

Incorporating Mental Health Screening Into Adolescent Office Visits | PSC-Y

TeenScreen[®] Primary Care

TeenScreen[®] National Center for Mental Health Checkups at Columbia University

To order more questionnaires, email Mentalhealthcheckups@childpsych.columbia.edu, call (212) 265-4426 or visit www.teenscreen.org

Administering and Scoring the PSC-Y Screening Questionnaire

Administering

- The youth self-report version of the Pediatric Symptom Checklist (PSC-Y) can be used with patients between the ages of 11 and 18 and takes less than five minutes to complete and score.
- The PSC-Y can be administered and scored by a nurse, medical technician, physician assistant, physician or other office staff.
- Patients should be left alone to complete the PSC-Y in a private area, such as an exam room or a private area of the waiting room.
- Patients should be informed of their confidentiality rights before the PSC-Y is administered.
- It is recommended that parents are informed that a mental health checkup will be administered as part of the exam.
- The American Academy of Pediatrics recommends that mental health screening be conducted annually.

A Survey From Your Healthcare Provider – PSC-Y

TeenScreen[®] Primary Care

Name _____ Date _____ ID _____

Please mark under the heading that best fits you or circle Yes or No

	Never 0	Sometimes 1	Often 2
- 1. Complain of aches or pains			
- 2. Spend more time alone			
- 3. The easily, little energy			
● 4. Fidgety, unable to sit still			
- 5. Have trouble with teacher			
- 6. Less interested in school			
● 7. Act as if driven by motor			
● 8. Daydream too much			
● 9. Distract easily			
- 10. Are afraid of new situations			
▲ 11. Feel sad, unhappy			
- 12. Are irritable, angry			
▲ 13. Feel hopeless			
● 14. Have trouble concentrating			
- 15. Less interested in friends			
■ 16. Fight with other children			
- 17. Absent from school			
- 18. School grades dropping			
▲ 19. Down on yourself			
- 20. Visit doctor with doctor finding nothing wrong			
- 21. Have trouble sleeping			
▲ 22. Worry a lot			
- 23. Want to be with parent more than before			
- 24. Feel that you are bad			
- 25. Take unnecessary risks			
- 26. Get hurt frequently			
▲ 27. Seem to be having less fun			
- 28. Act younger than children your age			
■ 29. Do not listen to rules			
- 30. Do not show feelings			
■ 31. Do not understand other people's feelings			
■ 32. Tease others			
■ 33. Blame others for your troubles			
■ 34. Take things that do not belong to you			
■ 35. Refuse to share			
◆ 36. During the past three months, have you thought of killing yourself?	Yes	No	
◆ 37. Have you ever tried to kill yourself?	Yes	No	

● = A < 7 ▲ = 1 to 5 ■ = 6 to 7 Note—the sub scores do not impact the overall score; they are for interpretation purposes only.

FOR OFFICE USE ONLY

Plan for Follow-up: Annual screening Return visit w/ PCP Referred to counselor
 Patient declined Already in treatment Referred to other professional

Q 36 or Q 37? TS ≥ 30

Scoring

- Each item on the PSC-Y is scored as follows:
Never = 0 Sometimes = 1 Often = 2
- To calculate the score, add all of the item scores together:
 - Total Score = _____ (range 0–70)
 - If items are left blank, they are scored as 0.
 - If four or more items are left blank, the questionnaire is considered invalid.
 - Note if either suicide question has been endorsed (Questions 36 and 37).
- Score is positive if:
 - Total Score ≥ 30**
 - OR**
 - Recent suicidal ideation is reported (Q36)
 - OR**
 - Past suicide attempt is reported (Q37)

Interpreting the Screening Results

■ Patients that score positive on their PSC-Y should be evaluated by the primary care provider (PCP) to determine if the symptoms endorsed on the questionnaire are significant, causing impairment and warrant a referral to a mental health specialist or follow-up or treatment by the PCP.

■ For patients who score negative on the PSC-Y, it is recommended that the PCP briefly review the symptoms marked as “sometimes” and “often” with the patient.

■ For help assessing mental illness and suicide risk, order the *TeenScreen Post-Screening Interview Guide*.

■ The questionnaire indicates only the likelihood that a youth is at risk for a significant mental health problem or suicide; its results are not a diagnosis or a substitute for a clinical evaluation.

