Date	09/01/2026
Purpose	Provider bulletin: Remind providers about HCPCS codes and reimbursement for adolescent depression screening
To	Florida Healthy Kids (FHK) network providers
From	Aetna Better Health of Florida (ABHFL)
Subject	HCPCS Codes and Reimbursement for Depression Screening

Provider Notice

HCPCS Codes and Reimbursement for Depression Screening — Reminder

Dear Provider,

Action required: When conducting routine depression screening for eligible Florida Healthy Kids members ages 12 through 17, document the screening result and use the applicable HCPCS code when submitting the claim. If the screening result is positive, document a follow-up plan.

Aetna Better Health of Florida (ABHFL) follows nationally recognized, evidence-based preventive services guidelines, including recommendations from the U.S. Preventive Services Task Force. The USPSTF recommends screening adolescents ages 12 through 18 for major depressive disorder. This recommendation applies to adolescents who do not have a diagnosed depression disorder and are not showing recognized signs or symptoms of depression. Screening should be supported by appropriate systems for diagnosis, treatment, and follow-up.

For eligible FHK members ages 12 through 17, use the applicable HCPCS code below to report the depression screening result. ABHFL reimburses $18 for each applicable code, subject to member eligibility, covered benefits, provider contract terms, correct coding, required documentation, and standard claim-processing rules.

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

Providers should submit claims in accordance with all applicable coding, documentation, coverage, and billing requirements. Coverage and payment are subject to the member's eligibility and benefits on the date of service, the provider's contract, and applicable ABHFL policies. The schedule of allowances represents the maximum reimbursement for a covered service; payment may be based on the applicable

allowance or the provider's usual charge, whichever is less, as provided in the FHK Provider Manual.

For additional information about preventive services guidance, please review our **Preventive Services Guidelines**.

We appreciate the care you provide to our members. If you have questions about this FHK bulletin, please contact Provider Services:

Phone: FHK: 1-844-528-5815 (TTY: 711)
Email: FLProviderEngagement@aetna.com

Thank you,
Aetna Better Health of Florida
www.aetnabetterhealth.com/florida