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3 Title: Reimbursement for Postpartum Depression Prevention
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5 Introduced by: Ashton Lewandowski, for the Medical Student Section
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7 Original Authors: Adefolarin Alade, Patrick Ancheta, Heba Basha, Dayaan Ghani, Madison
8 Polay, and Laura Carravallah, MD
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10 Referred To: Reference Committee A
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12 House Action: **APPROVED AS AMENDED**
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15 Whereas, the Centers for Disease Control and Prevention (CDC) reports that more than one
16 in eight women with a recent live birth experience postpartum depression, and
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18 Whereas, untreated mood and anxiety disorders amongst pregnant women and new
19 mothers cost approximately \$14.2 billion over five years, with more than half the costs occurring
20 within the first year due to pregnancy and birth complications, and
21

22 Whereas, the United States Preventive Services Task Force (USPSTF) recommends
23 prevention of depression in pregnant and postpartum women by a wide range of providers in
24 standard prenatal care settings and provides a grade of B, and
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26 Whereas, Section 2713 of the Affordable Care Act requires private insurers to cover
27 preventive services recommended by the USPSTF with a grade of A or B, along with those
28 recommended by ACIP, Bright Futures, and HRSA's guidelines for women's health, and
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30 Whereas, the Affordable Care Act requires insurers to cover these services with no cost-
31 sharing (i.e., no deductible and no co-pay), and
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33 Whereas, given this USPSTF recommendation to provide postpartum depression prevention,
34 these services should be reimbursable under the Affordable Care Act, and
35

36 Whereas, the USPSTF recommends two postpartum depression prevention programs,
37 including the Reach Out, Stay Strong, Essentials for Mothers of Newborns (ROSE) Program and the
38 Mothers & Babies (MB) Program, and
39

40 Whereas, research has shown that receiving either the MB or ROSE intervention during
41 pregnancy reduces the odds of developing postpartum depression by 53 percent and 50 percent
42 respectively, and
43

44 Whereas, prenatal health care providers currently must provide a mental health diagnosis
45 code to bill for postpartum depression prevention, and thus primary prevention does not qualify,
46 and
47

48 Whereas, useful Current Procedural Terminology Codes (CPT) for postpartum depression
49 prevention include but are not limited to 98960-98962 regarding a "non-physician health care

50 professional uses a standard curriculum to educate a patient about his or her disease or disorder to
51 enable the patients and caregivers to effectively manage disease," and

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53 Whereas, California reimburses for these services, but is currently the only state that has
54 done so, and

55

56 Whereas, administration of postpartum prevention interventions by nurses, health
57 educators, community health workers, and other paraprofessionals has been shown to be non-
58 inferior to licensed mental health providers in reducing rates of postpartum depression; therefore
59 be it

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61 RESOLVED: That MSMS advocates for state Medicaid programs to reimburse applicable
62 CPT codes that can be used for postpartum depression prevention by a broad range of health
63 workers, with services currently covered under the Affordable Care Act; and be it further

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65 RESOLVED: That MSMS advocates for an initiative to allow all qualified health care
66 professionals to bill under a "pregnancy" diagnosis code, so that they can deliver perinatal and
67 postnatal mental health preventive interventions; and be it further

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69 RESOLVED: That MSMS advocates for state Medicaid programs to provide avenues for
70 nurses, doulas, community health workers, and health educators trained in these programs as part
71 of physician led health care teams to deliver these primary prevention interventions and be
72 reimbursed; and be it further

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74 RESOLVED: That MSMS advocates for states, payers, and health systems to make evidence-
75 based postpartum depression prevention services the official standard of care and increase bundle
76 payments accordingly statewide; and be it further

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78 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
79 our AMA to advocate for evidence-based postpartum depression prevention services to become
80 the official standard of care for all federally-funded health care programs for pregnant women
81 federally.

