

This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself, and is intended for use only during the comment period as a means to provide readers with a summarized list of what is proposed.

The following is a summarized list of the newly proposed policy language:

- Added new benefit language for postpartum depression screening at THSteps checkups
- Explained use of a validated tool required for screening
- Explained expectations for follow up and referral services
- Outlined authorization and documentation requirements
- Identified two new proposed codes when billing for separate reimbursement
- Outlined frequency limitations when billing for postpartum depression screening at checkup

Note: HB 2466 passed during the 85th Regular Legislative Session. This bill allows for providers to be separately reimbursed for one postpartum depression screening during an infant's first year via a THSteps medical visit. The screening is to be billed as part of the child's checkup.

The proposed policy language below has been developed for the new medical benefit. Once finalized, policy language will be added to the Texas Medicaid Provider's Procedure Manual (TMPPM) Vol 2: Children Services Handbook, section 5.

Texas Medicaid

Texas Health Steps (THSteps) Preventive Care Medical Checkups: Postpartum Depression Screening and Referral Services

Statement of Benefits

- 1 The American Academy of Pediatrics (AAP) recommends the infant's provider screen mothers for postpartum depression.
- 2 Postpartum depression is the most common form of postpartum mood disturbance.
- 3 Screening mothers for postpartum depression is appropriate for the general postpartum population.
- 4 Postpartum depression meets the same clinical criteria as major depressive disorder, with the main difference being onset during pregnancy or after delivery.
- 5 While postpartum depression is the most common form of postpartum mood disturbance, providers should be aware that other mood disorders that may arise during the postpartum period include anxiety and panic disorders, obsessive-compulsive disorder, and postpartum psychosis.

- 5.1 Postpartum psychosis is a much 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.
- 6 Screening using a validated tool is required.
- 7 At a minimum, screening using a validated tool should occur at least once during the postpartum period. Some tools may include:
- 7.2 Edinburgh Postnatal Depression Scale
 - 7.3 Postpartum Depression Screening Scale
 - 7.4 Patient Health Questionnaire 9
- 8 Screening alone is inadequate for improving clinical outcomes. A positive screening for postpartum depression requires the THSteps provider to develop a referral plan with the mother.

Positive Screenings: Referrals and Follow-Up

- 9 THSteps providers should 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.
- 10 The THSteps provider and mother should discuss her options so the provider can refer her to an appropriate provider.
- 11 THSteps providers should refer the mother to a provider who can perform further evaluation and determine an appropriate course of treatment, such providers include but are not limited to:
- Obstetricians and Gynecologists
 - Primary care providers
 - Mental health clinicians
 - Community resources such as Local Mental Health Authorities (LMHAs)
- 12 Resources should be provided for support in the interim until the mother is able to access care.
- 13 Scheduling a follow-up visit for the infant sooner than the next scheduled visit may be appropriate in some cases.

Authorization Requirements

- 14 Screening for postpartum mood disorders does not require prior authorization.

Documentation Requirements

- 15 Documentation in the infant's record must include the name of the screening tool used and the date screening was completed.
- 15.1 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 a provider was made.
- 16 Providers may give the mother a copy of the completed screening tool to take with her to referral appointments.
- 17 Documentation should also include any health education or anticipatory guidance provided, along with the time period recommended for the infant's next appointment.

Reimbursement/Billing Guidelines

- 18** Using the procedure codes listed in the table below, THSteps providers may receive a separate reimbursement in addition to the infant checkup.

Table XX: Procedure Codes - Postpartum Depression Screening

Procedure Code	Description and Additional Information
G8431	XXXXX
G8510	XXXXX

- 19** Providers must file claims for postpartum depression screening using the infant's Medicaid client number.
- 20** Claims filed for postpartum depression screening must be billed on the same claim as the THSteps checkup or follow up visit.
- 21** The reimbursement amount for procedure codes listed in table XX covers any and all postpartum depression screenings provided. Screening is recommended to be completed within the first few months following birth, and up to the infant's first birthday.
- 22** Only one reimbursement is allowed per provider. Either G8431 or G8510 may be reimbursed in the 12 months following the infant's delivery.