

ADHD Coding Fact Sheet for Primary Care Pediatricians

CPT (Procedure) Codes

Initial assessment usually involves a lot of time determining the differential diagnosis, a diagnostic plan, and potential treatment options. Therefore, most pediatricians 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.

Physician Evaluation and Management Services

99201	<u>Office or other outpatient visit, new* patient</u> ; self limited or minor problem, 10 min
99202	low to moderate severity problem, 20 min
99203	moderate severity problem, 30 min
99204	moderate to high severity problem, 45 min
99205	high severity problem, 60 min
99211	<u>Office or other outpatient visit, established patient</u> ; minimal problem, 5 min
99212	self limited or minor problem, 10 min
99213	low to moderate severity problem, 15 min
99214	moderate severity problem, 25 min
99215	moderate to high severity problem, 40 min
99241	<u>Office or other outpatient consultation</u> , new or established patient; self-limited or minor problem, 15 min
99242	low severity problem, 30 min
99243	moderate severity problem, 45 min
99244	moderate to high severity problem, 60 min
99245	moderate to high severity problem, 80 min

[^]NOTE: Use of these codes requires the following:

- a) Written or verbal request for consultation is documented in the patient chart;
- b) Consultant's opinion as well as any services ordered or performed are documented in the patient chart; and
- c) 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 (*Note: Patients/Parents may not initiate a consultation*).
- d) For more information on consultation code changes for 2010 see www.aap.org/moc/loadsecure.cfm/reimburse/PositiononMedicareConsultationPolicy.doc.

*A new patient is defined as one who has not received any face-to-face professional services from a physician, or another physician of the same specialty who belongs to the same group practice, within the past 3 years (*CPT, Professional Edition, 2011, pg 4*)

Reporting E/M Services Using Time

- When counseling or coordination of care dominates (more than 50%) the physician/patient or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then **time shall** be considered the key or controlling factor to qualify for a particular level of E/M services. (*CPT, Professional Edition, 2011, pg 9*)
- This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (eg, foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record. (*CPT, Professional Edition, 2011, pg 9*)
- For coding purposes, face-to-face time for these services is defined as only that time that the physician spends face-to-face with the patient and/or family. This includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling the patient. (*CPT, Professional Edition, 2011, pg 7*)
- When codes are ranked in sequential typical times (such as for the office-based E/M services or consultation codes) and the actual time is between 2 typical times, the code with the typical time closest to the actual time is used. (*CPT, Professional Edition, 2011, pg xii*)
- **Example:** A physician sees an established patient in the office to discuss the current ADHD medication the patient was placed on. The total face-to-face time was 22 minutes, of which 15 minutes was spent in counseling the mom and patient. Because more than 50% of the total time was spent in counseling, the physician would report the E/M service based on time. The physician would report a **99214** instead of a **99213** because the total face-to-face time was closer to a **99214** (25 minutes) than a **99213** (15 minutes).

ADHD Follow-up During a Routine Preventive Medicine Service

- A good time to follow up with patients regarding their ADHD could be during a preventive medicine service.
- If the follow-up does not require a lot of additional work on behalf of the physician, then it should be reported under the preventive medicine service and not separate.
- If the follow-up work requires an additional E/M service in addition to the preventive medicine service, it should be reported as a separate service.
- Chronic conditions should not be listed in the *ICD-9-CM* codes if not separately addressed.

- When reporting a preventive medicine service in addition to an office-based E/M service that are significant and separately identifiable, modifier **25** will be required on the office-based E/M service
- **Example:** A 12-year-old established patient presents for his routine preventive medicine service and while they are there mom asks about changing her son's ADHD medication due to some side effects the child is experiencing. The physician completes the routine preventive medicine check and then addresses the mom's concerns in a separate service. The additional E/M service takes 15 minutes, of which the physician spends about 10 minutes in counseling/coordinating care; therefore the E/M service is reported based on time.
 - Code **99394** and **99213 25** to account for both E/M services.
- +99354 Prolonged service** in office or other outpatient setting, with direct patient contact; first hour (*use in conjunction with time-based codes 99201-99215, 99241-99245, 99301-99350*)
- +99355** each additional 30 min (use in conjunction with **99354**)
 - Used when a physician provides prolonged services beyond the usual service (ie, beyond the typical time).
 - Time spent does not have to be continuous.
 - + Codes are "add-on" codes, meaning they are reported separately in addition to the primary service provided (eg, office or other outpatient E/M codes, **99201-99215**).
 - Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately. If reporting your E/M service based on time and not key factors (hx, exam, medical decision making), the physician must reach the typical time in the highest code in the code set being reported (eg, **99205, 99215, 99245**) before face-to-face prolonged services can be reported.

