



CCNC Pediatrics: Surveillance & Screening

Clarification of Terms:

Surveillance:

- Routine elicitation of family/patient concerns about development, behavior, or learning.
- Generally accomplished by conversation and observation.

Screening:

- Primary screening- formal screening done with the **total** population to identify those who are at risk.
 - Examples include PSC, SDQ, Bright Futures Adolescent Supplemental, GAPS, and HEADSSS
 - These are tools with validation and cutoff scores, except the adolescent screens that are formal surveillance tools.

Social-emotional screening:

- More specific screening done when risk is identified on a primary screen.
- Examples include the SCARED, CDI, CES-DC, PHQ-Modified for Adolescents, Vanderbilt, Conners...
- Note that a specific screen may be used as a primary screen if there is known risk in a given population.
 - Examples include **PHQ-9 Modified for Adolescents**, CRAFFT

Evaluation/Assessment:

- Goes beyond screening to ascertain diagnosis and develop recommendations for intervention or treatment.
- This is generally not done by the primary care medical home, unless co-located or integrated professionals are in the practice.
 - For example, evaluation is done in the schools, by a developmental & behavioral pediatrician, a psychologist, a psychiatrist, a geneticist, etc.

Role of the Medical Home:

- Develop a reliable system for integration of surveillance, screening, referral, follow-up, and linkage to resources into the office workflow.
- Develop relationships with specialists & community agencies to include standardized referral and feedback processes.
- Follow criteria for referral after a positive screen. There is **no rationale** for a “wait and see” approach as it delays early intervention.

Billing & Coding (if these codes are used at a Well Visit, must add EP modifier):

96160:

- Can code two per visit
- Code pays \$7.91 (at well visit and at E+M visit)
 - Examples: Bright Futures Adolescent Supplemental Questionnaire, GAPS, HEADSSS

96127

- Can code two per visit
- Code pays \$4.10 (at well visit and at E+M visit)
 - Examples: PSC, SCARED, CDI, CES-DEC, PHQ-9 Modified for Adolescents, Vanderbilt, Conners

99408:

- May be reported in addition to E/M or Health Check
- Code pays \$30.73 (only code if screen is positive & counseling is documented from 3-15 minutes)
 - Examples: CRAFFT for Substance Use/Abuse