



Delaware Medicaid: Billing Guide for Providers Treating Pregnant and Parenting People with Substance Use Disorders

Trauma-Informed Care

Implementing trauma-informed care (TIC) for pregnant and parenting people with substance use disorder (SUD) is essential because trauma is both a root cause and a compounding factor in SUD, and pregnancy/postpartum periods are uniquely vulnerable times.ⁱ A history of trauma is likely to affect a person's experience, engagement, and receptiveness to practitioner services and supports and pregnant and parenting people with SUD are a critical area of concern in Delaware. In 2019, more than 20% of pregnant and postpartum women enrolled in Delaware Medicaid (1,902 women) had a SUD diagnosis.ⁱⁱ

According to SAMHSA, 'A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.'ⁱⁱⁱ

Sustainable financing through billable service delivery is one part of a larger, more holistic organizational approach to TIC, such as that described by SAMHSA in its 'Practical Guide for Implementing a Trauma-Informed Approach.'^{iv} Delaware's Medicaid managed care organizations (MCOs) promote trauma-informed care and cover billable services that can support trauma-informed approaches as part of the general Medicaid benefit for a wide range of provider types. This document is a guide to Medicaid managed care billing options to support trauma-informed care for pregnant and parenting people with SUD. **This document does not constitute a guarantee of MCO coverage and should not be taken as full billing guidance.** Please refer to standard billing criteria for detailed definitions and coding requirements.

Sustainable financing for Trauma-informed Care: Overview

While trauma-informed care itself is not simply documented and paid through assigned Current Procedural Terminology (CPT®) codes, there are many billable services that are designed to support trauma-informed service delivery. These include billable services within the categories of screening and assessment, evidence-based treatment, and supports that promote patient engagement and involvement, such as shared decision making and peer recovery supports.

Screening

Trauma-informed screening approaches for pregnant and parenting people with SUD can be supported by standard CPT screening codes including 96127, 99408, and 99409, when used appropriately. Screening can occur in OB-GYN, behavioral health or integrated care settings and is designed to identify behavioral health needs, substance use risk, and—when clinically indicated—trauma exposure that may impact treatment planning and care coordination.

- **CPT code 96127** is used to provide a brief emotional/behavioral assessment using standardized instruments (e.g., PHQ-9, GAD-7, ACEs). This code may support trauma identification when tools like the ACEs questionnaire are used.
- **CPT code 99408** is used to administer an alcohol/substance use screening and brief intervention (15–30 min), typically under the SBIRT model. While not designed to screen for trauma directly, this service may uncover trauma-related concerns during motivational interviewing or risk assessment.
- **CPT code 99409** is used to administer an alcohol/substance use screening and brief intervention (>30 min). Although trauma screening is not the primary intent of this code, as with 99408, trauma may be disclosed during the course of screening and brief intervention.



Example Trauma Screening Tools that may be used with CPT code 96127 when scored and documented¹

The American College of Obstetricians and Gynecologists (ACOG) recommends using a composite screener that includes:

- **EPDS** (Edinburgh Postnatal Depression Scale)
- **PHQ-9**
- **GAD-7**
- **PC-PTSD-5** (*also described below*)
- **MDQ** (Mood Disorder Questionnaire)

These tools are often bundled into workflows for perinatal mental health screening at multiple points during pregnancy and postpartum

Additional trauma screening tools include:

- **Perinatal PTSD Questionnaire (PPQ)** - Screens for post-traumatic stress disorder (PTSD) symptoms specifically related to pregnancy and childbirth.
- **City Birth Trauma Scale (CBTS)** - Assesses PTSD symptoms following childbirth, aligned with DSM-5 criteria.
- **PC-PTSD-5** (Primary Care PTSD Screen for DSM-5) - General PTSD screener adapted for primary care that can be integrated into prenatal and postpartum visits
- **PCL-5** (PTSD Checklist for DSM-5) - Measures PTSD symptom severity.

