



MEDICAL COVERAGE POLICY

SERVICE: Attention Deficit Hyperactivity Disorder (ADHD) Testing

Policy Number: 218

Effective Date: 06/01/2023

Last Review: 04/27/2023

Next Review Date: 04/27/2024

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Attention Deficit Hyperactivity Disorder (ADHD)

PRIOR AUTHORIZATION: Not applicable.

POLICY: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects both children and adults. It is described as a “persistent” or on-going pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Individuals with ADHD may also have difficulties with maintaining attention, executive function (or the brain’s ability to begin an activity, organize itself and manage tasks) and working memory. It is a developmental disorder that changes throughout maturation (such that persons with the disorder as children may or may not continue to have the disorder later in life). A vast majority of patients have co-morbid conditions. It can be difficult to diagnose because a multitude of conditions can look like ADHD. Based on current clinical practice, ADHD in children and adolescents is diagnosed by clinical criteria, using the Diagnostic and Statistical Manual of Mental Disorders – Fifth edition (DSM-5), The critical parts of diagnosis includes documentation that the child or adolescent has difficulties in more than 1 major setting (e.g., in school and at home). The primary care provider should include reports from parents or guardians, teachers, and/or other school and mental health clinicians involved in the child’s care. Subsequent to clinical evaluation, there is a limited role for psychological testing to evaluate for ADHD subject to the following restrictions:

Services for, or in connection with, an injury or illness arising out of, or in the course of, any employment for wage or profit, or that are court-ordered without documentation of medical necessity, are excluded.

Services that are considered primarily educational or training in nature or related to specifically to improving academic or work performance are excluded. NOTE: psychological or neuropsychological testing for academic need is usually provided by school systems under applicable state and federal rules.

Services administered by a single automated instrument via electronic platform with only automated results are excluded. Services that utilized EEG (brain mapping or neurometrics), event related potentials, or neuroimaging are excluded.



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Services administered by a technician are excluded.

Scott & White Health Plan may consider psychological testing for ADHD as medically necessary when all the following criteria are met (and when the above exclusion criteria do not already exclude testing):

- 1) The requested tests must be chosen to answer a specific question(s) that has been raised by the treating provider and are related directly to the medical, psychiatric, or psychological treatment of the patient, AND
- 2) The specific question(s) cannot be answered by means of diagnostic assessment and/or behavioral observations, AND
- 3) The testing results will impact the management of the member's healthcare, AND
- 4) The test is administered by and interpreted by a psychologist or psychiatrist

OVERVIEW:

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects both children and adults. It is described as a "persistent" or on-going pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Individuals with ADHD may also have difficulties with maintaining attention, executive function (or the brain's ability to begin an activity, organize itself and manage tasks) and working memory. It is a developmental disorder that changes throughout childhood. A vast majority of patients have co-morbid conditions. It can be difficult to diagnose because a multitude of conditions can look like ADHD. A parent/child interview is the cornerstone in the assessment of ADHD in children and adolescents. The clinical interview is used to rule out other psychiatric or environmental causes of symptoms. A medical evaluation with a complete medical history and a physical examination is necessary. Psychological testing for ADHD and differential disorders has a role when clinical interview and/or parent reports do not provide diagnostic clarity. Such testing is subject to restrictions and limitations.

MANDATES:

SUPPORTING DATA:

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes Covered:	96127 - Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument (usually primary care) 96130-96133, 96136 – 96137 evaluation, administration and scoring by psychologist or neuropsychologist
CPT Not Covered:	96138 – 96139 (technician administered), 96146 (single automated tests)
ICD10 codes:	F90.x – Attention-deficit hyperactivity disorders
ICD10 Not covered:	



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CMS:

POLICY HISTORY:

Status	Date	Action
New	10/22/2015	New policy
Reviewed	11/17/2016	Wording changes to clarify policy
Reviewed	10/17/2017	Re-wrote "Overview."
Reviewed	09/18/2018	No changes
Reviewed	11/21/2019	No changes except to update codes
Reviewed	04/22/2021	Allow testing for ADHD if medical necessary
Reviewed	04/21/2022	No changes
Reviewed	04/27/2023	Explication of which providers may use CPT codes Reference of updated 2019 Clinical Practice Guidelines

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. *J Am Acad Child Adolesc Psychiatry.* 2007;46(7):894-921.
2. Wolraich ML, Hagan JF Jr, Allan C, Chan E, Davison D, Earls M, Evans SW, Flinn SK, Froehlich T, Frost J, Holbrook JR, Lehmann CU, Lessin HR, Okechukwu K, Pierce KL, Winner JD, Zurhellen W; SUBCOMMITTEE ON CHILDREN AND ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVE DISORDER. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics.* 2019 Oct;144(4):e20192528. doi: 10.1542/peds.2019-2528. Erratum in: *Pediatrics.* 2020 Mar;145(3): PMID: 31570648; PMCID: PMC7067282.

Note: Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.