



Yes You Can! Addressing Mental Health Concerns in Your Busy Pediatric Practice (and getting paid for it)

Katie Queen, MD, FAAP, DABOM

- Our Lady of the Lake Children's Health | Baton Rouge & Bogalusa, LA
- Louisiana Provider to Provider Mental Health Consultation Line, Project ECHO Faculty Hub Team
- Adjunct Faculty, LSUHSC Pediatrics
- Adjunct Faculty, Pennington Biomedical Research Center

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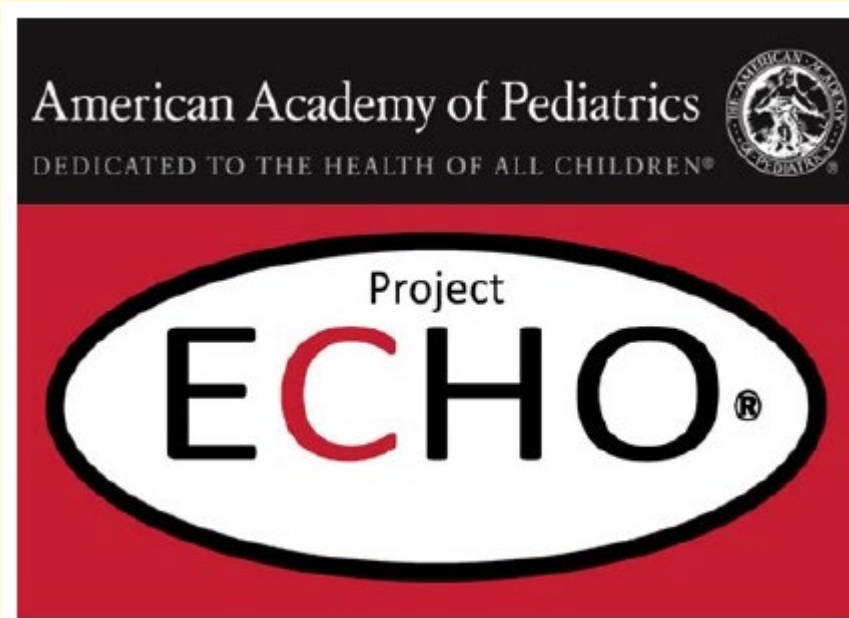
Objectives

- At the conclusion of this activity, learners will be able to:
 - Demonstrate and understanding of how to use **office-based behavioral health assessment tools** for a patient presenting **with**:
 - **Depression and/or Anxiety**
 - **Suicidal ideation**
 - **Aggressive behavior**
 - Learn how to appropriately **bill** for behavioral health visits.
 - **Identify behavioral health resources in Louisiana** that can be used to address the behavioral health needs of patients

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This presentation was inspired by...



**A Mini-Fellowship (Virtual): November National
The Patient-Centered Mental Health in Pediatric Primary Care (PPP) Program**

Attendee Agenda: November 3-5, 2023

Behavioral Health Leader Board



- Play along with me!
- Earn bragging rights as the “Pediatric Behavioral Health Guru”

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Case #1: Depressed Youth

- A 12 yr old female presents for her annual well child visit.
- Your nurse administers the PHQ-9 for Adolescents to her
- You review the total score of 3 (negative), finish the well child visit, and discharge the patient.



As you sit down to finish your visit note.....you notice that she answered #9 as having suicidal thoughts "nearly every day."



PHQ-9: Modified for teens

Name:				
Clinician:			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.				
	Not at all	Several days	More than half the days	Nearly every day
Score	(0)	(1)	(2)	(3)
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?		X		
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?				X
Total ___ =	___	+ ___	+ ___	+ ___
PHQ-9 score ≥10: Likely major depression				
Depression score ranges:				
0 to 4: No or minimal depression				
5 to 9: Mild				
10 to 14: Moderate				
15 to 19: Moderately severe				
≥20: Severe				
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				
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				
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				
Have you ever , in your whole life , tried to kill yourself or made a suicide attempt?				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
			FOR OFFICE USE ONLY	Score:

PHQ: Patient Health Questionnaire.

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**Which of the following should be your
next step in caring for this
adolescent? (MOC Question #1/3)**

① Start presenting to display the poll results on this slide.



Suicide Risk Screening Tool

NIMH TOOLKIT

Ask Suicide-Screening Questions

Ask the patient:

- In the past few weeks, have you wished you were dead? Yes No
- In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
- In the past week, have you been having thoughts about killing yourself? Yes No
- Have you ever tried to kill yourself? Yes No

If yes, how? _____

 When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

- Are you having thoughts of killing yourself right now? Yes No
- If yes, please describe: _____

Next steps:

