

PRESIDENT'S COLUMN

Depression and Depression Screening



■ Karen Dineen Wagner, MD, PhD

I am excited that the *Presidential Initiative Task Force on Depression Awareness and Screening* has agreed to help organize articles on depression and depression screening for *AACAP News*, beginning with this one.

The following article by **Kai-ping Wang, MD**, specifically delves into the use of screening and symptom instruments. It gives detailed background on specific codes, including when they should be used and the associated reimbursements. It

is a helpful overview that serves as a practical breakdown of a nuanced topic.

I would love to hear any feedback you have on depression and depression screening, my initiative, or other ideas you think can help move our efforts forward. ■

Karen Dineen Wagner, MD, PhD
President, AACAP

CPT Screening Codes



■ Kai-ping Wang, MD

Do you use screening or symptom instruments? Chances are good that you're leaving money on the table.

The passage of required mental health coverage under the Affordable Care Act led to introducing the brief emotional/behavioral assessment (96127) in January 2015. This code reimburses for each standardized screening scored and documented in the patient's medical record. Typically, the service is billed at a patient visit. While 96127 closely parallels developmental screening (96110), they are completely different services.

In 2017, Administration and Interpretation of Health Risk Assessment

Instrument (99420) was replaced by Administration of Patient-Focused Health Risk Assessment Instrument (96160) and Administration of Caregiver-Focused Health Risk Assessment Instrument (96161). All four codes—96110, 96127, 96160, and 96161—are largely practice expense without any physician work value. This reflects instrument scoring being typically done by administrative staff and does not require a physician or otherwise qualified healthcare professional. Interpretation and diagnosis is separately accounted by another code—usually an evaluation/management code.

The currently published relative value units (RVUs) for the codes being discussed are: 96110, 0.27; 96127, 0.16; 96160, 0.13; and 96161, 0.13. The RVUs differ because these codes were reviewed during different years. Using the 2018 Medicare Physician Fee Schedule conversion factor of \$35.99, reimbursements would be 96110, \$9.72; 96127, \$5.76; 96160, \$4.68; and 96161, \$4.68.

While insurers may limit the number of instances reimbursed per patient visit and/or per day, per Current Procedural Terminology (CPT) rules you may bill

for each use of each standardized instrument properly interpreted and documented in the medical record. For example, scoring two ADHD assessments and a SCARED would allow you to bill 96127 three times in addition to the applicable service code.

Now let's get a little more confused. (Skip this paragraph if you're wise!) In the American Medical Association's CPT Manual, 96110 and 96127 are sectioned under "Central Nervous System Assessments/Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing)." The codes 96160 and 96161 are part of "Health and Behavior Assessment/Intervention" which include ". . . psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems." For this second group of codes, the CPT manual makes an odd distinction: "the focus. . . is not on mental health but on the biopsychosocial factors important to physical health problems and treatments." Many potential instruments theoretically fit either 96127 and 96160.

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CPT Screening Codes *continued from page 121*

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		*
CRAFFT 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

Most psychiatrists employing these codes will be using 96127. If you’re screening parents (or other family caregivers) for mental health issues impacting your patient, then you can use 96161. Psychiatrists working with young children or autism spectrum disorders also use 96110 if they are screening for developmental delays. While psychiatrists are unlikely to use 96160, they may be using a standardized scale to evaluate behavioral effects resulting from head injury.

Please note that with all these codes, you can only report when:

- There is a practice expense (e.g., staff time, screening tool cost).
- The instrument is standardized (i.e., validated tools scored in a consistent manner).
- The results are documented. ■

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