



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



## 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<sup>®</sup> 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	

● = 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

☐ Parent declined   ☐ Already in treatment   ☐ Referred to other professional

TS \_\_\_\_\_

Q 36 or Q 37 = 1   TS ≥ 30

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

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

## 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*.

## 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
<b>99211</b> (5 minutes)	<b>99201</b> (10 minutes)
<b>99212</b> (10 minutes)	<b>99202</b> (20 minutes)
<b>99213</b> (15 minutes)	<b>99203</b> (30 minutes)
<b>99214</b> (25 minutes)	<b>99204</b> (45 minutes)
<b>99215</b> (40 minutes)	<b>99205</b> (60 minutes)

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

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◆	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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