

Depression Screening G Codes: Provider Frequently Asked Questions (FAQ)

Magellan requests that providers begin submitting G codes for depression screening per the specification of this notice effective June 1, 2025. Please see reference to the March 6, 2025 Provider Notice [here](#). The below FAQ document can be used for additional guidance.

Q. Does the diagnosis of depression or bipolar need to be primary and show on the claim when the service is billed?

A. No. The ICD code for depression or bipolar disorder does not need to be primary but should be on the claim.

Q. Is this an assessment that is completed at each initial evaluation and then annually?

A. Yes.

Q. Do we assess clients as they enter and then annually for those here beyond 12 months after implementation?

A. Yes.

Q. Does the G-code need to remain on each service and claim for the year?

A. The G-code should be included on the claim for the date the screening is completed.

Q. The notice indicates at the start that we should not use the screening G codes for persons already diagnosed with depression or bipolar. It then goes on to list a code for documenting that the patient has an active diagnosis of depression/bipolar. Should we be using the G codes only for new diagnostic screenings, or should we be using them during routine diagnostic screenings as well? And if the latter is the case, what does the first statement mean/what situations should we *not* be using the G codes?

A. G codes should be used upon intake, during the course of treatment if the member is being newly screened/diagnosed with depression or bipolar, and annually thereafter for follow-up.

Q. Are these codes qualifiers, or are they separate billing codes? What would the billing set-up for documenting these codes then look like?

A. G Codes for depression screening cannot be submitted as a standalone claim.

Q. Is G9717 required to be used as the memo notes that G codes do not need to be reported for persons already diagnosed with depression or bipolar disorder?

A. A G code for depression screening must be reported with procedure codes 90791 or 90792. The provider should select the appropriate G code among the four choices for each intake. If the provider has acceptable documentation verifying a diagnosis of depression or bipolar disorder, then a screen for depression does not need to be conducted. In this case, G9717 should be reported.

Q. Does this apply to members with secondary Magellan coverage?

A. No.

Q. Can you please provide clarification on the required Core Depression Screening requirements?

A. A screening must be completed for any new clients who are receiving an Assessment (90791 or 90792). A screening should also take place annually for all existing clients and this screening should take place within that assessment.

Q. Is Extended Acute Care (EAC) required to submit G codes starting June 1st?

A. If billing as Partial Hospital Program (PHP), yes, the EAC is required to submit G codes starting June 1st.

Q. Is there separate billing that needs to be completed for the depression screening requirement?

A. There is no separate billing that needs to occur. This should be included on the same claim as the assessment.

Q. We already use PHQ9 for depression, what would be the corresponding G outcome? If the answer is positive on any of the questions, would that correspond to the G8431 code “screening for depression is documented as positive?”

A. See below for appropriate codes.

Procedure Code	Service Description
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8433	Screening for depression not completed documented patient or medical reason
G8510	Screening for depression is documented as negative; a follow-up plan is not required
G9717	Documentation that the patient has an active diagnosis of depression or has a diagnosis of bipolar disorder

Q. Should we submit the claim with a penny on a separate form or does Magellan want it on the same claim as 90791/90792 (add on)?

A. This should be sent on the same claim with a \$0.01 on the G code claim line. G Codes for depression screening cannot be submitted as a standalone claim.

Q. Will there be an issue with claims rejections due to using codes that are not in our contract?

A. No, using G codes will not cause an issue that causes claims rejections.

Q. Can we add G codes to H codes?

A. Please reference the depression screening qualifying codes listed in the provider notice [here](#).

Q. Should the code G9717 be included on every claim for patients with depression or bipolar disorder?

A. A “G code” for depression screening must be reported with procedure codes 90791 or 90792. The provider should select the appropriate G code among the four choices for each intake.

Q. Please clarify if this requirement is applicable to Psychiatric Mental Health Nurse Practitioners.

A. Yes, this requirement is applicable to all practitioner types that may bill the services noted in the Provider Announcement, (i.e., MH OP clinics, Psychologists, Psychiatrists and SUD OP clinics).