PROVIDER BULLETIN



Dear Provider,

Aetna Better Health of Florida (ABHFL) has adopted nationally accepted evidence-based preventive services guidelines (PSG) from the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention (CDC). We did this to help improve health care. These guidelines are not meant to direct coverage or benefits determinations or treatment decisions.

Screening for depression is recommended in healthy children 12-17 year of age with normal risks. ABHFL has added two new HCPCS Codes to report Depression Screening in order to comply with the Florida Healthy Kids (FHK) depression screening measurement requirements. **Please** reference the chart below when billing for routine preventive depressive screening for children ages 12-17 year of age.

HCPCS Codes	Description	Reimbursement
G8431	Screening for depression is documented as being positive and a follow-up plan documented	\$18
G8510	Screening for depression is documented as negative, a follow- up plan is not required	\$18

For specific coverage information, members should refer to their plan's Evidence of Coverage, contact their employer's benefits department or call us at the number on their plan member ID card.

For additional information regarding all of our Preventive Service Guidelines please visit our **Preventive Services Guidelines.**



We appreciate the excellent care you provide to our members. If you have any questions please feel free to contact us via e-mail: FLMedicaidProviderRelations@Aetna.com. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

Provider Relations Department **Aetna Better Health of Florida**

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