# Section 6: Billing and Encounter Data Reporting

	Recommendation from Healthy Kids Preventive Health Schedule	Examples of Acceptable Standardized Tools	Billing Guidelines	Limitations
Post-partum depression screening	Screening recommended at 1, 2, 4 and 6-month well child checks. Providers may "pre- screen" with PHQ-2 to determine if a longer standardized screening tool is needed. <b>PHQ-2 may not be</b> <b>billed.</b>	<ul> <li>Patient Health Questionnaire- 9 (PHQ-9)</li> <li>Edinburgh Postnatal Depression Scale (EPDS)</li> </ul>	<ul> <li>96161: Caregiver-focused health risk assessment may be billed only when a standardized screening tool is used.</li> <li>Billing should occur under child's MA number</li> </ul>	<b>96161 will be reimbursed up to 4 units total per child through age 12 months.</b> 0 units will be reimbursed age 13 months and older.
Developmental screening	Surveillance recommended at every well child visit; use of standardized screening tool required for all children at 9, 18 and 24 months (and whenever concern).	<ul> <li>Ages and Stages Questionnaires (ASQ)</li> <li>Parents' Evaluation of Developmental Status (PEDS)</li> </ul>	<b>96110</b> : Developmental screening may be billed only when a standardized screening tool is used and results documented	<ul> <li>96110 will be reimbursed up to 8 units total per child through age 5 years. 0 units will be reimbursed age 6 years and older.</li> <li>A maximum of 2 units of 96110 will be reimbursed per visit when both a general developmental screen and an autism screen are conducted; OR</li> <li>96110 may be combined with other screening codes when appropriate (ex. 96127) for a maximum of 2 units of screening reimbursed per visit</li> </ul>
Autism screening	Surveillance recommended at every well child visit; use of standardized screening tool required for all children at 18 and 24 months (and whenever concern).	• Modified Autism Checklist in Toddlers, Revised with Follow-up (MCHAT-R/F): 16-30 months	<b>96110</b> : Developmental screening may be billed only when a standardized screening tool is used and results documented	<ul> <li>96110 will be reimbursed up to 8 units total per child through age 5 years. 0 units will be reimbursed age 6 years and older.</li> <li>A maximum of 2 units of 96110 will be reimbursed per visit; OR</li> <li>96110 may be combined with other screening codes (ex. 96127) for a maximum of 2 units of screening per visit</li> </ul>

## Table 6. 1. Pediatric Screening/Assessments in Healthy Kids Preventive Health Schedule

# Section 6: Billing and Encounter Data Reporting

	Recommendation from Healthy Kids Preventive Health Schedule	Examples of Acceptable Standardized Tools	Billing Guidelines	Limitations
Mental health/ behavioral assessment	Annually beginning at 3 years of age. Use of standardized screening tool is recommended.	<ul> <li>Pediatric Symptom Checklist (PSC-Y)</li> <li>Strengths and Difficulties Questionnaire (SDQ)</li> <li>Ages and Stages Questionnaire – Social Emotional (ASQ-SE)</li> <li>Early Childhood Screening Assessment</li> </ul>	96127: Brief emotional/ behavioral assessment may be billed only when a standardized screening tool is used and results documented	A maximum of 2 units of 96127 will be reimbursed per visit; OR 96127 may be combined with other screening codes (ex. 96110) for a maximum of 2 units of screening per visit
Depression screening	Screening recommended annually beginning at 11 years of age.	<ul> <li>PHQ-9 Modified for Teens</li> <li>Pediatric Symptom Checklist (PSC-Y)</li> <li>Center for Epidemiological Studies Depression Scale for Children (CES-DC)</li> <li>Beck Depression Inventory (BDI)</li> </ul>	96127: Brief emotional/ behavioral assessment may be billed only when a standardized screening tool is used and results documented. NOTE: PHQ-2 may not be billed.	A maximum of 2 units of 96127 will be reimbursed per visit; OR 96127 may be combined with other screening codes (ex. W7000) for a maximum of 2 units of screening per visit
Substance use assessment	Annually beginning at 11 years of age; use of brief screening tool is recommended. Positive screens should be followed by brief intervention and referral for treatment when indicated (SBIRT: Screening, Brief Intervention, and Referral to Treatment)	CRAFFT     CAGE-AID	W7000: Alcohol and/or substance use disorder screening may be billed only when a standardized screening tool is used and results documented. W7020: Intervention; > 3 minutes up to 10 minutes W7021: Intervention; >10 minutes up to 20 minutes W7022: Intervention; >20 minutes	A maximum of 1 unit of W7000 will be reimbursed annually for recipients age 11 and up W7000 may be combined with other screening codes (ex. 96127) for a maximum of 2 units of screening per visit A maximum 4 interventions will be reimbursed annually per recipient age 11 and up

# Section 6: Billing and Encounter Data Reporting

ADHD Assessment	Recommendation         AAP clinical policy         recommends use of ADHD-         focused parent and teacher         ratings scales as a component         of screening/diagnosis when         there is concern	<ul> <li>Examples of Acceptable Standardized Tools</li> <li>Vanderbilt ADHD Diagnostic Rating Scales – Parent and Teacher</li> <li>Conners-3 Ratings Scales</li> <li>ADHD Rating Scale-5 for Children and Adolescents</li> </ul>	Billing Guidelines 96127: Brief emotional/ behavioral assessment may be billed only when a standardized screening tool is used and results documented.	Limitations A maximum of 2 units of 96127 will be reimbursed per visit
Other disorder- focused mental health screening/ assessment	Disorder-focused mental health screening and assessment tools may be used when there is a specific concern, ex. anxiety	<ul> <li>Screen for Childhood Anxiety Related Disorders (SCARED)</li> <li>Spence Children's Anxiety Scale</li> </ul>	<b>96127</b> : Brief emotional/ behavioral assessment <b>may</b> <b>be billed only when a</b> <b>standardized screening</b> <b>tool</b> <b>is used and results</b> <b>documented.</b>	A maximum of 2 units of 96127 will be reimbursed per visit
ADHD Assessment	AAP clinical policy recommends use of ADHD- focused parent and teacher ratings scales as a component of screening/diagnosis when there is concern	<ul> <li>Vanderbilt ADHD Diagnostic Rating Scales – Parent and Teacher</li> <li>Conners-3 Ratings Scales</li> <li>ADHD Rating Scale-5 for Children and Adolescents</li> </ul>	96127: Brief emotional/ behavioral assessment may be billed only when a standardized screening tool is used and results documented.	A maximum of 2 units of 96127 will be reimbursed per visit
Other disorder- focused mental health screening/ assessment	Disorder-focused mental health screening and assessment tools may be used when there is a specific concern, ex. anxiety	<ul> <li>Screen for Childhood Anxiety Related Disorders (SCARED)</li> <li>Spence Children's Anxiety Scale</li> </ul>	96127: Brief emotional/ behavioral assessment may be billed only when a standardized screening tool is used and results documented.	A maximum of 2 units of 96127 will be reimbursed per visit

# Table 6. 2. Other Pediatric Mental Health Screening/Assessments