

BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

Bulletin Number: MMP 25-55

Distribution: All Providers

Issued: November 26, 2025

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

Effective: January 1, 2026

Programs Affected: Medicaid, MICHild

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 up to 12 months postpartum. PA 246 requires mental health screenings for individuals 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 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 six 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 to be conducted at follow-up appointments or well-child visits up 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.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



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Health Services