

CCNC Adolescent Well-Care: Surveillance and Screening

There are 2 assessments that are components of the adolescent well-visit, and both are recommended in the NC 2018 Health Check Program Guide.

Strength and Risks:

Bright Futures 4th Edition emphasizes a strength-based approach at all well-visits and recommends a psychosocial assessment at all well-visits. In the early years of the NC CHIPRA Grant, a survey of adolescents across the state regarding their health care, revealed that being asked about what was going well and goals for the future is a priority for adolescents (not just being asked about what is going wrong). For adolescents, assessing for risks and strengths is a key part of the well-visit.

Tools: Tools for this include the Bright Futures Supplemental Adolescent Questionnaires, the RAAPS (Rapid Assessment for Adolescent Preventive Services), and HEADSSS.

Coding: **96160** – health risk assessment

Depression:

Both Bright Futures and the USPSTF recommend routinely screening adolescents for depression starting at age 12. Depressive symptoms and depression itself are common in adolescents. (Depression- up to 6%; 20% will have at least one episode of major depression before age 18). Additionally, suicide is the second leading cause of death of youth between age 10 and 17.

Tools: PHQ-2/PHQ-9 Modified for Adolescents.

To assess for suicidality – SAFE-T (Suicide Assessment Five-step Evaluation and Triage), SBQ-R (Suicide Behaviors Questionnaire-Revised), SIQ (Suicidal Ideation Questionnaire).

Coding: **96127**

See [CCNC Pediatrics: Adolescent Depression: Screening, Follow-up and Co-management Guidelines](#) for an office process algorithm. The [Adolescent Depression Resource Guide](#) also contains information on SSRI use in pediatric primary care, and on referral to, and communication with, Mental Health Professionals.