



February 13, 2015

Attention Deficit Hyperactivity Disorder (ADHD) follow-up visits

Texas Medicaid encourages appropriate prescribing for Attention Deficit Hyperactivity Disorder (ADHD). The following guidelines are provided as resources on appropriate clinical guidelines related to diagnosis, evaluation, and treatment of ADHD. This information reinforces the importance of frequent reevaluation of children on these medications. Please review the guidelines from:

The American Academy of Pediatrics

<http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654>

The Department of Family Protective Services guidelines, which are also used by the Department State Health Services. In addition, there is a link to the DFPS webpage on psychotropic medication monitoring.

http://www.dfps.state.tx.us/documents/Child_Protection/pdf/TxFosterCareParameters-September2013.pdfhttp://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-psychotropic.asp

Providers may be reimbursed for ADHD follow-up visits, consistent with Medicaid policy. Primary care providers often see children for follow-up visits after prescribing ADHD medications and may bill for this particular service. Providers should bill for this service with the appropriate procedure code and diagnosis applicable to each follow-up visit. There are procedure codes for such a visit even when they are not provided by mental health providers.

ADHD Medication Follow-up

Medicaid providers should offer clinically appropriate services and bill according to the payable procedure codes that can be found in the Texas Medicaid Provider Procedure Manual (TMPPM). See the TMHP online fee look up search for payable procedure codes at http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

Some examples of procedure codes that can be billed for follow up visits after prescribing ADHD medications are listed below.

Physician evaluation and management established patient procedure codes:

99211 - Usually the presenting problem(s) are minimal and typically 5 minutes are spent with the patient or supervising the services

99212 - Usually the presenting problem(s) are self-limited or minor and typically 10 minutes are spent with the patient or family

99213 - Usually the presenting problem(s) are of low to moderate severity and typically 15 minutes are spent with the patient or family

99214 - Usually the presenting problem(s) are moderate to high severity and typically 25 minutes are spent with the patient or family

99215 - Usually the presenting problem(s) are moderate to high severity and typically 40 minutes are spent with the patient or family

Behavioral health procedure codes (the documentation of these codes have different requirements from the E and M codes):

90791 - Psychiatric diagnostic evaluation without medical services

90792 - Psychiatric diagnostic evaluation with medical services

90832 - Psychotherapy, 30 minutes

90834 - Psychotherapy, 45 minutes

90837 - Psychotherapy, 60 minutes

90847 - Family psychotherapy

Behavioral Health add-on procedure codes to bill in addition to E/M codes:

+90853 - Group psychotherapy

+90833 - Psychotherapy, 30 minutes

+90838 - Psychotherapy, 60 minutes