



## MEDICAL COVERAGE POLICY

**SERVICE:** Attention Deficit  
Hyperactivity Disorder  
(ADHD) Testing

**Policy Number:** 218

**Effective Date:** 05/01/2024

**Last Review:** 04/08/2024

**Next Review:** 04/08/2025

**Important note:** Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

**SERVICE:** Attention Deficit Hyperactivity Disorder (ADHD)

**PRIOR AUTHORIZATION:** Not applicable

**POLICY:** Please review the plan’s EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details.

**Note:** Unless otherwise indicated (see below), this policy will apply to all lines of business.

**For Medicare plans,** please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

**For Medicaid plans,** please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

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 Text Revision (DSM-5-TR). 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:**

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



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E. 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.

**BSWHP may consider psychological testing for ADHD medically necessary** when **ALL** of the following criteria are met (and when the above exclusion criteria do not already exclude testing):

- A. 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
- B. The specific question(s) cannot be answered by means of diagnostic assessment and/or behavioral observations, AND
- C. The testing results will impact the management of the member’s healthcare, AND
- D. The test is administered by and interpreted by a psychologist or psychiatrist

### BACKGROUND:

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:** None

### CODES:

**Important note:** 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.



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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)
ICD-10 codes	F90.x – Attention-deficit hyperactivity disorders
ICD-10 Not covered	

### 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
Reviewed	04/08/2024	Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes, updated to DSM-5-TR, updated guidelines reference.

### 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. Wetterer, L. (2020). Attention-Deficit/Hyperactivity Disorder: AAP Updates Guideline for Diagnosis and Management. *Am Fam Physician*, 102 (1), 58-60.
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



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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 Plan.

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.