

# Treating Attention-Deficit/ Hyperactivity Disorder

## A Resource for Primary Care Clinicians



### Background

Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood and among the most prevalent chronic health conditions affecting school-aged children. According to a recent [study](#)<sup>1</sup>:

- In 2011, 11% of children/adolescents aged 4 to 17 years had received an ADHD diagnosis (6.4 million children). Among those with a diagnosis of ADHD, 83% currently had ADHD; of these, 69% were taking ADHD medication.
- Between 2003 and 2011, the rate of parents who reported that their child had a history of ADHD increased by 42%.
- Prevalence of medicated ADHD increased by 28% from 2007 to 2011.

<sup>1</sup>Journal of the American Academy of Child & Adolescent Psychiatry, *Trends in the Parent-Report of Health Care Provider-Diagnosed and Medicated Attention-Deficit/Hyperactivity Disorder: United States, 2003–2011*

### The role of primary care clinicians in diagnosing and treating ADHD

Primary care clinicians are on the front line in helping patients manage their overall health, and they especially play an important role in diagnosing and treating ADHD. We urge you to refer to the evidence-based clinical practice guidelines outlined by the American Academy of Child and Adolescent Psychiatry (AACAP).

### Assessment

When assessing ADHD in children and adolescents, AACAP recommends that clinicians conduct a thorough medical record review and proper evaluation. This includes:

- Understanding what's happening at school and at home.
- Reviewing the patient's medical, social, and family histories.
- Evaluating for other conditions that may either mimic the symptoms of ADHD or co-occur and compound a child's level of impairment.

### Follow-up treatment

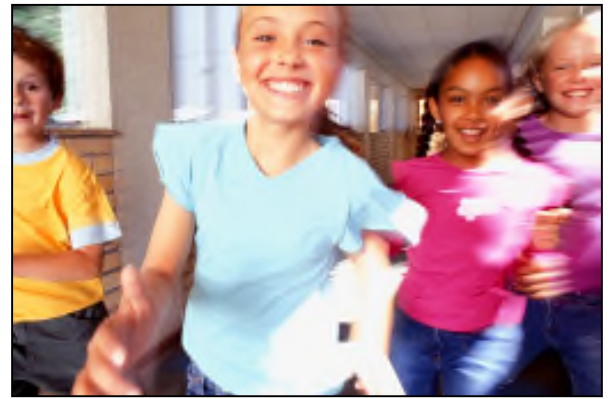
Once a diagnosis of ADHD has been made, if medication is prescribed, the National Committee for Quality Assurance (NCQA) recommends follow-up visits to ensure the prescribed treatment is working. NCQA recommends that clinicians:

- **Schedule a follow-up visit within 30 days of the patient starting the medication.** As a best practice, schedule the follow-up visit the same day the diagnosis is made, before the patient leaves the office.
- **Schedule at least two more follow-up visits between the 31st and 300th days of treatment, although more frequent visits may be necessary.** As a best practice, use your electronic medical record system to trigger follow-up reminders for patients, and monitor follow-up visits by creating patient registries or using your electronic medical record system.
- Consult with a **behavioral health clinician** if the patient does not respond to the prescribed treatment regimen. If you need help finding a clinician, use our **Find a Doctor & Estimate Costs** tool (you can access it from Provider Central).

Treatment of ADHD in children and adolescents is most successful when it includes a combination of medication, regular visits with the prescriber, education, parental training, and behavioral therapy. It's also important that clinicians, parents, teachers, and children all work together.

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## Billing for ADHD visits

We cover the initial and follow-up visits for members diagnosed with ADHD. Use the codes below when billing your claims.

ADHD Visit Codes						
CPT			HCPCS		UB Revenue	
90791-90792	90849	99238	G0155	H0040	0510	0907
90832-90834	90853	99239	G0176	H2000	0513	0911-0917
90836-90840	90875	99241-99245	G0177	H2001	0515-0517	0919
90845	90876	99251-99255	G0409- G0411	H2010-H2020	0519-0523	0982
90847	96150-96154	99341-99345	G0463	S0201	0526-0529	0983
90849	98960-98962	99347-99350	H0002	S9480	0900	
90853	98966-98968	99381-99384	H0004	S9484	0902-0905	
90875	99078	99391-99394	H0031	S9485		
90876	99201-99205	99401-99404	H0034-H0037	T1015		
90832-90834	99211-99215	99411	H0039			
90836-90840	99217-99220	99412				
90845	99221-99223	99441-99443				
90847	99231-99233	99510				

Note that certain CPT codes can be rendered only in specific sites:

These CPT codes:	Can be billed only in place of service:
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90875, 90876	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	52, 53

*BCBSMA\* will not reimburse for any codes that are not included on your fee schedule. Coverage of services depends on the member's benefits and benefit guidelines. We encourage you to always check member benefits and eligibility using one of our technologies prior to rendering services.*

## Resources for you and your patients

American Academy of Child and Adolescent Psychiatry: *Practice Parameter for the Assessment and Treatment of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder*

[http://www.jaacap.com/article/S0890-8567\(09\)62182-1/pdf](http://www.jaacap.com/article/S0890-8567(09)62182-1/pdf)

Centers for Disease Control and Prevention: Free materials, including a *Fact Sheet* in English and Spanish

[www.cdc.gov/ncbddd/adhd](http://www.cdc.gov/ncbddd/adhd)

National Institute of Mental Health: *Fact Sheet, Parent Bulletin*, and other resources

[www.nimh.nih.gov/health](http://www.nimh.nih.gov/health) (select the ADHD link under the Health & Education section)

[Pediatric Symptom Checklist](#). Pediatricians and other health professionals use this screening questionnaire as a guide to improve the recognition and treatment of psychosocial problems in children.

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