

Postpartum Depression Screening During an Infant's Texas Health Steps Checkup to Become a Benefit of Texas Medicaid July 1, 2018

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Effective for dates of service on or after July 1, 2018, postpartum depression screening will be a benefit of Texas Medicaid.

Postpartum depression meets the same clinical criteria as major depressive disorder, with the main difference being onset during pregnancy or after delivery.

While postpartum depression is the most common form of postpartum mood disturbance, other mood disorders that may arise during the postpartum period include anxiety and panic disorders, obsessive-compulsive disorder and postpartum psychosis.

Postpartum psychosis is a more severe form of postpartum depression accompanied by psychotic features. Postpartum psychosis is rare, typically develops in the first few days to weeks after delivery, and is a psychiatric emergency requiring immediate medical attention.

Immediate or emergent medical attention may also be necessary when the risk of imminent harm or danger is present.

Postpartum Depression Screening Benefits

Procedure codes G8431 and G8510 will be a benefit when services are provided by federally qualified health center and Texas Health Steps medical providers in the office setting.

The American Academy of Pediatrics recommends the infant's provider screen mothers for postpartum depression, which is the most common form of postpartum mood disturbance. Screening mothers for postpartum depression is appropriate for the general postpartum population, and is recommended within the first few months following birth, up to the infant's first birthday.

Note: Screening for postpartum depression during the infant's Texas Health Steps medical checkup is recommended, not required.

Texas Health Steps medical providers may receive separate reimbursement for postpartum depression screening, in addition to the infant's Texas Health Steps medical checkup or follow-up visit. The reimbursement amount for procedure codes G8431 and G8510 covers all postpartum depression screenings provided during the infant's medical checkups or follow-up visits.

Note: New benefits that are adopted by Texas Medicaid must complete the rate hearing process to receive public comment on proposed Texas Medicaid reimbursement rates. After the rate hearing, expenditures must be approved before the rates are adopted by Texas Medicaid.

Screening Guidelines

Screening using a validated tool is required. At a minimum, screening should occur at least once during the postpartum period. Validated tools may include the following:

Edinburgh Postnatal Depression Scale

Postpartum Depression Screening Scale

Patient Health Questionnaire 9

Screening alone is inadequate for improving clinical outcomes. A positive screening for postpartum depression requires the Texas Health Steps provider to develop a referral plan with the mother.

Positive Screenings

Texas Health Steps providers must discuss the screening results with the mother, discuss the possibility of depression, and the impact depression may have on the mother, family and health of the infant.

The Texas Health Steps provider and mother should discuss her options so the provider can refer her to an appropriate provider. Screening and referral is not contingent upon the mother's Medicaid eligibility. When needed, referrals should be made regardless of the funding source, including referral to local mental health authorities and local behavioral health authorities.

Texas Health Steps providers should refer the mother to a provider who can perform further evaluation and determine an appropriate course of treatment. Appropriate providers include, but are not limited to, the following:

Mental health clinicians

The mother's primary care provider

Obstetricians and gynecologists

Family physicians

Community resources such as local mental health authorities

Note: Referral to an emergency center may be necessary when the risk for imminent harm or danger is present, such as mothers who report suicidal thoughts or thoughts of harming herself or the baby.

Resources for support in the interim should be provided until the mother is able to access care.

Scheduling a return visit for the infant, sooner than the next scheduled visit, may be appropriate in some cases.

Documentation Requirements

Documentation in the infant's medical record must include the name of the screening tool used and the date screening was completed.

If the mother screens positive for depression, at a minimum, the provider must note that a referral plan was discussed with the mother and a referral to an appropriate provider was made. Providers may give the mother a copy of the completed screening tool to take with her to referral appointments.

Documentation should also include any health education or anticipatory guidance provided, along with the time period recommended for the infant's next appointment.

Submitting Claims for Postpartum Depression Screening

Postpartum depression screening must be submitted under the infant's Medicaid client number, and will be restricted to clients who are 12 months of age and younger.

Screening and referral is not contingent upon the mother's Medicaid eligibility.

Procedure codes G8431 and G8510 must be submitted on the same claim, for the same date of service and provider, as one of the following Texas Health Steps medical checkup or follow-up visit procedure codes:

Procedure Code				
99211	99381	99382	99391	99392

Only one procedure code, either G8431 or G8510, may be reimbursed per provider, in the 12 months following the infant's birth.

For more information, call the TMHP Contact Center at 1-800-925-9126.