



PARAMOUNT

ADVANTAGE | ELITE | HMO  
INDIVIDUAL MARKETPLACE |  
PROMEDICA MEDICARE  
PLAN | PPO

# Attention Deficit-Hyperactivity Disorder

Policy Number: PG0338

Last Review: 06/01/2022

## GUIDELINES

- **This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.**
- **Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.**
- **This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.**

## SCOPE

Professional

Facility

## DESCRIPTION

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects both children and adults. ADHD is one of the most common neurobehavioral disorders of childhood. Approximately eight to ten percent of school age children are diagnosed with ADHD, and males are predominantly more affected than females. It is common for a person with ADHD to be affected by comorbidities, which are other conditions that exist simultaneously with and independent of ADHD. Examples include, but may not be limited to, oppositional defiant disorder, conduct disorder, depression, anxiety disorder and learning disabilities. Although ADHD is usually diagnosed in childhood, it often lasts into adulthood.

The behavior of children with ADHD can typically be classified into three different subtypes:

- Predominantly inattentive
- Predominantly hyperactive-impulsive
- Combined type

ADHD is characterized by a pattern of persistent behavior, present in multiple settings (e.g., school and home), that can result in performance issues in social, educational or work settings. Individuals with ADHD may have difficulties with maintaining attention, executive function (or the brain's ability to begin an activity, organize itself and manage tasks) and working memory. There is no single test to diagnose ADHD. Typically, a diagnosis is made by a comprehensive exam that assesses the onset and course of symptoms consistent with ADHD. A functional assessment, if conducted, evaluates both the severity of impairment and the pervasiveness of symptoms occurring in different environments.

The parameters for diagnosing ADHD are found in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association (APA). The DSM-5 includes a set of diagnostic criteria that indicate the symptoms that must be present to establish the diagnosis of ADHD.

### DSM-5 Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

#### A. Either 1 or 2

1. Five or more (17 years of age or older) or six or more (under 17 years of age) of the following symptoms of inattention have been present for at least six months to a point that is disruptive and inappropriate for developmental level:

### Inattention

- a. Often does not give close attention to details or makes careless mistakes in schoolwork, work or other activities
  - b. Often has trouble keeping attention on tasks or play activities
  - c. Often does not seem to listen when spoken to directly
  - d. Often does not follow instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
  - e. Often has trouble organizing tasks and activities
  - f. Often avoids, dislikes or doesn't want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework)
  - g. Often loses things needed for tasks and activities (eg, toys, school assignments, pencils, books or tools)
  - h. Is often easily distracted
  - i. Is often forgetful in daily activities
2. Five or more (17 years of age or older) or six or more (under 17 years of age) of the following symptoms of hyperactivity-impulsivity have been present for at least six months to an extent that is disruptive and inappropriate for developmental level:

### Hyperactivity-impulsivity

- a. Often fidgets with hands or feet or squirms in seat
  - b. Often gets up from seat when remaining in seat is expected
  - c. Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless)
  - d. Often has trouble playing or enjoying leisure activities quietly (in adolescents or adults this may be reported as feeling restless)
  - e. Often seems on the go or often acts as if driven by a motor
  - f. Often talks excessively
  - g. Often blurts out answers before questions have been finished
  - h. Often has trouble waiting one's turn
  - i. Often interrupts or intrudes on others (eg, butts into conversations or games)
- B. Some symptoms that cause impairment were present before age 12 years
- C. Some impairment from the symptoms is present in two or more settings (eg, at school/work and at home)
- D. There must be clear evidence of significant impairment in social, school or work functioning
- E. DSM-5 includes no exclusion criteria for people with autism spectrum disorder, since symptoms of both disorders co-occur. However, ADHD symptoms must not occur exclusively during the course of schizophrenia or another psychotic disorder and must not be better explained by another mental disorder, such as a depressive or bipolar disorder, anxiety disorder, dissociative disorder, personality disorder or substance intoxication or withdrawal

There are several types of specialists qualified to diagnose and treat ADHD. Examples include, but may not be limited to, child psychiatrists, family physicians, pediatricians, psychiatrists or neurologists. The treatments for ADHD may involve pharmacotherapy and nonpharmacologic therapy, including such interventions as individual and/or family psychotherapy.

Services provided by a psychiatrist, psychologist or other behavioral health professionals are subject to the provisions of the applicable behavioral health benefit.

