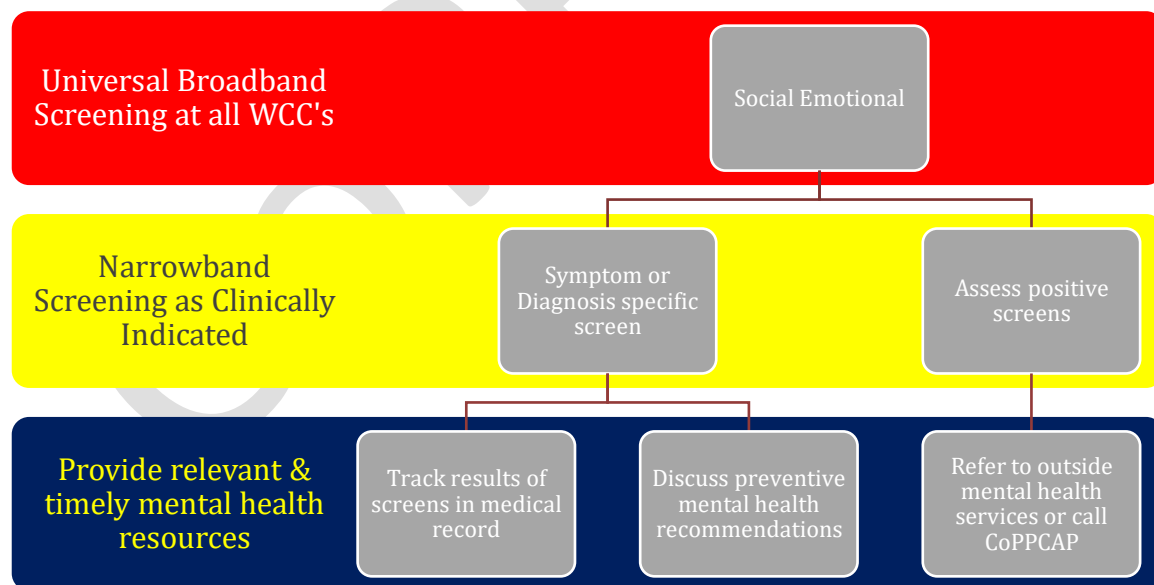


SCREENING & ASSESSMENT IN PEDIATRIC PRIMARY CARE

In primary care, CoPPCAP recommends providers consider the use of socioemotional screening “broadband” measures at annual well child visits. **Broadband screening** measures are meant to be used to assess multiple areas of functioning and quickly discern strengths and weaknesses in the general population. If concern is warranted, then a provider may consider the use of a **narrowband screening** form that further assesses symptomatology related to a particular disorder or condition. Taken together, the broadband and narrowband screening forms are complimentary to give primary care providers information about a child’s overall level of functioning and aid in collecting specific information to help to make a specific diagnosis or to assess the severity of symptoms.



UNIVERSAL BROADBAND SCREENING AT ALL WCC'S

Broadband screening for social-emotional problems is recommended by the American Academy of Pediatrics for all Well Child Checks (WCC). Selection of an appropriate social-emotional broadband screen may be based off a patient's age. Federal guidelines recommend (EPDST) social-emotional broadband screening at yearly Well Child Checks (WCC). Below, CoPPCAP lists information on validated broadband social-emotional screening forms that are open source and may be used at no cost to the provider:

Screener. DxCategory	Screener.Name	Screener.Ac ronym	Screener.Description
Social- Emotional Development	The Survey of Well-being of Young Children	SWYC	The Survey of Well-being of Young Children (SWYC) TM is a freely-available, comprehensive screening instrument for children under 5 years of age. The SWYC was written to be simple to answer, short, and easy to read. The entire instrument requires 15 minutes or less to complete and is straightforward to score and interpret. The SWYC is approved by MassHealth for compliance with the Children's Behavioral Health Initiative screening guidelines. The SWYC is copyright © 2010 Tufts Medical Center. Every SWYC form includes sections on developmental milestones, behavioral/emotional development, and family risk factors. At certain ages, a section for Autism-specific screening is also included. Age-specific SWYC forms are available for each age on the pediatric periodicity schedule from 2 to 60 months.
	2-60 months Caregiver Report	⇒ English ⇒ Spanish	
Social- Emotional Development	Preschool Pediatric	PPSC ⇒ English	The Preschool Pediatric Symptom Checklist (PPSC) is a social/emotional screening instrument for children 18–60 months of age. The PPSC was created as one part of a comprehensive screening instrument

