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FINANCING STRATEGIES FOR MEDICAID REIMBURSEMENT OF MATERNAL DEPRESSION SCREENING BY PEDIATRIC PROVIDERS

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The healthy development of young children can be affected significantly by maternal depression. Infants and young children of depressed mothers can experience a range of problems including lower activity levels, fussiness, problems with social interactions, and difficulty achieving age-appropriate developmental and cognitive milestones.¹ Maternal depression is one of the most common yet unrecognized, undiagnosed, and untreated complications of pregnancy. Approximately 10 to 20 percent of women experience depression either during pregnancy or in the first 12 months after delivery.² Among mothers with young children, between 12 and 47 percent experience the condition.³

Pediatric providers (e.g., pediatricians, family physicians, and nurse practitioners) can play a key role in early intervention for maternal depression. In fact, many pediatricians believe it is their responsibility to recognize depression in mothers of young children.⁴ Nearly all mothers come in contact with pediatric providers numerous times, particularly during the first year of their child's life, through well-child and other pediatric visits. Early screening of pregnant women and mothers for depression is an important strategy for identifying women who may need further assessment, treatment and follow-up.

In a recent national survey, nearly one in four responding state agencies (mental health, Medicaid, and maternal and child health) reported that they encouraged pediatric providers to screen for maternal depression and an equal number were planning to do so in the future.⁵ As states place greater emphasis on this issue, state program administrators and policymakers may want to examine how various federal programs, such as Medicaid and the Title V Maternal and Child Health Services Block Grant, can support state efforts. Since Medicaid covers over one-third of all U.S. births to low-income pregnant women,⁶ it is an important source of support for maternal depression screening, assessment, and treatment. Illinois is the only state we identified that has a proactive state policy regarding reimbursement of pediatric providers for maternal depression screening through Medicaid (see below).

KEY STRATEGIES FOR MEDICAID REIMBURSEMENT FOR MATERNAL DEPRESSION SCREENING

States may want to consider implementing one or more of the following strategies to support Medicaid reimbursement of maternal depression screening by pediatric providers:

- Eliminate barriers facing pediatric providers who bill Medicaid for maternal depression screening. State Medicaid agencies may want to review their list of qualified providers to ensure that all pediatric providers who serve young children and their mothers (e.g., pediatricians, family physicians, and nurse practitioners) are eligible to receive reimbursement for maternal depression screening. Some states impose restrictions—such as age limits for patients who can be served by pediatricians—on reimbursement of services conducted by certain pediatric providers. Family physicians may experience fewer barriers to reimbursement for maternal depression screening since these providers are more likely to see both the mother and child for health care. In North Carolina, for example, pediatric providers can receive reimbursement for maternal depression screening under existing state Medicaid rules. However, reimbursement of pediatricians is limited to pregnant and postpartum females who are Medicaid beneficiaries up to age 21.
- Clarify the screening tools that are eligible for Medicaid reimbursement and distinguish reimbursement for screening from reimbursement for in-depth assessments.⁷ Validated tools that screen for maternal depression include the Edinburgh Postnatal Depression Scale, the Postpartum Depression Screening Scale, the Beck Depression Inventory-II, and the Primary Care Evaluation of Mental Disorders.⁸
- Identify billing codes and payment rates that pediatric providers can use for a maternal depression screen. In Illinois, reimbursement for both prenatal and postpartum depression screening is billed as a “risk assessment” using codes H1000 and 99420 at a rate of \$14.60 per screening, in addition to reimbursement for the office visit.
- Determine the best way to reimburse for maternal depression screening. If screening for maternal depression is part of a bundled package of child development or pregnancy-related care services, state Medicaid agencies may want to require pediatric providers to report which of the packaged services are provided in order to track them for quality improvement purposes.
- Encourage providers to conduct screenings as part of a risk-assessment for infants of at-risk mothers. Since research shows that maternal depression is a significant risk factor for infants and young children, screening for maternal depression could be conducted as part of an overall risk assessment for children and pregnant women under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) component of Medicaid.⁹
- Determine how women who exhaust their Medicaid coverage will be covered for services through one-year postpartum. Under federal Medicaid law, states are required to fund pregnancy-related care for 60 days postpartum to women with incomes up to 133 percent of the federal poverty level. Newborns are provided continuous eligibility for up to one year. Some states have extended coverage for postpartum women beyond this 60-day requirement, but in most cases this policy applies only to coverage of family planning services.¹⁰ In addition, postpartum women may be covered for health care services beyond 60 days if they reside in states with family coverage policies under Medicaid. At the minimum, states could take advantage of the 60-day coverage to ensure that postpartum women enrolled in Medicaid receive maternal depression screens, through postpartum and pediatric well-child visits conducted by primary care providers (e.g., obstetricians/gynecologists, pediatricians) and safety net providers (e.g., local health departments, community health centers).

- Provide guidance and support to pediatric providers on resources for referral and follow-up. Pediatric providers may need training on how to conduct a maternal depression screen and help identifying where they can refer women for further assessment and follow-up. In Illinois, pediatric providers can consult with psychiatrists and obtain additional information and resources by calling a toll-free hotline.