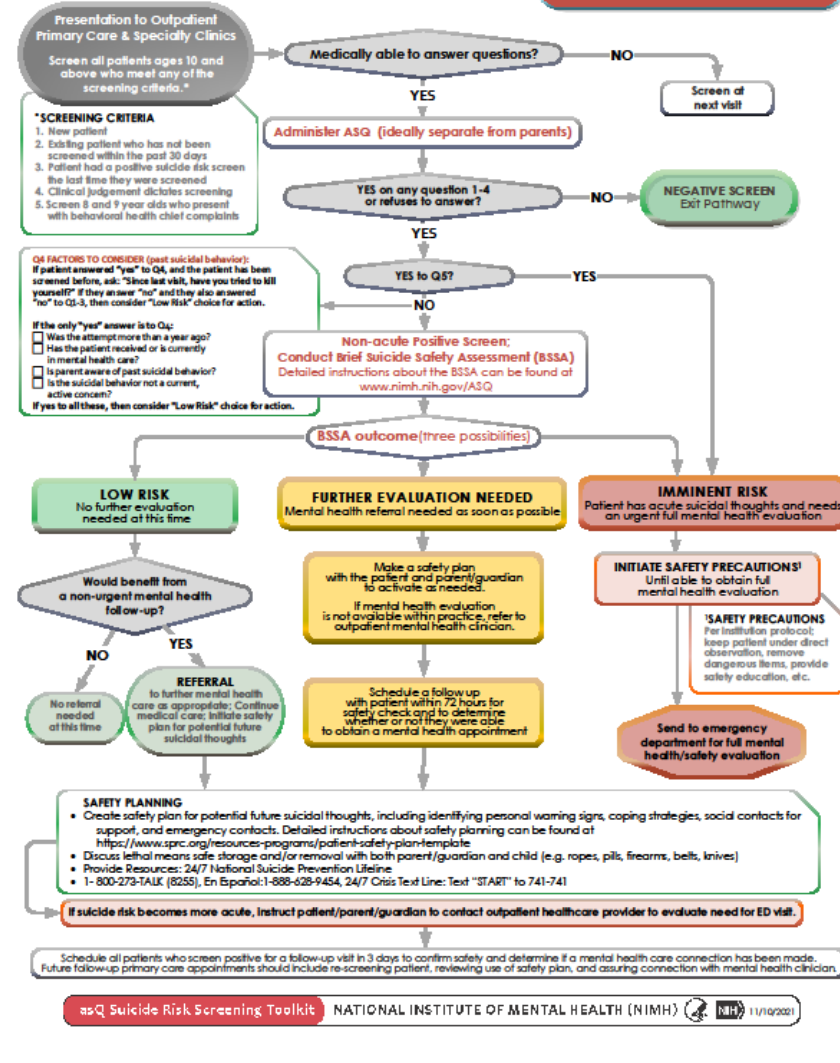
- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT safety/full mental health evaluation**.
 - Patient **cannot leave until evaluated for safety**.
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No" to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief suicide safety assessment** to determine if a **full mental health evaluation** is needed. **Patient cannot leave until evaluated for safety**.
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

YOUTH SUICIDE RISK SCREENING PATHWAY

OUTPATIENT PRIMARY CARE & SPECIALTY CLINICS



Ask Suicide-Screening Questions (ASQ) Toolkit - National Institute of Mental Health (NIMH) (nih.gov)



Brief Suicide Safety Assessment

Ask Suicide-Screening Questions

- Use after a patient (8 - 24 years) screens positive for suicide risk on the asQ
- Assessment guide for mental health clinicians, MDs, NPs, or PAs
- Prompts help determine disposition

What to do when a pediatric patient screens positive for suicide risk:

WORKSHEET page 1 of 4

Patient name: _____ DOB: _____

Interviewer name: _____ Assessment date: _____

1 Praise patient *for discussing their thoughts*

"I'm here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions."

2 Assess the patient *Review patient's responses from the asQ*

Frequency of suicidal thoughts

(If possible, assess patient alone depending on developmental considerations and parent willingness.) Determine if and how often the patient is having suicidal thoughts.

Ask the patient: "In the past few weeks, have you been thinking about killing yourself?"

If yes, ask: "How often?" _____ (once or twice a day, several times a day, a couple times a week, etc.)

"When was the last time you had these thoughts?" _____

"Are you having thoughts of killing yourself right now?" *(If "yes," patient requires an urgent/ STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)*

Suicide plan

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means). **Ask the patient:** "Do you have a plan to kill yourself?" If yes, ask: "What is your plan?" If no plan, ask: "If you were going to kill yourself, how would you do it?"

Note: If the patient has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).

Ask the patient: "Have you ever tried to hurt yourself?" "Have you ever tried to kill yourself?"

If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would kill you?"

"Did you want to die?" (for youth, intent is as important as lethality of method)

Ask: "Did you receive medical/psychiatric treatment?"

Note: Past suicidal behavior is the strongest risk factor for future attempts.



Safety Plans Work

There is hope.



1. Write 3 warning signs that a crisis may be developing.

2. Write 3 internal coping strategies that can take your mind off your problems.

3. Who/What are 3 people or places that provide distraction? (Write name/place and phone numbers)

_____ Phone _____
_____ Phone _____
_____ Phone _____

4. Who can you ask for help? (Write names and phone numbers)

_____ Phone _____
_____ Phone _____
_____ Phone _____

5. Professionals or agencies you can contact during a crisis:

Clinician: _____ Phone _____
Local Urgent Care or Emergency Department:
Address _____ Phone _____

Call or text 988 or chat 988lifeline.org

6. Write out a plan to make your environment safer. (Write 2 things)



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How Would You Bill For This Visit?

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Double Coding for
Behavioral Health at
a Pediatric Well
Child Visit

