# ADHD Coding Fact Sheet for Primary Care Clinicians

## *Current Procedural Terminology (CPT)* Codes

Initial assessment usually involves time determining the differential diagnosis, a diagnostic plan, and potential treatment options. Therefore, most clinicians will report either an office/outpatient evaluation and management (E/M) code using time as the key factor* or a consultation code for the initial assessment.

### Office or Other Outpatient E/M Codes

| | |
|---|---|
| 99201/99202/99203/99204/99205 | Use for new† patients only; require 3 of 3 key components or greater than 50 percent of the visit spent in counseling or coordinating care. |
| 99212/99213/99214/99215 | Use for established patients; require 2 of 3 key components or greater than 50 percent of the visit spent in counseling or coordinating care. |

### Office or Other Outpatient Consultation Codes

| | |
|---|---|
| 99241/99242/99243/99244/99245 | Use for new or established patients; appropriate to report if another physician or other appropriate source (ie, school nurse, psychologist) requests an opinion regarding a child potentially having ADHD. Require 3 of 3 key components or greater than 50 percent of the visit spent in counseling or coordinating care. |

NOTE: Use of these codes *requires* the following:

- Written or verbal request for consultation is documented in the patient chart.
- Consultant's opinion as well as any services ordered or performed are documented in the patient chart.
- Consultant's opinion and any services that are performed are prepared in a *written* report, which is sent to the requesting physician or other appropriate source.

### Prolonged Physician Services Codes

| | |
|---|---|
| 99354/99355 | Use for *outpatient* face-to-face prolonged services. |
| 99358/99359 | Use for *non*–face-to-face prolonged services in any setting. |

- Used when a physician provides prolonged services beyond the usual service (ie, beyond the typical time).
- An *alternate* to using time as the key factor with the office/outpatient E/M codes (99201–99215).
- Time spent does not have to be continuous.
- Codes are "add-on" codes, meaning they are reported separately in addition to the appropriate code for the service provided (eg, office or other outpatient E/M codes, 99201–99215).
- If the physician spends at least 30 and no more than 74 minutes more than the typical time associated with the reported E/M code, he or she can report 99354 (for face-to-face contact) or 99358 (for non–face-to-face contact). Codes 99355 (each additional 30 minutes of face-to-face prolonged service) and 99359 (each additional 30 minutes of non–face-to-face prolonged service) are used to report each additional 30 minutes of service beyond the first 74 minutes.
- Prolonged service of less than 15 minutes beyond the first hour or less then 15 minutes beyond the final 30 minutes is *not reported separately.*

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*Time can be used as the key factor in determining a level of service when counseling and/or coordinating care constitute more than 50% of the encounter.

†A new patient is defined as one who has not received any professional services from a physician, or another physician of the same specialty who belongs to the same group practice, within the past 3 years (*Principles of CPT Coding* [second edition], American Medical Association, 2001).





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### Case Management Services Codes

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|---|---|
| 99361/99362 | Use to report a medical conference among the physician and an interdisciplinary team of health professionals to coordinate activities of patient care (patient not present). |
| 99371/99372/99373 | Use to report telephone calls made by the physician to patient or parent, for consultation or medical management, or for coordinating medical management with other health care professionals. |

### Central Nervous System Assessments/Tests Codes

| | |
|---|---|
| 96100 | Use to report psychological testing, per hour; includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities (eg, WAIS-R, Rorschach test, MMPI). |
| 96110 | Use to report limited developmental testing with interpretation and report (eg, Denver Test, Early Language Milestone Screen). |
| 96115 | Use to report neurobehavioral status examination with interpretation and report, per hour (eg, Conners Continuous Performance Test, Hawthorne Test). |

### Other Psychiatric Services or Procedures Codes

| | |
|---|---|
| 90862 | Use to report pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (eg, Ritalin check). |
| 90887 | Use to report interpretation or explanation of results of psychiatric, other medical examinations or procedures, or other accumulated data to patient's family/guardian(s), or advising them how to assist patient. |