### **POLICY**

**HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**  
**Services for the assessment or treatment of attention-deficit/hyperactivity disorder (ADHD) do not require prior authorization if covered within the Members benefit contract.**

**Procedure code 96127 may only be billed with a limit of two units per date of service.**

**Refer to these medical policies for coverage determinations:**

- **PG0035 Outpatient Advanced Imaging Authorization - (70554, 70555 & 96020)**
- **PG0150 Chiropractic Services & Spinal Manipulation – (98940-98943)**
- **PG0198 Actigraphy and Accelerometry – (95803)**
- **PG0294 Transcranial Magnetic Stimulation TMS – (90867 & 90868)**
- **PG0335 Children's Intensive Behavioral Service/Applied Behavioral Analysis (ABA) (96150-96155)**

## **COVERAGE CRITERIA**

### **HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

The following services are considered medically necessary for the assessment of attention deficit hyperactivity disorder (ADHD):

- Complete psychiatric evaluation (individual or child and parent/guardian)
- Electroencephalography (EEG) or neurological consult only when the presence of focal signs or clinical findings are suggestive of a seizure disorder or a degenerative neurological condition
- Laboratory evaluation (complete blood count [CBC], liver function tests [LFT]) and a cardiac evaluation and screening incorporating an electrocardiogram (ECG) only if indicated, prior to beginning stimulant medication therapy
- Measurement of blood lead level for individuals with risk factors
- Medical evaluation (complete medical history and physical examination)
- Parent/child interview, or if adult, patient interview which may include obtaining information about the individual's daycare, school or work functioning utilizing the criteria listed in the DSM-5. May also include an evaluation of comorbid psychiatric disorders and review of the individual's family and social history.
- Thyroid hormone levels if individual exhibits clinical manifestations of hyperthyroidism (e.g., modest acceleration of linear growth and epiphyseal maturation, weight loss or failure to gain weight, excessive retraction of the eyelids causing lid lag and stare, diffuse goiter, tachycardia and increased cardiac output, increased gastrointestinal motility, tremor, hyperreflexia)

The following services are considered medically necessary for the treatment of attention deficit hyperactivity disorder (ADHD):

- Behavior modifications
- Pharmacological treatment (refer to pharmacy benefit)

### **Limitations:**

Neuropsychological testing is not considered medically necessary for the clinical evaluation of members with uncomplicated cases of ADHD. Neuropsychological testing may be medically necessary in neurologically complicated cases of ADHD (e.g., post head trauma, seizures).

Psychological testing is not considered medically necessary for evaluation of children with uncomplicated cases of ADHD.

Services for the assessment (i.e. neuropsychological or psychological testing) or treatment of attention-deficit/hyperactivity disorder (ADHD) that are considered primarily educational or training in nature or focused on improving academic or work performance are not covered under many benefit plans.

Paramount does not cover any of the following services, because each is considered educational in nature and/or not medically necessary for the assessment and/or treatment of ADHD (this list may not be all-inclusive):

- Intelligence Quotient (IQ) testing
- education and achievement testing
- educational intervention (e.g., classroom environmental manipulation, academic skills training, and parental training)
- neuropsychological testing

Paramount does not cover the following procedures/services for assessment/treatment, because each is considered experimental, investigational or unproven for the assessment and/or treatment of ADHD (these lists may not be all-inclusive):

Assessment:

- actometer/actigraphy
- computerized electroencephalogram (EEG) (e.g., brain mapping, neurometrics, or quantitative electroencephalography [QEEG], Neuropsychiatric EEG-Based Assessment Aid [NEBA] System)
- computerized tests of attention and vigilance (continuous performance tests) (eg, Gordon Diagnostic System)
- EEG theta/beta power ratio for the diagnosis of attention deficit hyperactivity disorder
- event-related potentials (i.e., evoked potential studies)
- electronystagmography (in the absence of symptoms of vertigo or balance dysfunction)
- evaluation of gut microbiota profile
- functional near-infrared spectroscopy (fNIRS)
- hair analysis
- IgG blood tests (for prescription of diet)
- measurement of blood and hair magnesium levels
- measurement of lead levels, unless the individual has been identified as having one or more risk factors through the use of a childhood lead poisoning screening questionnaire
- measurements of peripheral brain-derived neurotrophic factor
- measurements of serum lipid patterns
- measurement of zinc
- neuroimaging (e.g., computerized tomography [CT], magnetic resonance imaging [MRI], positron emission tomography [PET] and single-photon emission computerized tomography [SPECT])
- neuropsychological testing for unremarkable or uncomplicated cases of ADHD
- otoacoustic emissions (in the absence of signs of hearing loss)
- quotient ADHD Test/System
- SNAP25 gene polymorphisms testing
- testing of serotonin receptor family genetic variations
- transcranial magnetic stimulation-evoked measures (e.g., short interval cortical inhibition in motor cortex) as a marker of ADHD symptoms
- tympanometry (in the absence of hearing loss)

Treatment:

