child%20Health%20Evaluation%20And%20Care%20\(CHEC\)\)/Archive/2017/CHEC10-17.pdf](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/EPSTDT%20(Formerly%20Child%20Health%20Evaluation%20And%20Care%20(CHEC))/Archive/2017/CHEC10-17.pdf)
- <sup>96</sup> Vermont: <http://www.healthvermont.gov/family/pregnancy/maternal-depression>
- <sup>97</sup> Virginia: *Please note that requirements of reimbursement vary under managed care. Not all MCOs utilize the above codes for MMH screenings. MCO rates are proprietary*
- <sup>98</sup> Virginia: Under managed care, members may be screened either by a provider as an available benefit or by an MCO care coordinator.
- <sup>99</sup> Washington: <https://www.hca.wa.gov/assets/billers-and-providers/EPSTDT-bi-20180101.pdf>
- <sup>100</sup> Washington: This is a Washington State modifier to identify extra physician services.
- <sup>101</sup> 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.
- <sup>102</sup> Washington: <http://lawfilesexternal.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.
- <sup>103</sup> 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.
- <sup>104</sup> West Virginia: <https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/2018%20HC%20Periodicity%20schedule.pdf>
- <sup>105</sup> Wisconsin: <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=24&s=2&c=61&nt=Comprehensive+HealthCheck+Screening+Components+and+Periodicity&adv=Y&Ink=Y>
- <sup>106</sup> Wisconsin: <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=44&s=2&c=609&nt=An+Overview&adv=Y>
- <sup>107</sup> Wyoming: [https://wymedicaid.portal.conduent.com/manuals/Manual\\_CMS1500\\_10\\_1\\_19.pdf](https://wymedicaid.portal.conduent.com/manuals/Manual_CMS1500_10_1_19.pdf)
- <sup>108</sup> Wyoming: <https://health.wyo.gov/publichealth/mch/wyoming-perinatal-quality-collaborative/>
- <sup>109</sup> Wyoming: <https://health.wyo.gov/publichealth/mch/healthybaby/>