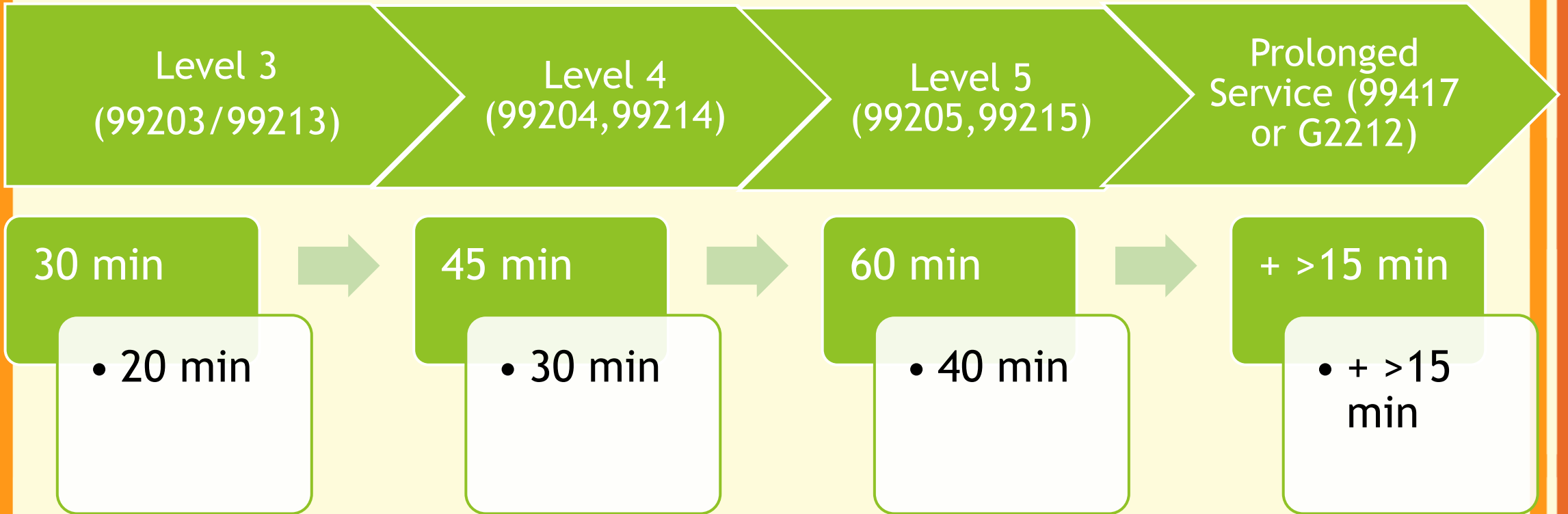
99384



99215

25

Billing by Time



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The patient answers all questions on the ASQ as NO.

All of the following would be an appropriate next step EXCEPT for:

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The patient follows up with you in 2 weeks.

You notice old cutting scars on their forearms, but the ASQ is still negative.

You decide to refer them to therapy and start medication.



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You start the patient on Fluoxetine but she sends a patient portal message 2 weeks later complaining that she feels worse on the starting dose of 10 mg QDay.

What Should you do next?

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Which of the following types of evidence based therapy should you refer this child to for their moderate to severe depression?

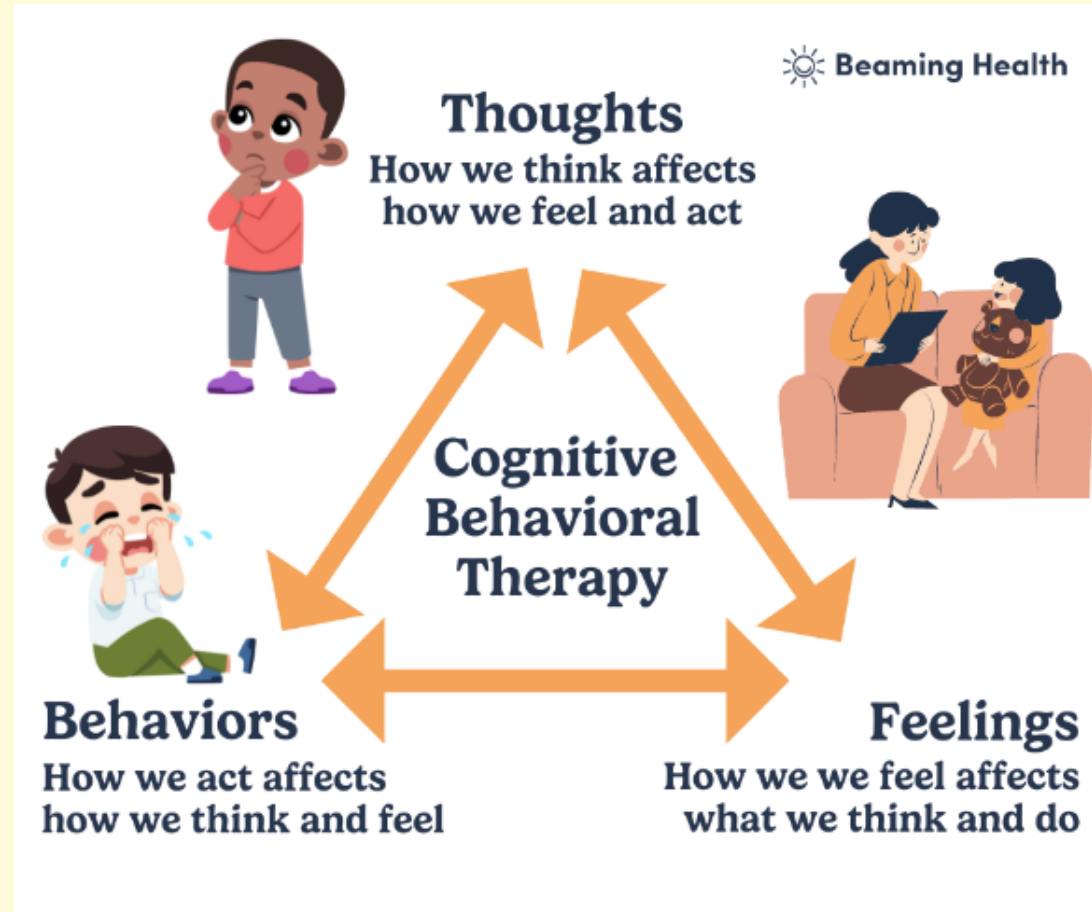
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Evidence-Based Therapy for Youth with Depression

- Psychotherapy:
 - CBT (Cognitive Behavioral Therapy)
 - IPT-A (Interpersonal Therapy for Adolescents)



What Is Cognitive Behavioral Therapy?



Finding Local Behavioral Health Resources


Psychology Today Therapists [US](#) [Log In](#) [Sign Up and Get Listed](#)

Home > Louisiana

Therapists in Louisiana


View cities and counties in Louisiana

Female | Male | In Person | Online | [All Filters](#)

