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

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description and Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8431</td>
<td>XXXXX</td>
</tr>
<tr>
<td>G8510</td>
<td>XXXXX</td>
</tr>
</tbody>
</table>

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.