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	Symptom Checklist	⇒ Spanish	designed for pediatric primary care and is modeled after the Pediatric Symptom Checklist.
	18-60 months Caregiver Report		
Social-Emotional Development	Brief Early Childhood Screening Assessment	Brief ECSA* ⇒ English	The Brief ECSA screens children 18-60 months for signs of emotional and behavioral problems.
	18-60 months Caregiver Report		
Social-Emotional Development	Pediatric Symptom Checklist – 17 item	PSC-17 ⇒ English ⇒ Spanish	The Pediatric Symptom Checklist is a 17-item screening questionnaire listing a broad range of children's emotional and behavioral problems that reflects parents' impressions of their child's psychosocial functioning. The screen is intended to facilitate the recognition of emotional and behavioral problems so that appropriate interventions can be initiated as early as possible. The PSC-17 is used to screen for childhood emotional and behavioral problems including those of attention, externalizing, and internalizing.
	4-18 years Caregiver Report		
Social-Emotional Development	Pediatric Symptom Checklist – Youth – 17 item	PSC-Y-17 ⇒ English ⇒ Spanish	The Pediatric Symptom Checklist - Youth - 17 is a 17 item screening questionnaire listing a broad range of behavioral and psychosocial problems in youth. The screen is intended to facilitate the recognition of emotional and behavioral problems so that appropriate interventions can be initiated as early as possible. The PSC-Y-17 is used to screen for
	11-18 years		

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	Self-Report		emotional and behavioral problems including those of attention, externalizing, internalizing, and suicidal ideation.
Social-Emotional Development	Ages & Stages Questionnaire: Social Emotional	ASQ-SE	SQ:SE- 2 is a set of questionnaires about behavior and social- emotional development in young children. There are nine questionnaires for different ages to screen children from 1 month to 6 years old.
	1-72 months Caregiver Report	\$\$\$	

NARROWBAND SCREENING AS CLINICALLY INDICATED

Narrowband screening for mental health problems is recommended whenever broadband measures suggest additional screening may be warranted, or if clinical concern arises during the primary care appointment. Selection of an appropriate narrow screen may be based off symptom profile or diagnostic category. Below, CoPPCAP lists information on validated narrowband screening forms that are open source and free from copyright infringement:

Screeners.Dx Category	Screeners.Name	Screeners.A cronynm	Screeners.Description
ADHD*	NICHQ Vanderbilt Assessment Scale Diagnostic Rating Scale	Vanderbilt	The Vanderbilt Assessment Scale is a 55-question assessment tool that reviews symptoms of ADHD. It also looks for other conditions such as conduct disorder, oppositional-defiant disorder, anxiety, and depression.
	6-12 years Caregiver Report	⇒ English ⇒ Spanish	

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	Teacher Report		
Anxiety	Spence Children's Anxiety Scale	SCAS	The Spence Children's Anxiety Scale (SCAS) is a psychological questionnaire designed to identify symptoms of various anxiety disorders, specifically social phobia, obsessive-compulsive disorder, panic disorder/agoraphobia, and other forms of anxiety, in children and adolescents between ages 8 and 15. Developed by Susan H. Spence and available in various languages, the 45 question test can be filled out by the child or by the parent. There is also another 34 question version of the test specialized for children in preschool between ages 2.5 and 6.5. Any form of the test takes approximately 5 to 10 minutes to complete.
	2.5 – 6.5 years (preschool) 8 – 15 years (child) Caregiver Report Self-Report	⇒ English ⇒ Spanish	
Anxiety	Screen for Child Anxiety Related Disorders	SCARED	The SCARED is a child and parent self-report instrument used to screen for childhood anxiety disorders including general anxiety disorder, separation anxiety disorder, panic disorder, and social phobia. In addition, it assesses symptoms related to school phobias.
	8 – 18 years Caregiver Report Self-Report	⇒ English ⇒ Spanish	
Anxiety	Generalised Anxiety Disorder Assessment	GAD-7	The Generalised Anxiety Disorder Assessment (GAD-7) is a seven-item instrument that is used to measure or assess the severity of generalised anxiety disorder (GAD). Each item asks the individual to rate the severity of his or her symptoms over the past two weeks.
	13 – 18 years Self-Report	⇒ English ⇒ Spanish	
Autism	Modified Checklist for Autism in Toddlers, Revised	M-CHAT-R	The M-CHAT-R, which stands for Modified Checklist for Autism in Toddlers, Revised with Follow-Up, is a screening tool for parents to assess their child's risk for Autism Spectrum Disorder (ASD). The M-CHAT-R/F is an autism screening tool designed to identify children 16 to 30 months of age who should receive a more thorough
	16 – 30 months Caregiver Report	⇒ English ⇒ Spanish	