Assessment

Trauma-informed Assessment for pregnant and parenting people with SUD can be supported by Health Behavior Assessment and Intervention (HBAI) CPT codes, including 96156, 96158 and 96159². These codes are used when the patient's primary diagnosis is physical in nature, and the focus of the assessment and intervention is on factors complicating medical conditions and treatments. These codes describe assessments and interventions to improve the patient's health and well-being utilizing psychological and/or psychosocial interventions designed to ameliorate specific disease-related problems. HBAI codes are only billable by licensed behavioral health professionals and may be employed by women's health practices implementing integrated care approaches or by behavioral health referral partners. A trauma informed assessment involves an in-depth exploration of the nature, severity, and timing of traumatic events and their associated effects and trauma-related symptoms.^v

- **CPT code 96156** is for health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)
- **CPT code 96158** is for health behavior intervention, individual, face-to-face; initial 30 minutes
- **CPT code 96159** is for each additional 15 minutes (List separately in addition to code for primary service)

Evidence-Based Treatment

When a comprehensive assessment suggests that formal treatment of trauma may be warranted as part of an individual's care plan, an appropriately trained clinician may wish to use one or more therapeutic approaches specifically designed to address the trauma symptoms. Multiple evidence-supported interventions to address trauma among adults are available. Some examples of such interventions include: [Cognitive Processing Therapy](#); [Eye Movement Desensitization and Reprocessing](#); [Narrative Exposure Therapy](#); [Prolonged Exposure Therapy for](#)

¹ Validated tools used with CPT codes 99408/99409 (e.g., AUDIT, DAST, ASSIST) focus on substance use risk and are not listed here.

² Additional codes are also available for HBAI services administered with groups, family and caregivers.



[PTSD for Adults](#); [Helping Women Recover & Beyond Trauma](#); and [Seeking Safety](#).

These evidence-based treatment approaches for pregnant and parenting people with SUD are supported by typical CPT codes used to bill for therapy and counseling services by licensed behavioral health professionals. These include individual therapy CPT codes 90832, 90834 and 90837; psychotherapy CPT codes 90833, 90836, 90838 (may only be billed in conjunction with evaluation and management CPT codes); and family and group therapy CPT codes 90846, 90847, 90849, 90853. With the exception of family therapy codes, these CPT codes can be used with the interactive complexity add-on code 90785 to account for additional complexity (e.g., language barriers or high emotional intensity), supporting a trauma-informed approach. Treatment services must be trauma-specific, culturally appropriate, grounded in evidence, accessible, effective, and adhere to trauma-informed approach principles.

Code	Description
90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90853	Group psychotherapy (other than of a multiple-family group)
90785	Interactive complexity (List separately in addition to the code for primary procedure)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy

Engagement and Involvement

Information in this section provides a high-level overview of reimbursement opportunities to sustain patient engagement in care, including person-centered care planning, shared decision-making and peer recovery support services. A cornerstone of trauma-informed care is also engaging individuals with lived experiences, those in recovery, those receiving services, and their families.

Category	Code	Engagement & Involvement Approach	Provider Type
Care Management ³	Principal care management codes: 99424, 99425, 99426, 99427	Person-centered planning	99424, 99425: Physician or other qualified healthcare professional 99426, 99427: Clinical staff under the direction of a Physician or other qualified healthcare professional
	Chronic care management codes: 99490, 99439, 99491, 99437	Person-centered planning	99490, 99439: Clinical staff under the direction of a Physician or other qualified healthcare professional 99491, 99437: Physician or other qualified health care professional
	Complex chronic care management codes: 99487, 99489	Person-centered planning	Physician or other qualified health care professional

³ See also, Delaware Medicaid Care Management Billing Quick Reference Guide.



	Principal Illness Navigation codes: G0023, G0024	Person-centered planning Shared decision- making	Clinical staff under general supervision (billing provider not required to be present) and “incident-to” the services of a physician or other qualified healthcare professional
Evaluation & Management	Evaluation and Management codes: 99202-99215	Shared decision- making	Physician or other qualified healthcare professional
Preventive Medicine	Preventive Medicine Counseling Codes: 99401-99404	Shared decision- making	Physician or other qualified healthcare professional
Peer Supports	Principal illness navigation – peer support: G0140, G0146	Person-centered planning Shared decision- making Peer support	Certified peer support specialists and trained auxiliary personnel (e.g. community health workers, navigators) under general supervision (billing provider not required to be present) and “incident-to” the services of a physician or other qualified healthcare professional.
	Peer recovery supports: H0038	Person-centered planning Shared decision- making Peer support	Qualified peer support specialists according to each Medicaid MCO’s credentialing requirements.