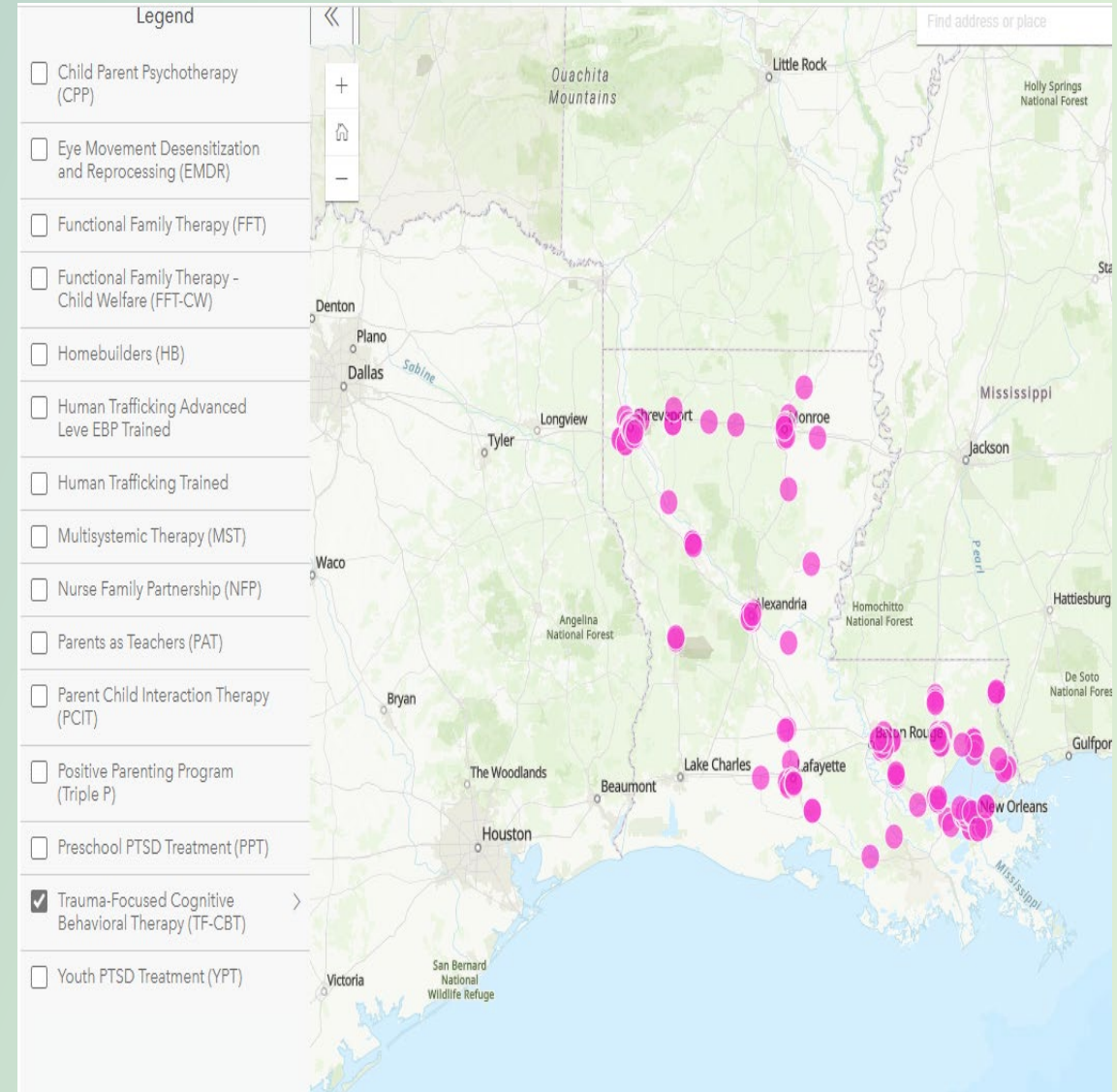
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How to find more specific Evidence-Based Therapy in LA



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Her mom wants to discuss FDA approved medication options for her depression. Which of the following medications are FDA approved for adolescent depression 12 yrs + ?

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Table 2. SSRI Dosing and Adverse Effects

	Medication	Starting Dose*	Increments	Effective Dose	Maximum Dosage	Not to Be Used With	Common Adverse Effects	RCT Evidence for Efficacy
First Line	Fluoxetine 8 yrs +	10 mg po qd	10-20 mg	20 mg	60 mg	MAOIs***	Headaches, GI upset, insomnia, agitation, anxiety	Y**
Second Line	Escitalopram (first-line: 12 and older)	5 mg po qd	5 mg	10-20 mg	20 mg	MAOIs***	Headaches, GI upset, insomnia	Y**
	Citalopram ^a	10 mg po qd	10 mg	20 mg	40 mg	MAOIs***	Headaches, GI upset, insomnia	Y
	Sertraline	25 mg po qd	12.5-25 mg	100 mg	200 mg	MAOIs***	Headaches, GI upset	Y