- acupuncture/acupressure
- anti-candida albicans and antifungal medications
- anti-motion sickness medication
- application-based games for use with smart phone or tablet (ie, EndeavorRX);
- applied kinesiology
- auditory integration therapy
- chelation
- chiropractic manipulation
- cognitive behavioral therapy
- cognitive rehabilitation
- computerized training on working memory
- dietary treatments and counseling
- Dore program/Dyslexia Dyspraxia Attention Treatment (DDAT)
- educational intervention (e.g., classroom environmental manipulation, academic skills training, and parental training)
- EEG biofeedback/neurofeedback
- external trigeminal nerve stimulation
- herbal remedies
- intensive behavioral intervention programs (e.g., early intensive behavior intervention [EIBI] intensive behavior intervention [IBI], Lovaas therapy, applied behavior analysis [ABA])
- megavitamin therapy

- metronome training
- mineral supplementation (e.g., iron, magnesium and zinc)
- movement therapy
- music therapy
- Neuro-Emotional Technique (NET)
- neurofeedback (EEG biofeedback)
- sensory integration therapy
- syntonio phototherapy
- therapeutic eurythmy (movement therapy)
- transcranial magnetic stimulation/cranial electrical stimulation
- transcutaneous electrical trigeminal nerve stimulation (eg, Monarch eTNS)
- vavarin (phosphatidylserine-containing omega3 long-chain polyunsaturated fatty acids)
- vision therapy-optometric vision training/Irlen lenses
- Yoga

Coverage of pharmacotherapies is subject to the member's specific benefits for drug coverage. Please check benefit plan descriptions for details.

### CODING/BILLING INFORMATION

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.

Codes that are covered may have selection criteria that must be met.

Payment for supplies may be included in payment for other services rendered.

<b>CPT CODES: not all-inclusive</b>	
70450	Computed tomography, head or brain; without contrast material [Not Covered if used to report the diagnosis and evaluation of ADHD]
70460	Computed tomography, head or brain; with contrast material(s) [Not Covered if used to report the diagnosis and evaluation of ADHD]
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections [Not Covered if used to report the diagnosis and evaluation of ADHD]
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image post-processing [Not Covered if used to report the diagnosis and evaluation of ADHD]
70544	Magnetic resonance angiography, head; without contrast material(s) [Not Covered if used to report the diagnosis and evaluation of ADHD]
70545	Magnetic resonance angiography, head; with contrast material(s) [Not Covered if used to report the diagnosis and evaluation of ADHD]
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences [Not Covered if used to report the diagnosis and evaluation of ADHD]
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material [Not Covered if used to report the diagnosis and evaluation of ADHD]
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) [Not Covered if used to report the diagnosis and evaluation of ADHD]
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences [Not Covered if used to report the diagnosis and evaluation of ADHD]
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration [Not Covered if used to report the diagnosis and evaluation of ADHD]
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
76390	Magnetic resonance spectroscopy [Not Covered if used to report the diagnosis and evaluation of ADHD]
78600	Brain imaging, less than 4 static views [Not Covered if used to report the diagnosis and evaluation of ADHD]

78601	Brain imaging, less than 4 static views; with vascular flow [Not Covered if used to report the diagnosis and evaluation of ADHD]
78605	Brain imaging, minimum 4 static views; [Not Covered if used to report the diagnosis and evaluation of ADHD]
78606	Brain imaging, minimum 4 static views; with vascular flow [Not Covered if used to report the diagnosis and evaluation of ADHD]
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation [Not Covered if used to report the diagnosis and evaluation of ADHD]
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation [Not Covered if used to report the diagnosis and evaluation of ADHD]
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management [Not Covered if used to report the diagnosis and evaluation of ADHD]
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment;; subsequent delivery and management, per session [Not Covered if used to report the diagnosis and evaluation of ADHD]
92065	Orthoptic and/or pleoptic training with continuing medical direction and evaluation [Not Covered if used to report the diagnosis and evaluation of ADHD]
92548	Computerized dynamic posturography [Not Covered if used to report the diagnosis and evaluation of ADHD]
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels [Not Covered if used to report the diagnosis and evaluation of ADHD]
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored [Not Covered if used to report the diagnosis and evaluation of ADHD]
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance [Not Covered if used to report the diagnosis and evaluation of ADHD]
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance [Not Covered if used to report the diagnosis and evaluation of ADHD]
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored [Not Covered if used to report the diagnosis and evaluation of ADHD]
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance [Not Covered if used to report the diagnosis and evaluation of ADHD]
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance [Not Covered if used to report the diagnosis and evaluation of ADHD]
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored [Not Covered if used to report the diagnosis and evaluation of ADHD]

