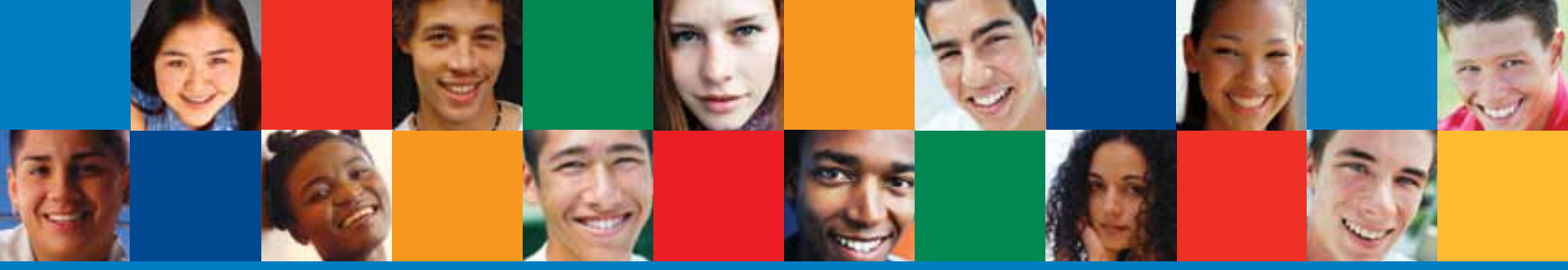


Incorporating Mental Health Screening Into Adolescent Office Visits | PSC-Y

TeenScreen® Primary Care

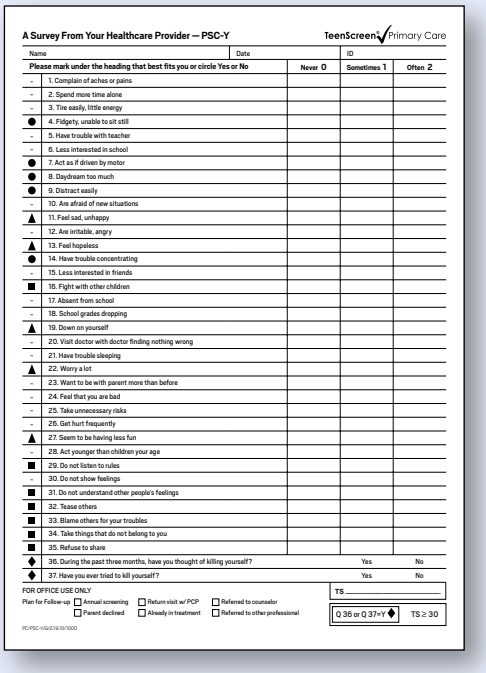
TeenScreen® National Center for Mental Health Checkups at Columbia University

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. Tire 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

FOR OFFICE USE ONLY

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

TS _____

Q 36 or Q 37=Y ◆ TS ≥ 30

PC/PSC-Y/©2/16/10/1000

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 (Q 37)

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)

Internalizing Problems ▲ *(i.e., Depression or Anxiety)*	Attention Problems ● *(i.e., ADHD)*	Externalizing Problems ■ *(i.e., Conduct Disorder, Oppositional Defiant Disorder)*	Suicidality ◆ *(if either question is endorsed, further assess for suicidal thinking and behavior and depression)*
• Feel sad, unhappy • Worry a lot • Feel hopeless • Seem to be having less fun • Down on yourself	• Fidgety, unable to sit still • Distract easily • Act as if driven by motor • Daydream too much • Have trouble concentrating	• 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	• Recent suicide ideation • Prior suicide attempt

Non-Categorized Items

• Complain of aches or pains • Spend more time alone • Tire easily, little energy • Do not show feelings • Have trouble with teacher	• Less interested in school • Are afraid of new situations • Are irritable, angry • Less interested in friends	• Absent from school • School grades dropping • Visit doctor with doctor finding nothing wrong • Have trouble sleeping • Feel that you are bad	• Want to be with parent more than before • Take unnecessary risks • Get hurt frequently • Act younger than children your age

Making a Referral and Notifying Parents

- Inform parents of the screening results (positive or negative), recent suicidal thinking, past suicide attempts 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 mental health professional.
- Compile a list of mental health 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 mental health resources that are available to them.
- Obtain written permission from parents to allow the transfer of information between the PCP and the mental health professional who accepts the referral.

Obtaining Reimbursement

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 – Standardized, developmental and mental health testing/screening; limited with interpretation and report.

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.

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)

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.

Corresponding 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

A Survey From Your Healthcare Provider — PSC-Y

TeenScreen® Primary Care

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■	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

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