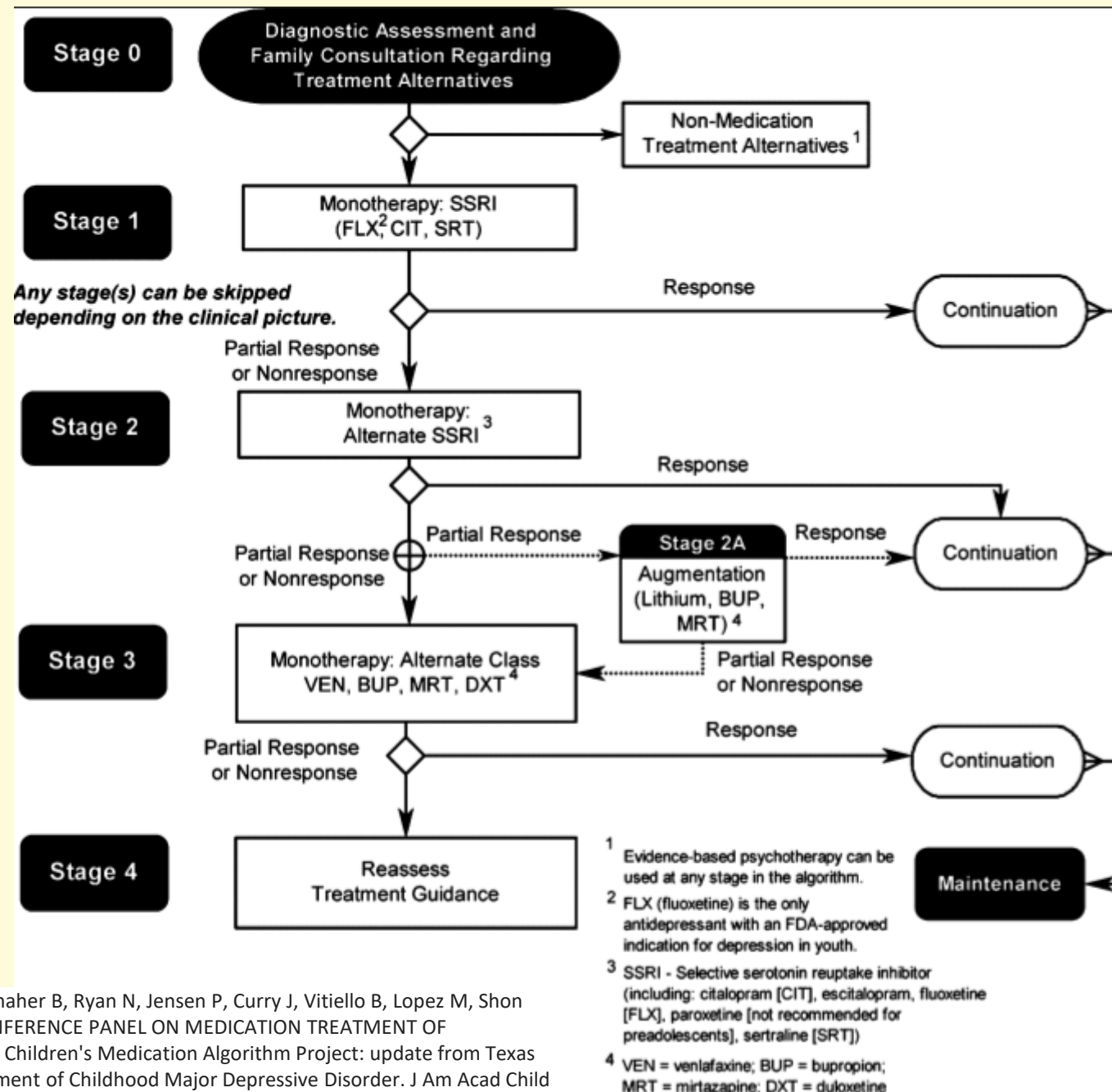
*Younger adolescents should be started on lower doses

**FDA approved

***MAOI, monoamine oxidase inhibitor

^aClinicians should consider an EKG given the warning of cardiac side effects

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¹ Evidence-based psychotherapy can be used at any stage in the algorithm.
² FLX (fluoxetine) is the only antidepressant with an FDA-approved indication for depression in youth.
³ SSRI - Selective serotonin reuptake inhibitor (including: citalopram [CIT], escitalopram, fluoxetine [FLX], paroxetine [not recommended for preadolescents], sertraline [SRT])
⁴ VEN = venlafaxine; BUP = bupropion; MRT = mirtazapine; DXT = duloxetine

Table 3. SSRI Tapering/Switching Schedule

Medication	Tapering Increments	Time between each taper
Fluoxetine	10 mg	1-2 weeks
Sertraline	25 mg	1-2 weeks
Citalopram	10 mg	1-2 weeks
Escitalopram	5 mg	1-2 weeks
Fluvoxamine	50 mg	1-2 weeks
Paroxetine	5 mg	1-2 weeks

Note: May start second medication but need to inform patients/families about possible adverse events such as serotonin syndrome

Maintaining Medication

In order to maintain medication, the following is recommended:

Continue on medication for 6-12 months following cessation of symptoms. Some evidence suggests that adolescents who stay on their SSRI for 12 months have fewer relapses than those who stop earlier. Some depressed youth may need 2 or more years of maintenance to prevent relapse. (This is an extrapolation from adult data.). Those teens may need a psychiatric consult.

Once stabilized, follow-up appointments should occur monthly initially and may be increased but no longer than q3 months to check efficacy of medication.

Evaluate target symptoms, adverse reactions & medication compliance at each follow-up visit.

Obtain adolescent and parent symptom checklists every 3 months.

Stopping Medication

When discontinuing medication, taper medication slowly. See tapering schedule above.

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When To Refer a Mood Disorder to Outpatient Psychiatry

- Unsure about diagnosis
- Uncomfortable treating depression or anxiety
- Suicidal or homicidal ideation, history of suicide attempt, or inability of family to monitor the safety of the child or adolescent
- Psychotic features (delusions/hallucinations)
- Bipolar depression
- Complicating comorbid disorders (conduct disorder, eating disorder, ADHD, Substance use, etc)
- Recurrent or chronic (2+ years)
- Severe functional impairment or psychosocial stressors
- Lack of response to initial treatment

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What Should You Do If There Is A Waiting List For Therapy?

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Questions about pediatric or perinatal mental health?



PPCL

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Contact us at (833) 721-2881



- ✓ Receive program updates
- ✓ Gain access to consultation from a team of mental health professionals
- ✓ Get access to an ECHO series on pediatric and perinatal mental health issues
- ✓ Get support in identifying mental health and other community resources for your patients

Finding Support Beyond Therapy

Magellan of Louisiana

Welcome to the Louisiana Coordinated System of Care (CSoC), administered by Magellan Complete Care of Louisiana, Inc.

Services for Youth

Mobile Crisis Response and Community Brief Crisis Support

Region 1 Metropolitan New Orleans

Resources for Human Development, Inc.

Region 2 Greater Baton Rouge

Southeast Community Health Systems

Region 3 South Central LA

Gulf Coast Teaching Family Services

Region 4 Acadiana Area

The Extra Mile

Region 5 Imperial Calcasieu

Imperial Calcasieu Human Services Authority

Region 6 Central LA

Gulf Coast Teaching Family Services

Region 9 Florida Parishes

Southeast Community Health Systems

Region 10 Jefferson Parish

Jefferson Parish Human Services Authority



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Louisiana211.org
@Louisiana211

2-1-1
Louisiana Statewide Network

Apps to recommend to patients

**Think Differently.
Act Differently.
Feel Differently.**

Try These Apps to Support Your
Mental Health!

