CCNC PEDIATRICS

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.