Physician Non-Face-to-Face Services

- 99339** Care Plan Oversight—Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15–29 minutes
- 99340** 30 minutes or more

- 99358** Prolonged evaluation and management service before and/or after direct patient care; first hour
NOTE: This code is no longer an "add-on" service and can be reported alone.
- +99359** each additional 30 min (*use in conjunction with 99358*)
- 99367** Medical team conference by physician with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more
- 99441** Telephone evaluation and management to patient, parent or guardian not originating from a related E/M service within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion
- 99442** 11–20 minutes of medical discussion
- 99443** 21–30 minutes of medical discussion
- 99444** Online evaluation and management service provided by a physician to an established patient, guardian or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network

Psychiatric Diagnostic or Evaluative Interview Procedures

- 90801** Psychiatric diagnostic interview examination
- 90802** Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpretation, or other communication mechanisms

Other Psychiatric Services/Procedures

- 90862** Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
- Does require a face-to-face service
 - Cannot be reported in addition to an E/M service because medication management is already part of the E/M service
- 90885** Psychiatric evaluation of hospital records, other psychiatric reports, and psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
- 90887** Interpretation or explanation of results of psychiatric, other medical exams, or other accumulated data to family or other responsible persons, or advising them how to assist patient
- 90889** Preparation of reports on patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers

Psychological Testing

- 96101** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the *psychologist's or physician's* time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- 96102** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), with *qualified health care professional* interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96103** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), administered by a computer, with *qualified health care professional* interpretation and report
- 96110** Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
- 96111** Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized instruments) with interpretation and report
- 96116** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

Nonphysician Provider (NPP) Services

- 99366** Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by a nonphysician qualified health care professional
- 99368** Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by a nonphysician qualified health care professional
- 96120** Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

- 96150** Health and behavior assessment performed by nonphysician provider (health-focused clinical interviews, behavior observations) to identify psychological, behavioral, emotional, cognitive or social factors important to management of physical health problems, each 15 min; initial assessment
- 96151** reassessment
- 96152** Health and behavior intervention performed by nonphysician provider to improve patient's health and well-being using cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems; individual, 15 min
- 96153** group (2 or more patients)
- 96154** family (with the patient present)
- 96155** family (without the patient present)

Non-Face-to-Face Services: NPP

- 98966** Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion
- 98967** 11–20 minutes of medical discussion
- 98968** 21–30 minutes of medical discussion
- 98969** Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days nor using the Internet or similar electronic communications network

Miscellaneous Services

- 99071** Educational supplies, such as books, tapes or pamphlets, provided by the physician for the patient's education at cost to the physician

ICD-9-CM/DSM-PC (Diagnosis) Codes

- Use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances.
- Once a definitive 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 patient is present or when counseling the parent/guardian(s) when the patient is not physically present.

285.9 Anemia, unspecified
292.84 Drug-induced mood disorder (Add E code to identify the drug)
293.84 Anxiety disorder in conditions classified elsewhere
296.81 Atypical manic disorder
296.90 Unspecified episodic mood disorder
299.00 Autistic disorder, current or active state
299.01 Autistic disorder, residual state
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 specific phobia
300.4 Dysthymic disorder
300.9 Unspecified nonpsychotic mental disorder
304.3 Cannabis dependence
304.4 Amphetamine and other psychostimulant dependence
304.9 Unspecified drug dependence

Substance Dependence/Abuse

For the following codes (**305**) 5th digit subclassification is as follows:

0 unspecified
1 continuous
2 episodic
3 in remission

Nondependent Abuse of Drugs

305.0X Alcohol abuse
305.1X Tobacco use disorder
305.2X Cannabis abuse
305.3X Hallucinogenic abuse
305.4X Sedative, hypnotic or anxiolytic abuse
305.5X Opioid abuse
305.6X Cocaine abuse
305.7X Amphetamine or related acting sympathomimetic abuse
305.8X Antidepressant type abuse
305.9X Other mixed, or unspecified drug abuse (eg, caffeine intoxication, laxative habit)
307.0 Stuttering
307.20 Tic disorder, unspecified
307.21 Transient tic disorder
307.22 Chronic motor or vocal tic disorder
307.23 Tourette's disorder
307.40 Nonorganic sleep disorder, unspecified
307.41 Transient disorder of initiating or maintaining sleep
307.42 Persistent disorder of initiating or maintaining sleep
307.46 Sleep arousal disorder
307.49 Other sleep disorder
307.50 Eating disorder, unspecified
307.52 Pica
307.6 Enuresis
307.9 Other and unspecified special symptoms or syndromes, not elsewhere classified (NEC)