 Calm Sleep, Meditation, Relaxation Calm.com Designed for iPad #1 in Health & Fitness ★★★★★ 4.8 (1.1M reviews) Free • Offers In-App	 MindShift CBT - Anxiety Manage anxiety & get mental Anxiety Canada Association Designed for iPad #10 in Health & Fitness ★★★★★ 4.5 (11,100 reviews) Free
 Headspace: Sleep & Meditation age 13+ ★★★★★ Practical meditation for adults and kids Devices: iPhone, iPad Touch, iPad, Android	 Smiling Mind age 5+ ★★★★★ Content-rich meditations offer something Devices: iPhone, iPad Touch, iPad, Android (2018)
 Apart of Me age 11+ ★★★★★ Wonderful, gentle support for your Devices: iPhone, iPad Touch, iPad, Android	 SOS Method: Stress & Anxiety age 8+ ★★★★★ Variety of mindfulness tools offers some Devices: iPhone, iPad Touch, iPad, Android (2019)
 Calm Harm - Manages Self H age 17+ ★★★★★ In-the-moment help for teens to take Devices: iPhone, iPad Touch, iPad, Android	 Three Good Things - A Happiness age 7+ ★★★★★ End the day positively with this digital Devices: iPhone, iPad Touch, iPad (2017)

V8.14.24 Created by Katie Queen, MD
katiequeen3@gmail.com

Free Online Programs for Mood Disorders

DBT DIALECTICAL
BEHAVIOR
THERAPY

MINDFULNESS

TOLERANCE

EMOTION

INTERPERSONAL

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MY ANXIETY PLAN (MAP) FOR CHILDREN AND TEENS

Beginner 46 Lectures 4 hours



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Evidence-based CBT-Based Programs for Children, Teens, Young Adults and Adults that Can Be Delivered in Primary Care Practices, Primary and Secondary Schools, Universities, Healthcare Systems, and Community Centers

Supporting Parents

Family Support Action Plan

What Parents Can Do to Help Their Teens

Family support is a vital component in your adolescent's recovery from depression. It makes you a more engaged participant in your child's health care and helps rebuild your adolescent's confidence and sense of accomplishment. However, it can also be extremely difficult—after all, when your adolescent is depressed, he/she probably doesn't feel like accomplishing anything at all!

To help with family support, set goals to help you focus on your teen's recovery and recognize your child's progress. Find things that have helped your adolescent in the past—identify goals that are simple and realistic and match your teen's natural "style" and personality. Work on only one goal at a time.

Adherence to Treatment Plan. Following through on health advice can be difficult when your adolescent is down. Your child's success will depend on the severity of his/her symptoms, the presence of other health conditions, and your adolescent's comfort level in accepting your support. However, your teen's chances for recovery are excellent if you understand how you and your family naturally prefer to deal with your child's health problems. Knowing what barriers are present will help you develop realistic health goals.

Example goals: Remember to give your adolescent his/her medications. Participate in counseling. Help your teen keep appointments.

MY GOAL: _____

Relationships. It may be tempting for your child to avoid contact with people when he/she is depressed, or to "shut out" concerned family and friends. Yet fulfilling relationships will be a significant part of your adolescent's recovery and long-term mental health. Understanding your child's natural relational style for asking for and accepting help should guide the design of your family support plan.

Example goals: Encourage your adolescent to talk with a friend every day. Attend scheduled social functions. Schedule times to talk and "just be" with your child.

MY GOAL: _____

Nutrition and Exercise. Often, people who are depressed don't eat a balanced diet or get enough physical exercise—which can make them feel worse. Help your child set goals to ensure good nutrition and regular exercise.

Example goals: Encourage your child to drink plenty of water. Eat fruits and vegetables. Avoid alcohol. Take a walk once a day. Go for a bike ride.

MY GOAL: _____

Spirituality and Pleasurable Activities. If spirituality has been an important part of your child/adolescent's life in the past, you should help to include it in your child/adolescent's current routine as well. Also, even though he/she may not feel as motivated or get the same amount of pleasure as he/she used to, help him/her commit to a fun activity each day.

Example goals: Recall a happy event. Do a hobby. Listen to music. Attend community or cultural events. Meditate. Worship. Do fun family activities. Take your child to a fun place he/she wants to go.

MY GOAL: _____

(Adapted by GLAD-PC with permission from Intermountain Healthcare)

Concerned about a child?
Try our Symptom Checker

Wondering how to find help?
We answer common questions in
Connect to Care

Explore Popular Topics



ADHD &
Attention



Anxiety



Autism



Behavior
Problems



Depression &
Mood
Disorders



Learning
Disorders



Screen Time &
Technology



Tweens, Teens,
& Young Adults

Case: Anxious Teen

- A 12 year old patient presents with her grandmother for follow up on generalized anxiety disorder and major depression presents to your office for follow up.



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You decide to ask your nurse to administer an anxiety screening tool while you see your next patient with fever. Which of the following do you choose for this 15 year old teen with anxiety?

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Anxiety Screens for Youth

GAD 7

- Generalized Anxiety Disorder
- 12 years and up
- Administer to the child

SCARED

- Screen for childhood anxiety related emotional disorders
- 4-18 years
- Child and Parent Version

Case: Anxious Teen

- You administer a GAD-7, which scores at 17 for severe anxiety.
- You place a referral to a local behavioral health clinic to establish care with a therapist for cognitive behavioral therapy.
- The patient's mother is also asking if you have any medication that can help her child.

