

ADHD Billing and Coding 101

Billing for Assessment and Follow-up Visits:

- Bill for the entire time spent on an ADHD visit. Include history review and test interpretation (ADHD rating scales). Document appropriately (see below).

Typical Billing Patterns

○ Established patient/ADHD assessment	40 min	99215
○ New patient/ADHD assessment	60 min	99205
○ Follow-up visit	25 min	99214

- -25 Modifier Code: Use when a time consuming discussion of ADHD occurs in the context of a visit that was scheduled for a different reason.
 - Example: Annual check-up paired with extended discussion about review of current status of elementary school-aged child's ADHD would be coded as: 99393-25. (NOTE: In some cases, if the re-imbursement rate for a given insurance company is higher for a 99214 visit than for a 99393 visit, reimbursement will be higher by making the ADHD follow-up visit the primary visit and treating the annual check-up as the add-on 25 modifier: eg, bill the encounter out as a 99214-25.)
 - Example: If ADHD comes up as an add-on to a sick visit scheduled for a different problem (URI visit plus ADHD discussion), it may make more sense to up-code from a 99213 to 99214.
- Chart Documentation:
 - History:
 - At Assessment: Include HPI, review of medical, developmental, educational, social and family histories.
 - At Follow-up: Include interim history, relevant changes to baseline histories, assessment of medication side-effects
 - Physical exam:
 - At Assessment: Complete physical exam if not done within past year plus mental status exam.
 - At Follow-up: Complete mental status exam plus focused physical if warranted
 - Discussion of scoring and interpretation of ADHD rating scales (e.g., Vanderbilt Rating Scales)
 - Medical decision making: Include differential diagnosis, treatment plan and plan for follow-up (including medication monitoring).
 - Time spent with estimate of percentage of time spent educating and counseling family

Billing for Collection of ADHD Rating Scales (e.g., Vanderbilt Rating Scales):

- 96110 for first ADHD rating scale
- 96110.59 for each additional ADHD rating scales obtained
- Example: For assessment involving Vanderbilt forms from each parent and three teachers, bill for 5 Vanderbilt forms: 96110, plus four 96110.59 codings.
- These codes can be used for both paper and electronic ADHD rating scales.
- Remember: If coding for ADHD rating scales, there needs to be documentation in the chart that information from the ADHD rating scales has been reviewed and used to guide decisions regarding future treatment.

Billing for Telephone Calls:

- Physician to parent calls:
 - 99441 5-10 minutes
 - 99442 11-20 minutes
 - 99443 21-30 minutes
- Nurse/PA to parent calls:
 - 98966 5-10 minutes
 - 98967 11-20 minutes
 - 98968 21-30 minutes
- Content of call with assessment and plan needs to be documented on phone slip
- Documentation needs to be provided on phone slip that **no ADHD-associated office visits** occurred during the 7 days preceding or the 24 hours following the phone call.

Billing for Online (e-mail) Communication:

- Physician to parent e-mails: 99444 (no time component)
- Nurse/PA to parent e-mails: 98969 (no time component)
- Content of email with assessment and plan needs to be documented in chart
- Additionally requires documentation that:
 - response has occurred in timely fashion
 - encounter is being permanently stored (rather than deleted after responding)

This reference sheet will be updated periodically as new opportunities for enhanced reimbursement become available.