



**Louisiana Department of Health
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Developmental Screening, Autism Screening and Perinatal Depression Screenings

Effective for dates of service on and after January 1, 2021, Louisiana Medicaid reimburses separately for developmental screening, autism screening and perinatal depression screening.

Developmental and Autism Screening

Each managed care organization (MCO) shall cover developmental and autism screenings administered during Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) preventive visits in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule. The MCO shall also cover developmental and autism screenings performed by primary care providers when administered at intervals outside EPSDT preventive visits if they are medically indicated for an enrollee at-risk for or with a suspected developmental abnormality. The MCO shall include in its manuals the requirements below.

The MCO will only reimburse the use of age-appropriate, caregiver-completed, and validated screening tools as recommended by the AAP.

If an enrollee screens positive on a developmental or autism screen, the provider must give appropriate developmental health recommendations, refer the enrollee for additional evaluation, or both, as clinically appropriate. Providers must document the screening tool(s) used, the result of the screen, and any action taken, if needed, in the enrollee's medical record.

Developmental screening and autism screening are currently reimbursed using the same procedure code. Providers may only receive reimbursement for one developmental screen and one autism screen per day of service. To receive reimbursement for both services performed on the same day, providers may submit claims for two units of the relevant procedure code.

Developmental and autism screening are reimbursed separately when performed according to the AAP/Bright Futures periodicity schedule or when medically indicated. Providers must use a standardized tool referenced by the AAP/Bright Futures.

Perinatal Depression Screenings

Each MCO shall cover perinatal depression screening administered to an enrollee's caregiver in accordance with the AAP/Bright Futures periodicity schedule. The screening can be administered from birth to 1 year during an EPSDT preventive visit, interperiodic visit, or evaluation and management (E&M) office visit. This service is a recommended, but not required, component of well-child care. The MCO shall include in its manuals the requirements below.

Perinatal depression screening must employ one of the following validated screening tools:

- Edinburg Postnatal Depression Scale (EPDS).
- Patient Health Questionnaire 9 (PHQ-9).
- Patient Health Questionnaire 2 (PHQ-2) and, if positive, a full PHQ-9.

Documentation must include the tool used, the results, and any follow-up actions taken. If an enrollee's caregiver screens positive, the provider must refer the caregiver to available resources, such as their primary care provider, obstetrician, or mental health professionals, and document the referral. If screening indicates possible suicidality, concern for the safety of the caregiver or enrollee, or another psychiatric emergency, then referral to emergency mental health services is required.

Though the screening is administered to the caregiver, the MCO shall reimburse this service under the child's Medicaid coverage. If two or more children under age 1 present to care on the same day (e.g., twins or other siblings both under age 1), the provider must submit the claim under only one of the children. When performed on the same day as a developmental screening, providers must append modifier -59 to claims for perinatal depression screening.

MCOs have been instructed to update their systems within 30 days to allow separate reimbursement for these screenings. Additionally, the MCOs have been instructed to recycle all denied or incorrectly paid claims within 15 days after the updating of their systems and to notify providers of their plans for recycling denied claims.