



Incorporating Mental Health Screening Into Adolescent Office Visits | PHQ-9

Administering and Scoring the PHQ-9 Screening Questionnaire

Administering

- The Patient Health Questionnaire Modified for Teens (PHQ-9 Modified) can be used with patients between the ages of 12 and 18 and takes less than five minutes to complete and score.
- The PHQ-9 Modified can be administered and scored by a nurse, medical technician, physician assistant, physician or other office staff.
- Patients should be left alone to complete the PHQ-9 Modified in a private area, such as an exam room or a private area of the waiting room.
- Patients should be informed of their confidentiality rights before the PHQ-9 Modified is administered.
- The American Academy of Pediatrics and the U.S. Preventive Services Task Force recommends that depression screening be conducted annually.

A Survey From Your Healthcare Provider — PHQ-9 Modified for Teens TeenScreen[®] Primary Care

Name _____ Clinician _____
 Medical Record or ID Number _____ Date _____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks?
 For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

10. In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes? Yes No

11. If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?
 Not difficult at all Somewhat difficult Very difficult Extremely difficult

12. Has there been a time in the past month when you have had serious thoughts about ending your life? Yes No

13. Have you **ever**, in your **whole life**, tried to kill yourself or made a suicide attempt? Yes No

FOR OFFICE USE ONLY Score _____
 Q. 12 and Q. 13 = Y or YS = +11

Source: Patient Health Questionnaire Modified for Teens (PHQ-9) (Author: Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues) PCPHQ-9 March 4 10/1000

Scoring

- **For every X:**
 Not at all = 0
 Several days = 1
 More than half the days = 2
 Nearly every day = 3
 Add up all "X"ed boxes on the screen.

Defining a Positive Screen on the PHQ-9 Modified:

- Total scores ≥ 11 are positive

Suicidality:

Regardless of the PHQ-9 Modified total score, endorsement of serious suicidal ideation OR past suicide attempt (questions 12 and 13 on the screen) should be considered a positive screen.

Interpreting the Screening Results

- Patients that score positive on the questionnaire should be evaluated by their primary care provider (PCP) to determine if the depression symptoms they endorsed on the screen are significant, causing impairment and/ or warrant a referral to a mental health specialist or follow-up treatment by the PCP.
- It is recommended that the PCP inquire about suicidal thoughts and previous suicide attempts with all patients that score positive, regardless of how they answered these items on the PHQ-9 Modified.
- For patients who score negative on the PHQ-9 Modified, it is recommended that the PCP briefly review the symptoms marked as “more than half days” and “nearly every day” with the patient.
- The questionnaire indicates only the likelihood that a youth is at risk for depression or suicide; its results are not a diagnosis or a substitute for a clinical evaluation.

Depression Severity

- The overall score on the PHQ-9 Modified provides information about the severity of depression, from minimal depression to severe depression.
- The interview with the patient should focus on their answers to the screen and the specific symptoms with which they are having difficulties.
- Additional questions on the PHQ-9 Modified also explore dysthymia, impairment of depressive symptoms, recent suicide ideation and previous suicide attempts.

Total Score: Depression Severity

- 1–4: Minimal depression
- 5–9: Mild depression
- 10–14: Moderate depression (≥ 11 = Positive Score)
- 15–19: Moderately severe depression
- 20–27: Severe depression

Engaging and Informing Parents

- Inform parents of the screening results (positive or negative), and recommendations for referral, treatment or follow-up.
- Provide parents with information about the next steps and offer support and assistance with finding or making an appointment with a behavioral health specialist.
- Give information to parents about why the referral is being made, how the services you are referring can help, and details about where you are sending them.
- Compile a list of appropriate referral resources in the community and share that list with families of patients that receive a referral.
- Work with the patient’s existing insurance benefit to determine the referral resources that are available to them.
- Obtain written permission from parents to allow the transfer of information between the PCP and the behavioral health specialist who accepts the referral.

For more information about making a referral, please refer to the *Guide to Referral*.

Coding and Payment

The following is a comprehensive list of relevant codes that may be used to bill for mental health checkups. These codes are not guaranteed to work with all payers.

Mental Health Screening

96110 – Developmental screening, with interpretation and report, per standardized instrument form.

HCPCS Level II Code G0451 - Developmental testing with interpretation and report, per standardized instrument form.

Health Risk Assessment Code

99420 – This code may be used for the administration and interpretation of a health risk assessment instrument.

Evaluation and Management Codes (E/M)

PCPs may report an office or outpatient E/M code using time as the key factor when a limited screening test is administered along with an E/M service.

Modifier 25

Modifier 25 tells insurers that the particular visit is different; it should be added to the office / outpatient visit to indicate that a significant, separately identifiable E/M service was performed in addition to the preventive medicine visit. Note that many insurers do not reimburse for modifier 25.

Relevant ICD-9 (Diagnosis) Codes

- V20.2** – Well-child, preventative health visits
- V79.8** – Special screening exam for mental disorders and developmental handicaps
- V40.0** – Mental and behavioral health problems

Established Patients	New Patients
99211 (5 minutes)	99201 (10 minutes)
99212 (10 minutes)	99202 (20 minutes)
99213 (15 minutes)	99203 (30 minutes)
99214 (25 minutes)	99204 (45 minutes)
99215 (40 minutes)	99205 (60 minutes)

For more information about coding and payment for mental health issues, please refer to our *Guide to Coding and Payment*.

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6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

10. In the past year have you felt depressed or sad most days, even if you felt okay sometimes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?	<input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult	

12. Has there been a time in the past month when you have had serious thoughts about ending your life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever , in your whole life , tried to kill yourself or made a suicide attempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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