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84 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$12,000-\$24,000

Relevant MSMS Policy: None

Relevant AMA Policy:

Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.95

Our AMA: (1) supports improvements in current mental health services for women during pregnancy and postpartum; (2) supports advocacy for inclusive insurance coverage of mental health services during gestation, and extension of postpartum mental health services coverage to one year postpartum; (3) supports appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum; and (4) will continue to advocate for funding programs that address perinatal and postpartum depression, anxiety and psychosis, and substance use disorder through research, public awareness, and support programs.

Sources:

1. Centers for Disease Control and Prevention. (2022, May 23). Depression among women. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/reproductivehealth/depression/index.htm>
2. Clark, M., Searing, A., Ross, D. C., Wagnerman, K., & Gardner, A. (2019, June 10). Maternal depression costs society billions each year, New Model finds. Center For Children and Families. Retrieved from <https://ccf.georgetown.edu/2019/05/31/maternal-depression-costs-society-billions-each-year-new-model-finds/>
3. US Preventive Services Taskforce. (2019, February 12). Perinatal depression: Preventive interventions. Recommendation: Perinatal Depression: Preventive Interventions | United States Preventive Services Taskforce. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions#citation7>
4. Procedure manual appendix I. congressional mandate establishing the U.S. Preventive Services Task Force. United States Preventive Services Taskforce. (n.d.). Retrieved from <https://uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/procedure-manual/procedure-manual-appendix-i>
5. Tandon SD, McGown M, Campbell L, Smith JD, Yeh C, Brady C. Results from an effectiveness-implementation evaluation of a postpartum depression prevention intervention delivered in home visiting programs. *J Affect Disord.* 2022 Oct 15;315:113-120. doi: 10.1016/j.jad.2022.07.033. Epub 2022 Jul 22. PMID: 35878827
6. Aetna. (n.d.). California Assembly Bill 2193 requires maternal mental health screening. Retrieved from <https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/healthcare-professionals/documents-forms/provider-complaint-appeal-request.pdf>
7. AAPC. (n.d.). CPT code 98962 - education and training for patient self-management - codify by AAPC. CPT Code 98962 - Education and Training for Patient Self-Management - Codify by AAPC. Retrieved from <https://www.aapc.com/codes/cpt-codes/98962>
8. Tandon SD, Leis JA, Mendelson T, Perry DF, Kemp K. Six-month outcomes from a randomized controlled trial to prevent perinatal depression in low-income home visiting clients. *Matern Child Health J.* 2014;18(4):873-881
9. Mothers & Babies. (2023, February 13). Mothers and Babies Research. Northwestern Mothers & Babies. Retrieved from <https://www.mothersandbabiesprogram.org/research/effectiveness-research/>
10. Muñoz RF, Le HN, Ippen CG, et al. Prevention of postpartum depression in low-income women: development of the Mamás y Bebés/Mothers and Babies course. *Cognit Behav Pract.* 2007;14(1):70-83
11. Le HN, Perry DF, Stuart EA. Randomized controlled trial of a preventive intervention for perinatal depression in high-risk Latinas. *J Consult Clin Psychol.* 2011;79(2):135-141
12. Zlotnick C, Tzilos G, Miller I, Seifer R, Stout R. Randomized controlled trial to prevent postpartum depression in mothers on public assistance. *J Affect Disord.* 2016;189:263-268
13. Phipps MG, Raker CA, Ware CF, Zlotnick C. Randomized controlled trial to prevent postpartum depression in adolescent mothers. *Am J Obstet Gynecol.* 2013;208(3):192.e1-6
14. Zlotnick C, Miller IW, Pearlstein T, Howard M, Sweeney P. A preventive intervention for pregnant women on public assistance at risk for postpartum depression. *Am J Psychiatry.* 2006;163(8):1443-1445
15. Zlotnick C, Capezza NM, Parker D. An interpersonally based intervention for low-income pregnant women with intimate partner violence: a pilot study. *Arch Womens Ment Health.* 2011;14(1):55-65.]
16. Zlotnick C, Johnson SL, Miller IW, Pearlstein T, Howard M. Postpartum depression in women receiving public assistance: pilot study of an interpersonal-therapy-oriented group intervention. *Am J Psychiatry.* 2001;158(4):638-640.