Disorder Screener (GAD-7)				
Over the last 7 days, how often have you been experiencing these problems?	Not at all	Several Days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Having trouble concentrating	0	1	2	3
Feeling restless, unable to stop or control worrying	0	1	2	3
Feeling so worried about different things that you have trouble relaxing	0	1	2	3
Feeling so restless that it is hard to sit still	0	1	2	3
Feeling easily annoyed or irritated	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
	Add columns			
	Total Score			
Overall, 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

When did symptoms begin? _____

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**What would be your next step
in caring for this child with
severe anxiety in your office?**

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Evidence-Based Therapy for Youth with Anxiety

- Psychotherapy:
 - **CBT (Cognitive Behavioral Therapy)**
 - Age 6 yrs +
 - SET-C (Social Effectiveness Therapy for Children)
 - Age 7 -17 yrs
 - ACT (Acceptance and Commitment Therapy)
 - Age 6 yrs +



FDA Approved Medications for Anxiety Disorders in Youth

*First-line treatment

SSRI: selective serotonin reuptake inhibitor; bid: twice a day; SNRI: serotonin-norepinephrine reuptake inhibitor

[2,22-26]

Medication	Drug class	Formulation	Dosing	Minimum duration	Potential side effects	Special notes
Fluoxetine*	SSRI	Capsule, tablet, or liquid	Starting dose: 10 mg/day; typical dose: 20-60 mg/day	4-8 weeks	Treatment-induced suicidality, increased BMI, and mania	Contraindicated with the use of tricyclic antidepressants, antiarrhythmic drugs, and neuroleptics. A longer half-life causes this drug to have the smallest occurrence of withdrawal symptoms
Sertraline*	SSRI	Capsule, tablet, or liquid	Starting dose: 25 mg/day; maximum dose: 200 mg/day	4-8 weeks	Headache, nausea, vomiting, abdominal pain, diarrhea, dyspepsia, and insomnia	Bid dosing is recommended in adolescents due to its short half-life. Decreased absorption with food. Well tolerated in children ages 6-17
Duloxetine	SNRI	Capsule or tablet	Starting dose: 30 mg/day; maximum dose: 120	6-8 weeks	Weight loss, constipation, dry mouth, drowsiness, and increased heart	FDA approved

Case Continued...

- She was referred for CBT therapy and started on Sertraline 25 mg daily
- You spend 40 minutes total on the day of the encounter discussing the medication, documenting in the chart, along with reviewing the PHQ-9 and GAD-7 validated screens in your office.
- Of those 40 minutes, you spent 10 minutes counseling the patient on CBT techniques that you learned during the LA-AAP Conference
- You plan to see her back in 3 months.

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Which of the following billing codes are the most appropriate to bill for this encounter?

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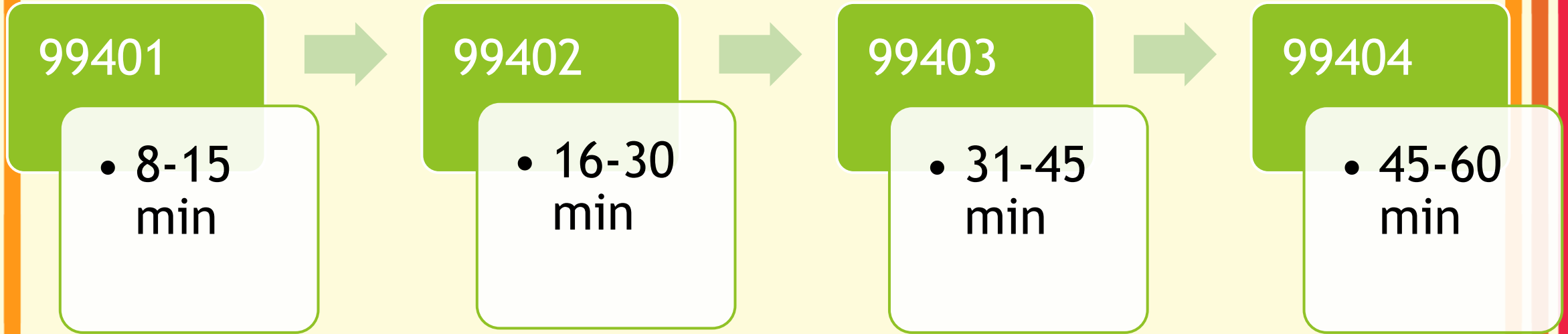
Lagniappe Counseling Codes 99401-4 if billing by MDM

ACCEPTABLE CODES FOR PREVENTIVE COUNSELING SERVICES

 Enlarge  Print

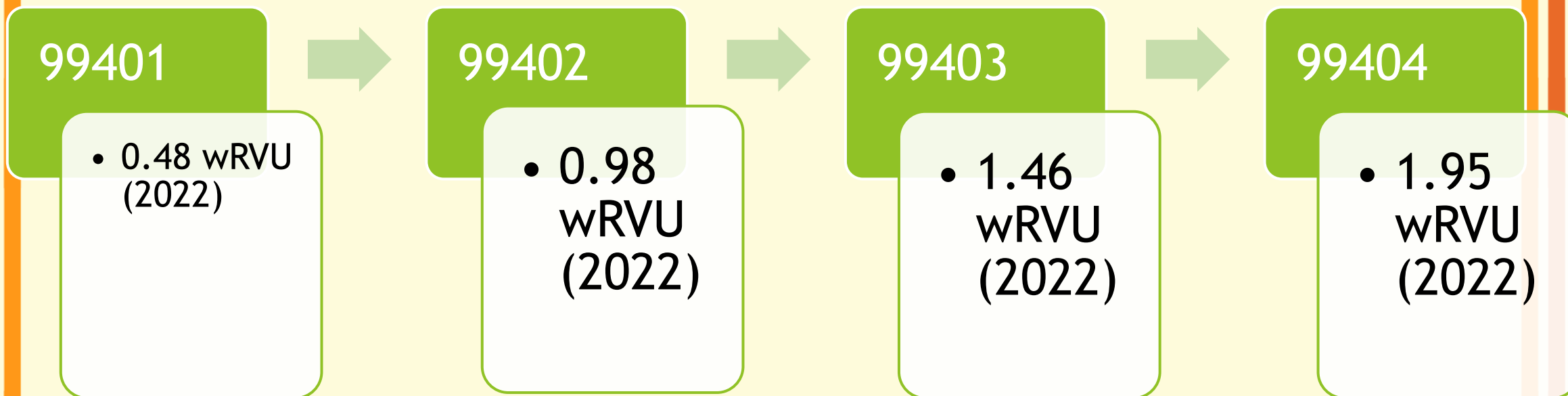
Description of service	ICD-9	CPT
Dietary counseling	V65.3	99401 (15 min)
Exercise counseling	V65.41	99402 (30 min) 99403 (45 min)
Injury prevention counseling	V65.43	99404 (60 min)
HIV counseling	V65.44	
STD counseling	V65.45	
Contraception counseling	V25.0-V25.09	
Counseling concerning problems related to lifestyle	V69.0-V69.9	
Advice or treatment for a non-attending third party	V65.19	
Pediatric pre-birth visit for expectant parents	V65.11	
Counseling related to parental concerns about a child	V61.20	
Marital and partner-problem counseling	V61.10	
Smoking and tobacco use counseling	305.1 or V15.82	99406 (3-10 min) 99407 (>10 min)
Substance use and abuse counseling (structured screening and brief intervention)	V65.42	99408 (15-30 min) 99409 (>30 min)