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			assessment for possible early signs of autism spectrum disorder (ASD) or developmental delay.
Depression	Short Mood and Feelings Questionnaire	SMFQ	The Short Mood and Feelings Questionnaire (SMFQ-short), child version, is an 13 item subscale from a longer 33-item questionnaire (the original MFQ). This instrument should be used as an indicator of depressive symptoms and not as a diagnostic tool and therefore does not indicate whether a child or adolescent has a particular disorder. Diagnoses of mental disorder should only be made by a trained clinician after a thorough evaluation.
	6 – 18 years Caregiver Report Self-Report	⇒ English ⇒ Spanish	
Depression	Patient Health Questionnaire - 9A (modified for teens)	PHQ-9A	The PHQ-9 is the nine item depression scale of the patient health questionnaire.* It is one of the most validated tools in mental health and can be a powerful tool to assist clinicians with diagnosing depression and monitoring treatment response. The nine items of the PHQ-9 are based directly on the nine diagnostic criteria for major depressive disorder in the DSM 5.
	13 – 18 years Self-Report	⇒ English ⇒ Spanish	
Depression	Patient Health Questionnaire - 9 item	PHQ-9	The Patient Health Questionnaire (PHQ) is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the 9 DSM-IV criteria as “0” (not at all) to “3” (nearly every day).
	12+ Self-Report	⇒ English ⇒ Spanish	
Depression	Edinburgh Postnatal Depression Scale	EPDS	The Edinburgh Postnatal Depression Scale (EPDS) is a set of 10 screening questions that can indicate whether a parent has symptoms that are common in women with depression and anxiety during pregnancy and in the year following the birth of a child.
	18+ Self-Report	⇒ English ⇒ Spanish	

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Eating Disorders	Eating Attitudes Test	EAT-26 ⇒ English	The Eating Attitudes Test (EAT, EAT-26), created by David Garner, is a widely used self-report questionnaire 26-item standardized self-report measure of symptoms and concerns characteristic of eating disorders. The EAT has been a particularly useful screening tool to assess "eating disorder risk" in high school, college and other special risk samples such as athletes. Screening for eating disorders is based on the assumption that early identification can lead to earlier treatment, thereby reducing serious physical and psychological complications or even death. Furthermore, EAT has been extremely effective in screening for anorexia nervosa in many populations.
	12 – 18+ Self-Report		
Substance Abuse	CRAFFT	CRAFFT ⇒ English ⇒ Spanish	The CRAFFT Screening Test is a short clinical assessment tool designed to screen for substance-related risks and problems in adolescents. CRAFFT stands for the key words of the 6 items in the second section of the assessment - Car, Relax, Alone, Forget, Friends, Trouble.
	14 – 21+ years Self-Report		
Substance Abuse	Screening to Brief Intervention	S2BI ⇒ English	The Screening to Brief Intervention (S2BI) tool consists of frequency of use questions to categorize substance use by adolescent patients ages 12-17 into different risk categories. The accompanying resources assist clinicians in providing patient feedback and resources for follow-up.
	12 – 17 years Self-Report		
Suicide	Ask Suicide Screening Questions	ASQ ⇒ English ⇒ Spanish	The Ask Suicide-Screening Questions (ASQ) Toolkit is a free resource for medical settings (emergency department, inpatient medical/surgical units, outpatient clinics/primary care) that can help nurses or physicians successfully identify youth at risk for suicide.
	10 – 24 years Self-Report		