Individual Problem Areas (For Interpretation Only)			
<p>Internalizing Problems ▲ (i.e., Depression or Anxiety)</p> <ul style="list-style-type: none"> • Feel sad, unhappy • Worry a lot • Feel hopeless • Seem to be having less fun • Down on yourself 	<p>Attention Problems ● (i.e., ADHD)</p> <ul style="list-style-type: none"> • Fidgety, unable to sit still • Distract easily • Act as if driven by motor • Daydream too much • Have trouble concentrating 	<p>Externalizing Problems ■ (i.e., Conduct Disorder, Oppositional Defiant Disorder)</p> <ul style="list-style-type: none"> • Fight with other children • Tease others • Do not listen to rules • Refuse to share • Do not understand other people’s feelings • Blame others for your troubles • Take things that do not belong to you 	<p>Suicidality ◆ (if either question is endorsed, further assess for suicidal thinking and behavior and depression)</p> <ul style="list-style-type: none"> • Recent suicide ideation • Prior suicide attempt
Non-Categorized Items			
<ul style="list-style-type: none"> • Complain of aches or pains • Spend more time alone • Tire easily, little energy • Do not show feelings • Have trouble with teacher 	<ul style="list-style-type: none"> • Less interested in school • Are afraid of new situations • Are irritable, angry • Less interested in friends 	<ul style="list-style-type: none"> • Absent from school • School grades dropping • Visit doctor with doctor finding nothing wrong • Have trouble sleeping • Feel that you are bad 	<ul style="list-style-type: none"> • Want to be with parent more than before • Take unnecessary risks • Get hurt frequently • Act younger than children your age

Engaging and Informing Parents

- Inform parents of the screening results (positive or negative), and recommendations for referral, treatment or follow-up.
- Provide parents with information about the next steps and offer support and assistance with finding or making an appointment with a behavioral health specialist.
- Give information to parents about why the referral is being made, how the services you are referring can help, and details about where you are sending them.
- Compile a list of appropriate referral resources in the community and share that list with families of patients that receive a referral.
- Work with the patient’s existing insurance benefit to determine the referral resources that are available to them.
- Obtain written permission from parents to allow the transfer of information between the PCP and the behavioral health specialist who accepts the referral.

For more information about making a referral, please refer to our *Guide to Referral*, available upon request.

Coding and Payment

The following is a comprehensive list of relevant codes that may be used to bill for mental health checkups. These codes are not guaranteed to work with all payers.

Mental Health Screening

96110 – Developmental screening, with interpretation and report, per standardized instrument form.

HCPCS Level II Code G0451 - Developmental testing with interpretation and report, per standardized instrument form.

Health Risk Assessment Code

99420 – This code may be used for the administration and interpretation of a health risk assessment instrument.

Evaluation and Management Codes (E/M)

PCPs may report an office or outpatient E/M code using time as the key factor when a limited screening test is administered along with an E/M service.

Modifier 25

Modifier 25 tells insurers that the particular visit is different; it should be added to the office /outpatient visit to indicate that a significant, separately identifiable E/M service was performed in addition to the preventive medicine visit. Note that many insurers do not reimburse for modifier 25.

Relevant ICD-9 (Diagnosis) Codes

V20.2 – Well-child, preventative health visits

V79.8 – Special screening exam for mental disorders and developmental handicaps

V40.0 – Mental and behavioral health problems

Established Patients	New Patients
99211 (5 minutes)	99201 (10 minutes)
99212 (10 minutes)	99202 (20 minutes)
99213 (15 minutes)	99203 (30 minutes)
99214 (25 minutes)	99204 (45 minutes)
99215 (40 minutes)	99205 (60 minutes)

For more information about coding and payment for mental health issues, please refer to our *Guide to Coding and Payment*, available upon request

A Survey From Your Healthcare Provider – PSC-Y

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Please mark under the heading that best fits you or circle Yes or No			Never 0	Sometimes 1	Often 2
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■	34. Take things that do not belong to you				
■	35. Refuse to share				
◆	36. During the past three months, have you thought of killing yourself?			Yes	No
◆	37. Have you ever tried to kill yourself?			Yes	No

TS _____

Q 36 or Q 37=Y ◆ TS ≥ 30

● = A ≥ 7 ▲ = I ≥ 5 ■ = E ≥ 7 Note – the sub scores do not impact the overall score; they are for interpretation purposes only.

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- Plan for Follow-up Annual screening Return visit w/ PCP Referred to counselor
 Parent declined Already in treatment Referred to other professional

Source: Pediatric Symptom Checklist – Youth Report (PSC-Y)