### *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* Codes

- *Before ADHD is diagnosed,* do not use "rule out ADHD" as the diagnosis. Use as many diagnosis codes as apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances.
- *Once a definitive ADHD diagnosis is established,* report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses.
- Counseling diagnosis codes can be used when the patient is present or when counseling the parent/guardian(s) when the patient is not physically present.

| | |
|---|---|
| 293.84 | Organic anxiety syndrome |
| 300.00 | Anxiety state, unspecified |
| 300.01 | Panic disorder |
| 300.02 | Generalized anxiety disorder |
| 300.20 | Phobia, unspecified |
| 300.23 | Social phobia |
| 300.29 | Other isolated or simple phobia |
| 300.4 | Neurotic depression |
| 307.0 | Stammering and stuttering |
| 307.9 | Other and unspecified special symptoms or syndromes, not elsewhere classified (NEC) |
| 309.21 | Separation anxiety disorder |
| 309.3 | Adjustment reaction; with predominant disturbance of conduct |
| 312.00 | Undersocialized conduct disorder, aggressive type; unspecified |
| 312.30 | Impulse control disorder, unspecified |
| 312.81 | Conduct disorder, childhood onset type |
| 312.82 | Conduct disorder, adolescent onset type |
| 312.9 | Unspecified disturbance of conduct |
| 313.81 | Oppositional disorder |
| 313.83 | Academic underachievement disorder |
| 314.00 | Attention-deficit disorder, without mention of hyperactivity |
| 314.01 | Attention-deficit disorder, with mention of hyperactivity |
| 314.1 | Hyperkinesis with developmental delay |
| 314.2 | Hyperkinetic conduct disorder |
| 314.8 | Other specified manifestations of hyperkinetic syndrome |
| 314.9 | Unspecified hyperkinetic syndrome |
| 315.00 | Reading disorder, unspecified |
| 315.01 | Alexia |

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### *ICD-9-CM* Codes, continued

| | |
|---|---|
| 315.02 | Developmental dyslexia |
| 315.09 | Specific reading disorder; other |
| 315.1 | Specific arithmetical disorder |
| 315.2 | Other specific learning difficulties |
| 315.31 | Developmental language disorder |
| 315.32 | Receptive language disorder (mixed) |
| 315.39 | Developmental speech or language disorder; other |
| 315.4 | Coordination disorder |
| 315.5 | Mixed developmental disorder |
| 315.8 | Other specified delay in development |
| 315.9 | Unspecified delay in development |
| 781.3 | Lack of coordination |

NOTE: The *ICD-9-CM* codes below are used to deal with occasions when circumstances other than a disease or injury are recorded as "diagnoses" or "problems." Some carriers may request supporting documentation for the reporting of V codes.

| | |
|---|---|
| V40.0 | Problems with learning |
| V40.1 | Problems with communication (including speech) |
| V40.3 | Mental and behavorial problems; other behavioral problems |
| V40.9 | Unspecified mental or behavioral problem |
| V60.0 | Lack of housing |
| V60.1 | Inadequate housing |
| V60.2 | Inadequate material resources |
| V60.8 | Other specified housing or economic circumstances |
| V61.20 | Counseling for parent-child problem, unspecified |
| V61.29 | Parent-child problems; other |
| V61.49 | Health problems with family; other |
| V61.8 | Health problems within family; other specified family circumstances |
| V61.9 | Health problems within family; unspecified family circumstances |
| V62.0 | Other psychosocial circumstances; unemployment |
| V62.5 | Other psychosocial circumstances; legal circumstances |
| V62.81 | Interpersonal problems, NEC |
| V62.82 | Bereavement, uncomplicated |
| V62.89 | Other psychological or physical stress, NEC; other |
| V62.9 | Unspecified psychosocial circumstance |
| V65.49 | Other specified counseling |
| V71.02 | Observation for suspected mental condition; childhood or adolescent antisocial behavior |