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Suicide	Columbia Suicide Severity Rating Scale	C-SSRS ⇒ English ⇒ Spanish	The Columbia–Suicide Severity Rating Scale (C-SSRS) is an assessment tool that evaluates suicidal ideation and behavior.
	5+ years Provider interview		
Trauma	Child PTSD Symptom Scale	CPSS ⇒ English	The CPSS is designed to assess PTSD diagnosis and symptom severity in children ages 8–18 who have experienced a traumatic event. It has 24-items, 17 of which correspond to the DSM-IV symptoms. Each of the 17 items is rated on a scale from 0 to 3 with total score ranging from 0 to 51.
	8 – 18 years Self-Report		
Trauma	Primary Care PTSD Screen	PC-PTSD ⇒ English	The PC-PTSD is a 4-item screen that was designed for use in primary care and other medical settings and is currently used to screen for PTSD.
	13+ years Self-Report		
Trauma	Trauma History Screener – Youth	THS-Y ⇒ English ⇒ Spanish	A measure of PTSD and related symptoms, including those related to complex trauma disorders.
	3 – 18 years Caregiver Report Self-Report		
Trauma	Young Child PTSD Screen	YC-PTSD ⇒ English	The YCPS is intended to quickly screen for PTSD in the acute aftermath of traumatic events (2-4 weeks after an event) and/or in settings where there would not be time for longer assessments or more in-depth mental health assessment is not available. The screen is not intended for a general assessment of PTSD or to make a diagnosis.
	3 – 6 years Caregiver Report		

PROVIDE RELEVANT & TIMELY MENTAL HEALTH RESOURCES

After providing recommended screening using broadband or narrowband efforts, as clinically indicated, it is important to document the results in the patient's medical record. Doing so allows the pediatric provider direct access to past screening results, recognition of increases/decreases in symptoms between visits, and encourages conversation around the patient's mental health. Additionally, after reviewing results of broadband or narrowband screening forms with patients, be sure to discuss relevant preventative mental health recommendations that may be effective in improving a patient's ability to function successfully and feel content. If results of screening forms or direct clinical questioning/observation warrant further mental health support, consider referring your patient to outside mental health services in your area or call CoPPCAP to discuss treatment options in Colorado.

Additionally, try to be mindful of the multiple factors (including social determinants of health) and adverse childhood experiences that can impact our mental health and optimal development. Social, biological and neurological sciences have provided insight into the role of risk and protective factors in the development of mental disorders. Biopsychosocial risk and protective factors have been identified across the lifespan from as early as fetal life. Many of these factors are modifiable and therefore potential targets for prevention and promotion efforts. High comorbidity among mental disorders and their interrelatedness with physical illnesses and social problems stress the need for integrated policies and access to resources.

BILLING & REIMBURSEMENT

Some states in the US have ratified legislation mandating reimbursement via Medicaid or insurance providers. In Colorado, the EPDS and PHQ-9 are

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reimbursable by Medicaid. The table below shows reimbursement codes that have been utilized by screener.

Examples (not comprehensive)	96110 ¹	96127 ²	96160 ³	96161 ⁴
Acute Concussion Evaluation (ACE)			X	
Ages and Stages Questionnaire (ASQ)	X			
Ages and Stages Questionnaire: Social Emotional (ASQ:SE)		X		
Beck Depression Inventory (BDI)		X		
Beck Youth Inventory – Second Edition (BYI-II)		X		
Behavior Assessment Scale for Children – 2nd Ed. (BASC-2)		X		
Children’s Depression Inventory (CDI)		X		
Conners Rating Scale		X		*
CRAFT Screening Interview		X	X	
Edinburgh Postnatal Depression Scale (EPDS)		X		*
Modified Checklist for Autism in Toddlers – Revised (MCHAT-R)	X			
Patient Health Questionnaire (PHQ-2 or PHQ-9)		X		*
Parents’ Evaluation of Developmental Status (PEDS)	X			
Screen for Child Anxiety Related Disorders (SCARED)		X		
Vanderbilt ADHD rating scales		X		*

*When assessing caregiver, but billing under patient

¹ **96110 Developmental screening** (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

² **96127 Brief emotional/behavioral assessment** (e.g., depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale), with scoring and documentation, per standardized instrument

³ **96160 Administration of patient-focused health risk assessment instrument** (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument

⁴ **96161 Administration of caregiver-focused health risk assessment instrument** (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

Further Resources:



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™



Screening Technical Assistance & Resource Center

CHILD DEVELOPMENT ★ MATERNAL DEPRESSION ★ SOCIAL DETERMINANTS OF HEALTH

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