95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance [Not Covered if used to report the diagnosis and evaluation of ADHD]
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance [Not Covered if used to report the diagnosis and evaluation of ADHD]
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored [Not Covered if used to report the diagnosis and evaluation of ADHD]
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance [Not Covered if used to report the diagnosis and evaluation of ADHD]
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance [Not Covered if used to report the diagnosis and evaluation of ADHD]
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video [Not Covered if used to report the diagnosis and evaluation of ADHD]
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG) [Not Covered if used to report the diagnosis and evaluation of ADHD]
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video [Not Covered if used to report the diagnosis and evaluation of ADHD]
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG) [Not Covered if used to report the diagnosis and evaluation of ADHD]
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video [Not Covered if used to report the diagnosis and evaluation of ADHD]
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG) [Not Covered if used to report the diagnosis and evaluation of ADHD]
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video [Not Covered if used to report the diagnosis and evaluation of ADHD]
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG) [Not Covered if used to report the diagnosis and evaluation of ADHD]
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video [Not Covered if used to report the diagnosis and evaluation of ADHD]
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG) [Not Covered if used to report the diagnosis and evaluation of ADHD]

95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) [Not Covered]
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes [Not Covered if used to report the diagnosis and evaluation of ADHD]
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour [Not Covered if used to report the diagnosis and evaluation of ADHD]
95816	Electroencephalogram (EEG); including recording awake and drowsy [Not Covered if used to report the diagnosis and evaluation of ADHD]
95819	Electroencephalogram (EEG); including recording awake and asleep [Not Covered if used to report the diagnosis and evaluation of ADHD]
95822	Electroencephalogram (EEG); recording in coma or sleep only [Not Covered if used to report the diagnosis and evaluation of ADHD]
95824	Electroencephalogram (EEG); cerebral death evaluation only [Not Covered if used to report the diagnosis and evaluation of ADHD]
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report [Not Covered if used to report the diagnosis and evaluation of ADHD]
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) [Not Covered if used to report the diagnosis and evaluation of ADHD]
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified healthcare professional (i.e. psychologist), with review of test results and report [Not Covered if used to report the diagnosis and evaluation of ADHD]
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
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
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour [Not Covered if used to report the diagnosis and evaluation of ADHD]
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient,



	family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) <b>[Not Covered if used to report the diagnosis and evaluation of ADHD]</b>
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96156	Health behavior assessment, or re-assessment (ie, healthfocused clinical interview, behavioral observations, clinical decision making)
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes <b>[Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]</b>
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) <b>[Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]</b>
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes

97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes [Not Covered if used to report the diagnosis and evaluation of ADHD]
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
98942	Chiropractic manipulative treatment (CMT); spinal, five regions [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G]) [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
0333T	Visual evoked potential, screening of visual acuity, automated [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
<b>HCPCS CODES: not all-inclusive</b>	
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD] [Not Covered]
K1017	Monthly supplies for use of device coded at K1016 [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD] [Not Covered]
P2031	Hair analysis (excluding arsenic) [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD] [Not Covered]
S9452	Nutrition classes, nonphysician provider, per session [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
S9470	Nutritional counseling, dietitian visit [Not Covered if used to report the diagnosis, evaluation and treatment of ADHD]
<b>DIAGNOSIS CODES ICD-10</b>	
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/services/providers/medical-policies/>.

**REVISION HISTORY EXPLANATION**

**ORIGINAL EFFECTIVE DATE: 07/14/2015**

Date	Explanation & Changes
07/14/15	<ul style="list-style-type: none"> <li>Policy created to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
12/12/17	<ul style="list-style-type: none"> <li>Effective 12/31/17 deleted code 97532</li> <li>Revised effective 01/01/2018 code 95930</li> <li>Added effective 01/01/18 new code 97127</li> <li>Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
01/08/19	<ul style="list-style-type: none"> <li>Effective 12/31/18 deleted codes 96118, 96119, &amp; 96120</li> <li>Revised effective 01/01/2019 code 96116</li> <li>Added effective 01/01/19 new code 96121</li> <li>Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
12/21/2020	<ul style="list-style-type: none"> <li>Medical policy placed on the new Paramount Medical Policy Format</li> </ul>
06/01/2022	<ul style="list-style-type: none"> <li>Added procedure codes 95700, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, 95716, 95717, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725, 95726, 95822, 95827, 96112, 96113, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 97127, 97129, 97130, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 97802, 97803, 97804, 0033U, 0333T, K1016, K1017, P2031, S9452, S9470 for coverage/noncoverage reference</li> <li>Deleted procedure codes 78607, 95827, 96101, 96102, 96103, 96118, 96119, 96120, 96150, 96151, 96153, 96154, 96155, 97127, 97532, no longer active codes</li> <li>Added documentation supporting criteria coverage</li> <li>Added documentation indicating noncoverage assessments and treatments</li> <li>Policy reviewed and updated to reflect most current clinical evidence</li> </ul>

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

U.S. Preventive Services Task Force, <http://www.uspreventiveservicestaskforce.org/>  
Industry Standard Review

Hayes, Inc.

