

Coding for Adolescent Well-Care

There are two assessments that are components of the adolescent well-visit:

Strengths & Risks:

- Bright Futures 4th Edition emphasizes a strength-based approach 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: 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** – health risk assessment

See the **CCNC Pediatrics: Adolescent Depression: Screening, Follow-up and Co-management Guidelines** for an office process algorithm. This resource guide also contains information on SSRI use in pediatric primary care, and on referral to, and communication with, Mental Health Professionals.

You may find the resource guide at: <https://www.communitycarenc.org/what-we-do/clinical-programs/pediatrics/tools/adolescent-depression/download>.