

MEDICAID MANAGED CARE
MATERNAL POSTPARTUM DEPRESSION BILLING

Effective September 1, 2016, for New York State Medicaid Fee-For-Service, the New York State Department of Health (DOH) allows providers of infant health care to bill for postpartum maternal depression screening under the infant's Medicaid Fee-For-Service identification number. MVP Health Care similarly allows providers of infant health care to bill for postpartum maternal depression screening under the infant's Medicaid Managed Care identification number. In accordance with DOH guidance, the former CPT code used for postpartum maternal depression screening (99420) has been replaced with the following:

- G8431 (with HD modifier) – Screening for clinical depression is documented as being positive and a follow-up plan is documented
- G8510 (with HD modifier) – Screening for clinical depression is documented as negative, a follow-up plan is not required

Additionally, postpartum maternal depression screening using a validated screening tool may be reimbursed up to three (3) times within the first year of the infant's life. This reimbursement is in addition to the payment for an Evaluation and Management (E&M) service. Screening can be provided by the mother's health care provider and/or by the infant's health care provider following the birth. This service can be integrated into the well-child care schedule.

Generally, for those codes where there is no RVU or a flat rate assigned by Medicare, reimbursement will be based on a gap pricing method that is recognized as an acceptable industry standard. If there is no such recognized acceptable industry standard, then MVP will establish a reasonable reimbursement amount. For the codes identified above (G8431 and G8510), there is no RVU or flat rate assigned by Medicare, therefore until such time as CMS assigns an RVU or flat rate MVP will reimburse for these codes at the then current Medicaid rate.

Claims that were submitted with the above codes and HD modifier for dates of service September 1, 2016 and after will be adjusted by MVP. Claims submitted without the HD modifier will not be adjusted by MVP. Provider Offices may submit a corrected claim if within timely filing limits.

**Please contact your Professional Relations Representative
with any questions you may have regarding these changes.**