Qualified Providers

Delaware Medicaid allows physicians and other qualified healthcare professionals (e.g., nurse practitioners, physician assistants) acting within their scope of practice and licensure to provide billable services. Additionally, time spent by clinical staff (such as a social worker or registered nurse) that is under the direction of a physician or other qualified healthcare professional may be billable for select services. Additional practitioner billing and documentation requirements for Delaware Medicaid providers can be found in DMMA’s [“Practitioner Provider Specific Policy Manual.”](#) Delaware’s Medicaid MCOs may have additional conditions for MCO network participation.

Co-Pays

Pregnant and postpartum women are exempt from Delaware Medicaid copayment requirements and are not responsible to pay for medically necessary, covered services provided by Delaware Medicaid providers.

Patient Consent

Treating practitioners must always obtain a patient’s permission before services are delivered. Documentation of the patient/family’s verbal consent in the medical record is required for each service.

Medicaid Coverage of Related CPT Codes

To request coverage of related billing codes through Delaware’s Medicaid managed care program, providers may contact their Provider Network Specialist or outreach to provider relations via the email addresses listed below.

- **AmeriHealth Caritas Delaware:** delawareprovidernetwork@amerihealthcaritas.com
- **Centene Delaware First Health:** DE_ProviderEngagement@delawarefirstthealth.com
- **Highmark Blue Cross Blue Shield Delaware:** HHOPProviderRelations@highmark.com

If you have questions about this guidance, please contact Dr. Sherry Nykiel, Behavioral Health Medical Director, at Sherry.Nykiel@delaware.gov.



Resources

- Addressing specific needs of women with SUD: <https://library.samhsa.gov/sites/default/files/pep20-06-04-002.pdf>
- Practical Guide to Implementing a Trauma-informed approach: <https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>
- Screening and Assessment:
 - SAMHSA's TIP 57 on Trauma-Informed Care in Behavioral Health Services has a section on [Creating an Effective Screening and Assessment Environment](#) that outlines considerations for how to approach a screening and assessment process.
 - Assessment and screening tools research: <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-025-02820-8#Sec1>
 - Implementing perinatal mental health screening: <https://www.acog.org/programs/perinatal-mental-health/implementing-perinatal-mental-health-screening>
- **CPT Coding:**
 - American Medical Association. (2024). *CPT® 2025: Current Procedural Terminology (Professional ed.)*. American Medical Association.

Resource Alert: Maintaining Confidentiality⁴

Providers who treat patients with addiction must know substance use-related disclosure rules and confidentiality requirements. The Substance Abuse and Mental Health Services Administration (SAMHSA) lists frequently asked questions on substance use confidentiality and summarizes federal regulations about disclosure and patient records that federal programs maintain on addiction treatment (<https://www.samhsa.gov/about/faqs/confidentiality-regulations>). Key points include:

- Confidentiality regulations prohibit specialty SUD treatment programs from sharing information with healthcare professionals about patients' SUD treatment without specific consent from patients.
- Referrals to other behavioral health services require consent for sharing information on treatment progress.
- Healthcare professionals should discuss confidentiality and consent with patients during the referral process.
- Substance use disorder (SUD) medication prescribers may consider requiring patient consent for communicating with treatment programs as a condition of receiving SUD treatment.

In February 2024, the U.S. Department of Health & Human Services modified select provisions of 42 CFR Part 2, which is the federal statute that protects SUD patient records. A summary of major changes can be found at: <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html>.

ⁱ Substance Abuse and Mental Health Services Administration. (2021). Addressing the Specific Needs of Women for Treatment of Substance Use Disorders. Advisory. SAMHSA Publication No. PEP20-06-04-002. Accessed at: <https://library.samhsa.gov/sites/default/files/pep20-06-04-002.pdf>

ⁱⁱ Gifford, K., McDuffie, M. J., Turkel, E., & Lynch, E. (2022, February 2). *Substance Use Disorder Among Delaware Medicaid Clients: Annual Prevalence Report 2014–2019*. University of Delaware Center for Community Research & Service. Delaware Department of Health and Social Services. https://dhss.delaware.gov/wp-content/uploads/sites/9/dmma/pdf/sud_prevalence_study_final_report_20220208.pdf

ⁱⁱⁱ Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023. Accessed at: <https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>

⁴ <https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf>



^{iv} Ibid.

^v Ibid. Pg. 32 of 51