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Medicaid Coverage of Maternal Depression Screenings during Well-Child Visits

Case Study of Alaska and Arizona

Maternal mental health plays a critical role in improving birth outcomes and addressing maternal mortality and morbidity. Despite the prevalence of maternal depression during and after pregnancy, the condition often goes undiagnosed and untreated.[1,2]

Nearly all state Medicaid programs are working to improve maternal health through early identification of depression during well-child visits and connecting mothers to follow-up services, as depicted in NASHP's updated *Medicaid Policies for Caregiver Depression Screening during Well-Child Visits by State*.

This case study explores how Alaska and Arizona structure Medicaid coverage of maternal depression screenings during well-child visits as part of a two-generational approach to support maternal mental health.

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Overview of Maternal Depression and the Importance of Medicaid

Maternal depression during and after pregnancy is common, with one in eight women reporting symptoms after giving birth.[3] Rates of postpartum depression are disproportionately higher among lower-income women.[4] Despite the prevalence of maternal depression, the condition often goes undiagnosed and untreated.[5] This may be, in part, due to providers missing opportunities to ask women about depression. According to the Centers for Disease Control and Prevention, about one in five women were not asked about depression during a prenatal visit and over half of women with depression were not treated.[6]

Postpartum depression can last long after giving birth and may include intense feelings of sadness, anxiety, and hopelessness that can interfere with daily functioning.[7] When left untreated, postpartum depression can negatively affect the health of the mother and child, including the child's development.[8] Relatedly, mental health conditions (including suicide) are a leading underlying cause of maternal mortality, accounting for nearly 9 percent of pregnancy-related deaths.[9]

Given the serious implications of maternal depression, there is a growing recognition of the importance of identifying the condition and connecting mothers to needed follow-up services, particularly for Medicaid beneficiaries. In 2016, the Centers for Medicare & Medicaid Services (CMS) issued a bulletin underscoring the importance of Medicaid reimbursement for maternal depression screenings maternal depression screenings during well-child visits. As of 2023, 45 states and Washington, DC allow, recommend, or require maternal depression screenings during well-child visits, up from 43 states and DC in February 2020.[10,11] The most recent states to implement maternal depression screenings during well-child visits are Arizona and Alaska — each structuring the Medicaid benefit differently.

1 in 8

women report symptoms of depression after giving birth.

Alaska's Maternal Depression Screening under Medicaid

Alaska's state Medicaid program began covering pregnant and postpartum depression screenings in April 2021.[12] Under the benefit, postpartum women eligible for Medicaid may receive up to two standardized depression screenings per episode under the current procedural terminology (CPT) code 96127 (i.e., brief emotional/behavioral assessment). Postpartum women who are not eligible for Medicaid may receive up to one standardized depression screening per episode under the CPT code 96161 (i.e., health and hazard assessment), which is billed under the infant's Alaska Medicaid identification number. Postpartum women not enrolled in Medicaid may receive these screenings up to one year after their child's birth.[13] Other caregivers who are enrolled in Medicaid may also receive coverage of depression screenings.

Providers eligible to bill for these services include physicians, physician assistants, advance practice registered nurses, psychologists, and behavioral health aids. School-based service providers may also bill for maternal depression screening under CPT code 96127. The reimbursement rate varies depending on which provider type is billing. For example, physicians claiming reimbursement under 96127 receive $6.10 whereas physicians billing under 96161 receive $3.60. While providers are not required to report whether a screen is positive or negative, providers are instructed to refer those identified as being at-risk for depression to an appropriate behavioral health provider for follow-up services.[14]

Arizona's Maternal Depression Screening under Medicaid

In October 2022, Arizona Health Care Cost Containment System (AHCCCS) — the state Medicaid program — began requiring depression screenings for the birthing parent at the one-, two-, four-, and six-month Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well-child visits.[15] This policy was implemented at the direction of AHCCCS's chief medical officer and builds on the state's existing efforts to require depression screenings at least once during the pre- and postpartum periods.[16]

Under this policy, depression screenings for the birthing parent may be performed by any provider, including pediatricians, primary care providers, or other providers whose scope of practice involves providing EPSDT services.[17] While AHCCCS does not require use of a specific screening instrument, providers must use a norm-reference validated tool (e.g., Self-rating Depression Scale).[18] Providers must refer the birthing parent to appropriate case managers and services in the event of a positive screen.[19]

Depression screenings performed at EPSDT visits are billed under the child's Medicaid identification number using CPT codes 96160 (i.e., patient-focused health risk assessment) and 96161 (i.e., caregiver-focused health risk assessment).[20] Reimbursement rates may vary depending on whether services rendered on a fee-for-service (FFS) basis or provided as part of a capitated monthly payment by a health plan. As of 2022, the FFS rate for CPT codes 96160 and 96161 is $2.91.[21]

Conclusion

Alaska and Arizona are the most recent states to cover maternal depression screenings under their Medicaid programs to better identify maternal depression during well-child visits and connect mothers to needed follow-up services. With maternal depression screenings available in at least 45 states and DC, the approaches detailed in this case study may inform other state Medicaid programs' efforts to support maternal mental health as part of a two-generational approach.

Endnotes

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