308.0 Predominant disturbance of emotions
309.0 Adjustment disorder with depressed mood
309.21 Separation anxiety disorder
309.24 Adjustment disorder with anxiety
309.3 Adjustment reaction; with disturbance of conduct
309.9 Unspecified adjustment reaction
310.2 Postconcussion syndrome
310.89 Other specified nonpsychotic mental disorders following organic brain damage
310.9 Unspecified nonpsychotic mental disorders following organic brain damage
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
313.3 Relationship problems
313.81 Oppositional defiant disorder
313.83 Academic underachievement disorder
313.9 Unspecified emotional disturbance of childhood or adolescence
314.00 Attention-deficit disorder, without mention of hyperactivity
314.01 Attention-deficit disorder, with mention of hyperactivity
314.1 Hyperkinesis with developmental delay (*Use additional code to identify any associated neurological disorder*)
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
315.02 Developmental dyslexia
315.09 Specific reading disorder; other
315.1 Mathematics disorder
315.2 Specific learning difficulties; other
315.31 Expressive language disorder
315.32 Mixed receptive-expressive language disorder
315.34 Speech and language developmental delay due to hearing loss
315.39 Developmental speech or language disorder; other
315.4 Developmental coordination disorder
315.5 Mixed development disorder
315.8 Specified delays in development; other
315.9 Unspecified delay in development
317 Mild intellectual disabilities
318.0 Moderate intellectual disabilities
318.1 Severe intellectual disabilities
318.2 Profound intellectual disabilities
319 Unspecified intellectual disabilities
389.03 Conductive hearing loss, middle ear
527.7 Disturbance of salivary secretion (eg, dry mouth/xerostomia)
564.00 Constipation, unspecified
780.4 Dizziness

- 780.50** Sleep disturbances, unspecified
781.0 Abnormal involuntary movement (eg, tremor)
781.3 Lack of coordination
782.1 Rash and other nonspecific skin eruptions
783.1 Abnormal weight gain
783.21 Loss of weight
783.3 Feeding difficulties and mismanagement
783.42 Delayed milestones
783.43 Short stature
784.0 Headache
787.01 Nausea with vomiting
787.03 Vomiting
787.91 Diarrhea
788.36 Nocturnal enuresis
789.00 Abdominal pain, unspecified
984.9 Toxic effect of lead, unspecified lead compound (Use E code in addition)
- NOTE: The following diagnosis codes are used to deal with occasions when circumstances other than a disease or an injury are recorded as diagnoses or problems. Some carriers may request supporting documentation for the reporting of V codes. These codes may also be reported in addition to the primary *ICD-9-CM* code to list any contributing factors or those factors that influence the person's health status but is not in itself a current illness or injury.
- V11.1** Personal history of affective disorders
V11.8 Personal history of other mental disorders
V11.9 Personal history of unspecified mental disorders
V12.1 Personal history of a nutritional deficiency
V12.29 Personal history of other endocrine, metabolic, and nutritional disorders
V12.3 Personal history of diseases of blood and blood-forming organs
V12.40 Unspecified disorder of the neurological system and sense organs
V12.49 Other disorders of the nervous system and sense organs
V12.69 Other disorders of the respiratory system
V12.79 Other diseases of the digestive system
V12.9 Personal history of allergy to unspecified medicinal agent
V13.6 Congenital malformations
V15.0 Allergy, other than to medicinal agents
V15.41 History of physical abuse
V15.42 History of emotional abuse
V15.49 Other psychological trauma
V15.52 History of traumatic brain injury
- V15.81** Noncompliance with medical treatment
V15.82 History of tobacco use
V15.86 Contact with and (suspected) exposure to lead
V17.0 Family history of psychiatric condition
V18.2 Family history of anemia
V18.4 Family history of intellectual disabilities
V40.0 Problems with learning
V40.1 Problems with communication (including speech)
V40.2 Mental problems; other
V40.39 Behavioral problems; other
V40.9 Mental or behavioral problems; unspecified
V58.69 Long-term (current) use of other medications
V60.0 Lack of housing
V60.1 Inadequate housing
V60.2 Inadequate material resources (eg, economic problem, poverty, NOS)
V60.81 Foster care
V61.20 Counseling for parent-child problem; unspecified
V61.23 Counseling for parent-biological child problem
V61.24 Counseling for parent-adopted child problem
V61.25 Counseling for parent (guardian)-foster child problem
V61.29 Counseling for parent-child problem; other
V61.41 Health problems with family; alcoholism
V61.42 Health problems with family; substance abuse
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
V62.3 Educational circumstances
V62.4 Social maladjustment
V62.5 Legal circumstances
V62.81 Interpersonal problems, NEC
V62.89 Other psychological or physical stress; NEC, other
V62.9 Other psychosocial circumstance
V65.40 Counseling NOS
V65.49 Other specified counseling
V79.0 Special screening for depression
V79.2 Special screening for intellectual disabilities
V79.3 Special screening for developmental handicaps in early childhood
V79.8 Special screening for other specified mental disorders and developmental handicaps
V79.9 Unspecified mental disorder and developmental handicapped

CPT five-digit codes, nomenclature, and other data are copyright © 2011 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. While every effort has been made to ensure the accuracy of this information, it is not guaranteed that this document is accurate, complete, or without error.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