CASE STUDY: HOW ILLINOIS REIMBURSES PEDIATRIC PROVIDERS FOR MATERNAL DEPRESSION SCREENING

The Illinois Department of Healthcare and Family Services (IDHFS) began reimbursing primary care providers for maternal depression screening of pregnant women and women with children under age 1, on December 1, 2004. Existing Medicaid policy allows providers to conduct risk assessments of children and pregnant women, so providers who use a pre-approved standardized depression screening tool (the Edinburgh Postnatal Depression Scale, the Beck Depression Inventory, and the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire) can receive Medicaid reimbursement.

For tracking and billing purposes, Illinois Medicaid billing procedures require that providers:

- use the infant's Recipient Identification Number (RIN) when a maternal depression screening occurs during a well-child visit or episodic visit for the infant; and
- use the woman's RIN during the pregnancy and postpartum period (up to one year after the birth), if she is covered by Medicaid.

Enrolled primary care providers (including pediatricians) may conduct a maternal depression screening during a prenatal or postpartum visit, or during an infant well-child or episodic visit. Should a screening indicate that a pregnant or postpartum woman is suffering from depression providers can access a state-wide Perinatal Mental Health Consultation Service. This service provides consultation with psychiatrists and information about management of depression.

Partnerships between the state Medicaid agency and provider organizations representing pediatricians, obstetricians/gynecologists, and family physicians have been instrumental in promoting the new policy among the state's providers. The Illinois Chapter of the American Academy of Pediatrics and the Illinois Academy of Family Physicians are training providers on maternal depression screening and social/emotional screening of children under age three. This new Medicaid policy is one component of a broader state-wide initiative to improve maternal and child health outcomes. For more information, contact Debbie Saunders at: (217) 524-7478 or aid2434@idpa.state.il.us or visit the Illinois Department of Healthcare and Family Services' website at <http://www.hfs.illinois.gov/mch/>.

The ABCD II Program

The ABCD II Program, sponsored by the Commonwealth Fund, is designed to strengthen primary health care services and systems that support the healthy mental development of young children, ages 0-3. The program focuses particularly on preventive care of children whose health care is covered by state health care programs, especially Medicaid. Research has shown that services that support young children's healthy mental development can reduce the prevalence of developmental and behavioral disorders which have high costs and long-term consequences for health, education, child welfare, and juvenile justice systems.

The National Academy for State Health Policy administers the ABCD II Program, helping states create models of service delivery and financing that promote healthy mental development for Medicaid—eligible children. Five states, California, Illinois, Iowa, Minnesota, and Utah were awarded grants for this program in 2004. Although the projects are led by the states' Medicaid agencies, they all entail working in partnership with other key stakeholders to achieve their objectives. Together, these states form the ABCD II Consortium, a laboratory for program development and innovation that shares its findings with all 50 states.

This news brief is one in a series designed to address issues of interest and concern to states seeking to improve services and systems that support young children's healthy mental development. For more information on the ABCD project, please visit the NASHP website: www.nashp.org, choose "Assuring Better Child Health and Development (ABCD)" and then "ABCD II Initiative."

Notes

¹K.M. Weinberg, E.Z. Tronick, "Emotional Characteristics of Infants Associated with Maternal Depression and Anxiety," *Pediatrics*; 102(5): 1298-1304; 1998.

²F.P. Glascoe, "Screening for Maternal Depression," Accessed 1/9/06 at www.dbpeds.org; and B.N.Gaynes, N. Gavin, S. Meltzer-Brody, K.N. Lohr, T. Swinson, G. Gartlehner, S. Brody, and W.C. Miller, *Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes*, Evidence Report/Technology Assessment No. 119, Prepared by the RTI-University of North Carolina Evidence-based Practice Center, under Contract No. 290-02-0016. (Rockville, Maryland, Agency for Healthcare Research and Quality, February 2005), Publication No. 05-E006-2.

³A. Olson, K. Kemper, and K. Kelleher, et al. "Primary care pediatricians' roles and perceived responsibilities in the identification and management of maternal depression," *Pediatrics*; 110(6): 1169-1176; 2002.

⁴Ibid.

⁵*State Approaches to Promoting Young Children's Healthy Mental Development: A Survey of Medicaid, Maternal and Child Health, and Mental Health Agencies* (Portland, ME: National Academy for State Health Policy), 2005.

⁶*MCH Update: States Protect Health Care Coverage during Recent Fiscal Downturn*, (Washington, DC: National Governors' Association), 2005.

⁷Screening refers to a formal method, using a scientifically reliable and validated tool, that is designed to identify women who are at-risk of or experiencing depression and in need of a more in-depth assessment to determine whether treatment is warranted.

⁸F.P. Glascoe, *Screening for Maternal Depression*. Accessed 1/9/06 at www.dbpeds.org; and U.S. Preventive Services Task Force Recommendation, *Screening for Depression: Recommendations and Rationale*, (Rockville, M.D., Agency for Healthcare Research and Quality), accessed 1/9/06 at <http://www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm>.

⁹Medicaid's EPSDT benefit requires that States cover any service or item they can cover under federal Medicaid regulations that is deemed medically necessary to "correct or ameliorate defects and physical and mental illnesses and conditions, regardless of whether the service or item is covered under the State Medicaid program."

¹⁰*MCH Update*, 2005.