

## 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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## 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

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| <b>293.84</b> Organic anxiety syndrome   | <b>313.83</b> Academic underachievement disorder                           |
| <b>300.00</b> Anxiety state, unspecified   | <b>314.00</b> Attention-deficit disorder, without mention of hyperactivity |
| <b>300.01</b> Panic disorder   | <b>314.01</b> Attention-deficit disorder, with mention of hyperactivity    |
| <b>300.02</b> Generalized anxiety disorder   | <b>314.1</b> Hyperkinesia with developmental delay                         |
| <b>300.20</b> Phobia, unspecified  | <b>314.2</b> Hyperkinetic conduct disorder                                 |
| <b>300.23</b> Social phobia  | <b>314.8</b> Other specified manifestations of hyperkinetic syndrome       |
| <b>300.29</b> Other isolated or simple phobia  | <b>314.9</b> Unspecified hyperkinetic syndrome                             |
| <b>300.4</b> Neurotic depression   | <b>315.00</b> Reading disorder, unspecified                                |
| <b>307.0</b> Stammering and stuttering   | <b>315.01</b> Alexia   |
| <b>307.9</b> Other and unspecified special symptoms or syndromes, not elsewhere classified (NEC) | <b>315.02</b> Developmental dyslexia                                       |
| <b>309.21</b> Separation anxiety disorder  | <b>315.09</b> Specific reading disorder; other                             |
| <b>309.3</b> Adjustment reaction; with predominant disturbance of conduct                        | <b>315.1</b> Specific arithmetical disorder                                |
| <b>312.00</b> Undersocialized conduct disorder, aggressive type; unspecified                     | <b>315.2</b> Other specific learning difficulties                          |
| <b>312.30</b> Impulse control disorder, unspecified  | <b>315.31</b> Developmental language disorder                              |
| <b>312.81</b> Conduct disorder, childhood onset type   | <b>315.32</b> Receptive language disorder (mixed)                          |
| <b>312.82</b> Conduct disorder, adolescent onset type  | <b>315.39</b> Developmental speech or language disorder; other             |
| <b>312.9</b> Unspecified disturbance of conduct  | <b>315.4</b> Coordination disorder   |
| <b>313.81</b> Oppositional disorder  | <b>315.5</b> Mixed developmental disorder                                  |
|  | <b>315.8</b> Other specified delay in development                          |
|  | <b>315.9</b> Unspecified delay in development                              |
|  | <b>781.3</b> Lack of coordination  |

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## ADHD Coding Fact Sheet for Primary Care Clinicians

### 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.

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

### DSM-PC Codes

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