Provider Counseling Codes



- Use from problem visits **ONLY** when using MDM
- Do **NOT** use during preventive well child or wellness visits

Preventive Counseling Codes: if billing by MDM



New in 2024: G2211



Signifies Ongoing Medically
Complex Care for a chronic
disease (like depression/anxiety)



Problem visits only (not well
visits)



Approved by CMS
(Medicare)...other payors TBD...

Additional Codes for Psychosocial Screening

96127

- Behavioral health screen
- PHQ9, GAD7, PSC17, MOAS

96160 (pt), 96161 (caregiver)

- SDOH screen
- Food, Transportation Insecurity

Review of What You Have Learned Today:

- Standardized Assessments can save you time!
- Always look at #9 on the PHQ-9 .
- Not all suicidal thoughts need to go to the ED. Use the ASQ.
- It's OK to double bill at a well child visit.
- Use the PSC-17 to assess irritable or aggressive symptoms.
- When out of ideas...consult the LA-PPCL line!

Join the Q&A and answer MOC part 2 questions at [slido.com](https://www.slido.com). Log in with the code #CENLApotpourri



Action Items: What You Can Change In Your Practice Tomorrow

- Print the ASQ and safety plan worksheet in case you have a positive suicide screen in a busy clinic.
- Order 988 FREE print resources and posters for your office.
- Print the PSC-17 and MOAS and practice using when a patient presents with irritable or aggressive behavior.
- Track and bill by time whenever possible.
- Schedule enough time for follow up (30-40 min)!

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3 Ways To Take Your Behavioral Health Practice to the Next Step:

Consider a Collaborative Care Model

Join the LA-PPCL ECHO Series

Consider taking the PPP fellowship by REACH institute

And The Behavioral Health “Guru” Is...



References & Resources

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 - Knapp P, Chait A, Pappadopulos E, Crystal S, Jensen PS; T-MAY Steering Group. Treatment of maladaptive aggression in youth: CERT guidelines I. Engagement, assessment, and management. *Pediatrics*. 2012 Jun;129(6):e1562-76. doi: 10.1542/peds.2010-1360. Epub 2012 May 28. PMID: 22641762.
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- UpToDate
 - ODD
 - Conduct Disorder
 - Depression
 - Anxiety
- [Find Therapists and Psychologists in Louisiana - Psychology Today](#)
- <https://www.louisiana211.org/accessing-211-help>
- [Magellan of Louisiana](#)
- <https://laevidencetopractice.com/interactivemap/>
- [988 Day Branded Photography | SAMHSA](#)
- [Headspace for Teens | Peer Health Exchange](#)
- [Home - Calm Harm App \(stem4.org.uk\)](#)
- Pettitt RM, Brown EA, Delashmitt JC, Pizzo MN. The Management of Anxiety and Depression in Pediatrics. *Cureus*. 2022 Oct 12;14(10):e30231. doi: 10.7759/cureus.30231. PMID: 36381914; PMCID: PMC9650927.

References & Resources

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- <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>
- [Mental Health Chapter Action Kit: Collaborate with Mental Health Professionals \(aap.org\)](#)
- Hughes CW, Emslie GJ, Crismon ML, Posner K, Birmaher B, Ryan N, Jensen P, Curry J, Vitiello B, Lopez M, Shon SP, Pliszka SR, Trivedi MH; TEXAS CONSENSUS CONFERENCE PANEL ON MEDICATION TREATMENT OF CHILDHOOD MAJOR DEPRESSIVE DISORDER. Texas Children's Medication Algorithm Project: update from Texas Consensus Conference Panel on Medication Treatment of Childhood Major Depressive Disorder. *J Am Acad Child Adolesc Psychiatry*. 2007 Jun;46(6):667-686. doi: 10.1097/chi.0b013e31804a859b. PMID: 17513980.
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References & Resources

- [REACH PPP Course Upcoming Events & Training - The Reach Institute](#)
- [Map of Evidence-Based Programs » Center for Evidence to Practice \(laevidencetopractice.com\)](#)
- [Early Childhood Supports and Services - Consultation \(formerly TECC\) | Tulane School of Medicine](#)
- [Louisiana Provider to Provider Consultation Line Pediatric Mental Health Home | La Dept. of Health](#)
- [Everyday Parenting: The ABCs of Child Rearing | Coursera](#)
- [PCIT Official Website | Parent Child Interaction Therapy \(PCIT\)](#)
- [123 Magic Positive Parenting | Effective Child Discipline | 1-2-3 Magic Parenting \(123magic.com\)](#)
- AAP Mental Health Toolkit
- [Louisiana Psychological Association - Professional Organization](#)
- [Family Resource Center - Child Mind Institute](#)
- [Dialectical Behavior Therapy: DBT Skills, Worksheets, Videos](#)
- [Anxiety Canada | MAPS](#)
- [Documenting and Coding Preventive Visits: A Physician's Perspective | AAFP](#)

**Questions? Comments?
Want to collaborate?**

Katie Queen, MD

katie.queen@fmolhs.org



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