

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



**Director, Bureau of Policy and Strategic Engagement
Health Services Administration**

Project Number:	2542-Maternal	Comments Due:	October 17, 2025	Proposed Effective Date:	January 1, 2026
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Policy Subject: Expanded Coverage of Maternal Depression and/or Mental Health Screenings

Affected Programs: Medicaid, MIChild

Distribution: All Providers

Policy Summary: Michigan Medicaid currently covers maternal depression screens up to 6 months of age of the child in accordance with early and periodic screening, diagnosis and treatment requirements. Pursuant to Public Act 246 of 2024 Michigan Medicaid is updating and expanding coverage to include maternal depression and/or mental health screenings for individuals who have given birth at follow-up appointments or well child visit during the postpartum period. Policy implementation is contingent upon the Centers for Medicare & Medicaid Services State Plan Amendment approval.

Purpose: To update and expand coverage of maternal depression and/or mental health screenings for individuals 12 months postpartum.

Proposed Policy Draft

Michigan Department of Health and Human Services
Health Services

Distribution: All Providers

Issued: December 1, 2025 (Proposed)

Subject: Expanded Coverage of Maternal Depression and/or Mental Health Screenings

Effective: January 1, 2026 (Proposed)

Programs Affected: Medicaid, MICHild

NOTE: Implementation of this policy is contingent upon approval of the State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

Pursuant to Public Act 246 of 2024 (PA 246) this bulletin is updating and expanding coverage of maternal depression and/or mental health screenings for individuals 12 months postpartum. PA 246 requires mental health screenings for individuals who have given birth at follow-up appointments or well child visits during the postpartum period if the health professional is seeing the individual in a pediatric or obstetric and gynecological setting and the health professional determines at the follow-up appointment or well child visit that a mental health screening is appropriate for the individual. Healthcare providers in other settings (e.g., family practice or internal medicine) may also provide mental health screenings following the same process when appropriate.

Michigan Medicaid covers early and periodic screening, diagnosis and treatment (EPSDT) services, including maternal depression screenings, in accordance with the American Academy of Pediatrics (AAP) periodicity schedule, its components, and medical guidelines. The AAP periodicity schedule indicates a maternal depression screening is to be performed during each EPSDT well child visit beginning by one month of age and up to 6 months of age of the child. In accordance with PA 246, Michigan Medicaid is expanding coverage for maternal depression and/or mental health screenings for individuals who have given birth, conducted at follow-up appointments or well child visits to 12 months postpartum.

A maternal depression and/or mental health screening conducted by a health professional using an evidenced-based validated and standardized screening tool, such as the Edinburgh scale, assesses an individual's maternal mental health, depression, or other postpartum risk factors. When the maternal depression and/or mental health screening is conducted during the child's visit, the service should be reported under the child's Medicaid ID number as it is considered a service rendered for the benefit of the child. The child's primary care provider (PCP) may bill Current Procedural Terminology (CPT) code 96161. When the maternal

depression and/or mental health screening is conducted by a practitioner during a visit for the postpartum individual such as, but not limited to, a follow-up visit in a primary care or obstetric and gynecological setting, the service should be reported under the postpartum individual's Medicaid ID number. In this instance, the practitioner may bill CPT code 96127.

If the child's PCP or other health professional determines that a postpartum individual may be in need of mental health resources in addition to a mental health screening, the health professional may provide the individual with mental health resources including:

- Information regarding postpartum mental health conditions and their symptoms;
- Treatment options for postpartum mental health conditions;
- Referrals considered appropriate by the health professional for the individual; and
- Any additional supports, services, or information considered appropriate by the health professional to support the individual.