

Screening Codes for Tobacco Use and Suicide Safety Planning

Provider Frequently Asked Questions (FAQ)

To support performance measure monitoring and oversight for the OMHSAS Quality Management Tobacco Recovery Quality Initiative and OMHSAS Performance Improvement Project (PIP), OMHSAS requires Magellan Behavioral Health of Pennsylvania (Magellan) to collect both tobacco use screening data (via G Codes through claims submissions) as well as suicide safety plan data (via M Codes through claims submissions). Please see reference to the December 2, 2025 Provider Notice [here](#). The FAQ document below can be used for additional guidance.

Q. The memo states most of the codes are informational only, which suggest some of them may not be. Is there a fee associated with some of them and if so, is there a fee schedule?

A. There are no fees associated with the tobacco screening G codes. For suicide safety codes (M codes), the list of corresponding CPT codes should be used when submitting M codes. Some of these codes may be listed on your agency's fee schedule. Please reference the correspondence linked above.

Q. Which types and/or intervention codes would require these codes?

A. Please refer to the CPT codes listed where an M code can be accompanied on a claim.

Q. Are there specific programs or products that qualify?

A. Any program that completes tobacco screenings and/or completes suicide safety plans should use the G and M codes.

Q. Are these codes to be used in combination with regular billing codes on every claim submission or used during the treatment planning sessions or ongoing assessments?

A. Magellan is not dictating a frequency by which these screenings, and therefore codes, should be used. We encourage that tobacco use should be a part of the regular screening process providers engage in when working with members. This may include initial engagement or upon an annual reassessment. Any follow-up screenings and/or services would be based on the outcome of the initial screening and the warranted clinical recommendations.

Tobacco (G-Code) Questions:

Q. Some items are defined by absence (e.g., “patient did not complete smoking assessment”). Does this mean every visit will require at least one and possibly multiple additional codes?

A. Members should be screened at least once a year.

Q. What is the guidance on tobacco screening—should this be completed once, annually, or at another interval?

A. Tobacco screening should be completed at least once a year.

Q. We are an IBHS provider and many of our clients are younger. What is the age expectation for use of the G codes?

A. There is no age expectation. Please use clinical provider judgment to make this determination.

Suicide Safety Planning (M-Code) Questions:

Q. The CPT codes that are listed with the M codes all appear to be outpatient and psych testing, is this expectation not applicable to IBHS/ABA and Case Management services?

A. The list of CPT codes should be used when submitting M codes.

Q. When a client has died, this is typically documented in an incident note, which is non-billable and therefore not linked to a code (e.g., M1356). How should we handle this situation?

A. The provider would notify Magellan of a member’s death through an adverse incident report.

Q. Can more than one code be used at the same time? For example, could M1350 and M1352 both apply during the same visit?

A. Yes, multiple M codes can be listed on a claim.

Q. Could you help explain the difference between M1352 and M1355?

A. M1352 states suicidal ideation and/or behavioral symptoms based on the C-SSRS or equivalent assessment and M1355 states suicide risk based on their clinician’s evaluation or a clinician-rated tool.

Q. IBHS rarely uses 90791, except in cases in which a member’s TPL (third party liability) insurance requires it. This then only occurs once every two years. How are we to comply with this expectation?

A. Please submit M codes, as appropriate, based on the CPT codes listed in the communication. Please note that codes do not need to be submitted if Magellan is secondary payer.