

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 than 15 minutes beyond the final 30 minutes is *not reported separately*.

*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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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.

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Revised - 1102



ADHD Coding Fact Sheet for Primary Care Clinicians

Case Management Services Codes

- 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, Developmental Screening Test II, 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) and Diagnostic and Statistical Manual for Primary Care (DSM-PC) 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.

ICD-9-CM Codes

- 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
- 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

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ICD-9-CM Codes, continued

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

DSM-PC Codes

300.01	Panic disorder	315.9	Learning disorder, NOS
300.02	Generalized anxiety disorder	781.3	Developmental coordination problem
300.23	Social phobia	V40.0	Learning problem
300.29	Specific phobia	V40.1	Speech and language problem
307.0	Stuttering	V40.2	Anxiety problem
307.9	Communication disorder, not otherwise specified (NOS)	V40.3	Hyperactive/impulsive behavior problem
308.3	Acute stress disorder	V40.3	Inattention problem
309.21	Separation anxiety disorder	V40.3	Sadness problem
309.3	Adjustment disorder with disturbance of conduct	V62.3	Developmental/cognitive problem
309.81	Posttraumatic stress disorder	V62.82	Bereavement
312.81	Conduct disorder, childhood onset	V65.4	Aggressive/oppositional variation
312.82	Conduct disorder, adolescent onset	V65.4	Developmental/cognitive variation
312.9	Disruptive behavior disorder, NOS	V65.49	Aggressive/oppositional variation
313.81	Oppositional-defiant disorder	V65.49	Anxious variation
314.00	Predominantly Inattentive type	V65.49	Developmental coordination variation
314.01	Predominantly Hyperactive-Impulsive type	V65.49	Hyperactive/impulsive variation
314.01	Combined type	V65.49	Inattention variation
314.9	Attention-deficit/hyperactivity disorder, NOS	V65.49	Learning variation
315.0	Reading disorder (developmental reading disorder)	V65.49	Negative emotional behavior variation
315.1	Mathematics disorder (developmental arithmetic disorder)	V65.49	Sadness variation
315.2	Disorder of written expression (developmental expressive disorder)	V65.49	Secretive antisocial behaviors variation
315.31	Expressive language disorder	V65.49	Speech and language variation
315.32	Mixed receptive-expressive language disorder	V71.02	Aggressive/oppositional problem
315.39	Phonologic disorder	V71.02	Negative emotional behavior problem
315.4	Developmental coordination disorder	V71.02	Secretive antisocial behaviors problem

