



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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## **All Provider Bulletin 405**

**DATE:** August 2025

**TO:** All Providers Participating in MassHealth Who Render Prenatal, Postpartum, Primary, or Pediatric Care

**FROM:** Mike Levine, Undersecretary for MassHealth

**RE:** **Perinatal Depression Screening and Depression Screening for Infant Caregivers**

### **Background**

This bulletin updates requirements and guidance on perinatal depression screening and depression screening for infant caregivers, including resources, referrals, and screening requirements for providers treating perinatal (pregnant through 12 months postpartum, inclusive of all pregnancy outcomes) members, parents, caregivers, and their infants.

Please note that these guidelines do not apply to behavioral health clinicians as their clinical assessment and work already encompasses the evaluation, diagnosis, and treatment of perinatal mental health conditions.

This bulletin is consistent with requirements in Chapter 186 of the Acts of 2024 and recommendations from professional societies such as the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.

Perinatal depression is one of the most common complications during pregnancy and the postpartum period, affecting about one in five new mothers. If left untreated, it can increase the risk of poor prenatal care, suicide, substance use, and pregnancy complications. Parents and caregivers with untreated depression are at increased risk of worsening physical and mental health during the first year of their infant's life, and their infants are at risk for developmental delays and impaired attachment. Screening for depression and connecting perinatal individuals and infant caregivers to treatment can lead to significant health improvements.

Consistent with Chapter 186 of the Acts of 2024 and in accordance with Appendices W and Z of all MassHealth provider manuals, MassHealth requires primary care providers, obstetricians, gynecologists, certified nurse midwives, and pediatric providers to offer postpartum depression screening to members during the 12 months following the end of pregnancy and take certain actions for positive screens, as described below.

## **Depression Screening Requirements and Guidance for Providers Serving Perinatal Members**

MassHealth requires primary care providers, obstetricians, gynecologists, and certified nurse midwives to offer postpartum depression screening to members during the 12 months following the end of pregnancy and take certain actions for positive screens.

Consistent with guidelines from the American College of Obstetricians and Gynecologists, MassHealth recommends that obstetricians and gynecologists screen for perinatal depression at the initial prenatal visit, later in pregnancy, and at postpartum visits at a minimum.

Effective for dates of service beginning **August 19, 2025**, MassHealth pays for all perinatal depression screenings that occur during pregnancy through 12 months following the end of the pregnancy, inclusive of all pregnancy outcomes, as clinically appropriate. MassHealth pays for one perinatal depression screening per member per date of service. Such depression screenings must be billed using the perinatal member's MassHealth ID number. See the billing code table below.

## **Depression Screening Requirements for Infant Caregivers in Pediatrics**

Pediatricians and providers working with infants are in a unique position to screen for postpartum depression given the frequency of well-child visits during the first year of life.

Per Appendix W of all MassHealth provider manuals and consistent with Chapter 186 of the Acts of 2024, screening the infant's parent(s) or caregiver(s), including paternal, adoptive, and non-birthing caregivers, for postpartum depression or major depressive disorder is required at every pediatric preventive health care visit from the one-month visit to the 12-month visit.

Effective November 21, 2024, per Transmittal Letter ALL-249, MassHealth pays for depression screenings for infant caregivers that occur at any pediatric visit up to the 12-month pediatric preventive health care visit, as clinically appropriate.

Such depression screenings must be billed using the infant's MassHealth ID number. MassHealth does not pay for more than one depression screening for infant caregivers per date of service. Providers must render and bill for depression screenings for infant caregivers in accordance with Appendices W and Z of all MassHealth provider manuals. See the billing code table below.

## **Depression Screening Instruments**

For providers serving perinatal members, a list of approved validated tools can be found at [www.mass.gov/info-details/perinatal-mood-anxiety-disorders-screening-tools-training-and-continuing-education](http://www.mass.gov/info-details/perinatal-mood-anxiety-disorders-screening-tools-training-and-continuing-education).

Pediatric care providers should use a standardized screening tool such as the Edinburgh Postpartum Depression Scale (EPDS) or any of the recommended screening tools listed in the Bright Futures Toolkit under maternal depression at [www.publications.aap.org/toolkits/resources/15625](http://www.publications.aap.org/toolkits/resources/15625).

## Billing Codes for Perinatal Depression Screening and Depression Screening for Infant Caregivers

Code	Visit Type	Description	Modifiers
<b>S3005</b>	Perinatal member visit	Prenatal and Postpartum Depression Screening	U1 – Positive Screen U2 – Negative Screen
<b>96110 + UD</b>	Infant pediatric visit	Depression Screening for Infant Caregivers	U1 – Negative Screen U2 – Positive Screen

For rates for these billing codes, see [101 CMR 317.00](#): *Rates for Medicine Services*.

## Depression Treatment and Referrals

For those who have a positive screen for depression, providers should discuss available treatments for perinatal depression or major depressive disorder, including pharmacological options, and a referral to a mental health clinician, when clinically appropriate, consistent with Chapter 186 of the Acts of 2024 and in accordance with appendix W of all MassHealth provider manuals.

## Recommended Resources

For emergency or crisis concerns, providers and patients may call the [Massachusetts Behavioral Health Hotline](#) at (833)-773-2445 to talk to a trained mental health professional for real-time clinical assessment and to access community mental health resources such as mobile crisis evaluation and referral to a Community Behavioral Health Center for evaluation and ongoing care. To find a Community Behavioral Health Center, go to [www.mass.gov/find-a-cbhc](http://www.mass.gov/find-a-cbhc).

For non-emergency concerns, providers may contact the Massachusetts Child Psychiatry Access Program for Moms (MCPAP for Moms) at [www.mc papformoms.org](http://www.mc papformoms.org) for consultation from a perinatal mental health professional and referral to perinatal mental health services or other supports. Other resources include the National Maternal Mental Health Hotline ([www.mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline](http://www.mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline)), or Postpartum Support International of Massachusetts ([www.psichapters.com/ma](http://www.psichapters.com/ma)). Providers should help coordinate follow-up care as appropriate and pediatric providers should encourage the infant caregiver to follow up with their own health care provider.

## MassHealth Website

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## Questions?

If you have questions about the information in this bulletin, please contact:

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