

Based on the Bright Futures Periodicity Schedule, several structured screenings are recommended throughout a child's life to screen for issues like maternal depression, developmental delays, autism, and depression. These structured screenings require the use of validated screening tools to assess for clinical indication that the child may need further clinical evaluation.

Highmark Health Options does not endorse or require any specific screening tool for screening purposes. This list is not all-inclusive, and other validated screening tools may be available. Each practice is encouraged to utilize a screening tool that is best suited for their individual situation.

Physical Exam at Age
12 years
13 years
14 years
15 years
16 years
17 years
18 years
19 years
20 years

Validated Screening Tool	Age for Use	Description	Administration Time and Scoring	Website
Kutcher Adolescent Depression Scale (KADS)	12 – 18	KADS was developed to assist in the public health and clinical identification of young people at risk for depression. It was created by clinicians and researchers expert in the area of adolescent depression and the application of various scales and tools in clinical, research and institutional settings. The KADS 6-item is designed for use in institutional settings (such as schools or primary care settings) where it can be used as a screening tool to identify young people at risk for depression or by trained health care providers (such as public health nurses, primary care physicians) or educators (such as guidance counsellors) to help evaluate young people who are in distress or who have been identified as possibly having a mental health problem.	5 minutes Scoring No diagnostic cutoff. Highest possible score is 33. The higher the score the more severe the depressive symptoms.	mentalhealthliteracy.org/wp-content/uploads/2014/09/6-KADS.pdf
Mood and Feelings Questionnaire (MFQ)	8 – 17	The MFQ is a no-cost, 32-item measure that consists of questions regarding how the adolescent has been feeling or acting within the past 2 weeks. A short version is also available that consists of 11 items. The MFQ also has a parent version that can be used to assess symptoms based on parental report.	5 to 10 minutes Scoring For adolescents, the cutoff score on the full version for distinguishing those who are likely to have a depressive disorder from those who are not is 12 or higher.	depts.washington.edu/uwha/tc/wp-content/uploads/2022/07/Moods-and-Feelings-Questionnaire-2.08.pdf

Beck Depression Inventory (BDI)-II	13 and older	The BDI-II is a 21-item instrument for detecting depression that can be completed by adolescents aged 13 years and older. The BDI-II aligns with the depressive symptom criteria of the DSM-IV-TR. It was specifically constructed to measure the severity of self-reported depression in adolescents and adults. ²⁰ Although the BDI-II is typically a self-report measure, providers can also verbally administer the measure to adolescents. It contains 21 questions with a scale value of 0 to 3. The BDI-II can be used with patients aged 13 to 80 years and is available in Spanish.	10 minutes Scoring A cutoff score above 20 suggests moderate depression and a score of 29 or higher suggests severe depression.	pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Depression-Inventory/p/100000159.html
Children's Depression Inventory (CDI-2)	7 – 17	The CDI-2 is a 28-item scale used to assess for depressive symptoms in children and adolescents. It is derived from the BDI but modifies some questions to be more appropriate for younger ages. ²¹ The CDI-2 is a self-report measure that is completed by the child or adolescent. It can be administered and scored using paper-and-pencil forms or online. It asks about key symptoms of depression, such as a child's feelings of worthlessness and loss of interest in activities. The CDI-2 can be used with patients who are aged 7 to 17 years, and can be particularly helpful for providers who want to track depressive symptoms over the course of treatment	15-20 minutes Scoring The 28 items of the CDI-2 yield a total score, 2 scale scores (emotional problems and functional problems), and 4 subscale scores (negative mood/ physical symptoms, negative self-esteem, interpersonal problems, and ineffectiveness). Each item allows the patient to respond to 3 choices that indicate 3 levels of symptoms: • 0 – absence of symptoms • 1 – mild or probable symptoms • 2 – definite symptoms	pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Children%27s-Depression-Inventory-2/p/100000636.html

Pediatric Symptom Checklist (PSC)	6 – 16	The PSC is a no-cost, 35-item psychosocial screening tool designed to cover cognitive, emotional, and behavioral problems. It is completed by the parent. The PSC can be used with patients aged between 3 and 16 years. The PSC has an internalizing scale that examines depression and anxiety together. For adolescents who are aged at least 11 years, there is also a youth self-report version (Y-PSC). Additionally, the PSC and Y-PSC are available in Spanish, and the PSC is available in Japanese.	3 minutes Scoring There is a total possible score of 70. For children aged 6 to 16 years, a total score of 28 or higher indicates significant impairment in functioning. Scoring time is relatively brief and could be completed during the office visit. Response options within each category are added together and cutoff scores then indicate if there is significant psychosocial impairment.	brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklist.pdf
Youth Self-Report Scale (YSR)	11 – 18	The YSR is a youth version of the Child Behavior Checklist that consists of 112 items. The YSR can be used with adolescents aged 11 to 18 years and is meant to screen for a variety of behavioral concerns including depression, anxiety, attention problems, aggressive behavior, and social problems. Therefore, the YSR may be most useful when a provider wants to get a full picture of the adolescent or suspects other areas of concern in addition to depression. The YSR has also been translated into various languages including Spanish, Chinese, and Japanese. The YSR can be ordered at aseba.org and costs \$25 for a package of 50 forms. Separate scoring software is available for purchase, and with the software the scoring time averages 10 minutes. Because of the need to score with software or use of more involved manual methods, results of the YSR may be more difficult to complete during a clinic visit.	15 minutes or longer Scoring Responses on the YSR are added together and a t-score is derived and compared to normative responses of children who are the same age and gender. If t-scores are above the 98th percentile, they are considered to be in the clinical range and the child should be further evaluated.	nctsn.org/measures/youth-self-report-11-18

Screening for Depression in Children and Adolescents

The US Preventive Services Task Force recommends screening for depression beginning at age 12. This recommendation applies to children and adolescents who are not currently diagnosed with depression.

Depression Screenings should be completed during the following visits:

- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years
- 20 years

Please refer to the AAP journal article at publications.aap.org/pediatrics/article-abstract/137/3/e20154467/81408/Screening-for-Depression-in-Children-and for additional information.

Billing

All EPSDT screening services must be reported with age-appropriate evaluation and management code along with the EP modifier.

- **12 years to 17 years:** EPSDT visit CPT Code is 99384 or 99394
- **18 years to 20 years:** EPSDT visit CPT Code is 99385 or 99395

Report 2-character EPSDT referral code for referrals made or needed as a result of the screen. Codes for referrals made or needed as a result of this screen are:

- **YB – Behavioral**

For questions about the EPSDT program, email the EPSDT department at HHO-EPSDT@highmark.com.