



MEDICAL COVERAGE POLICY

SERVICE: Attention Deficit Hyperactivity Disorder (ADHD) Testing

Policy Number: 218

Effective Date: 02/01/2020

Last Review: 11/21/2019

Next Review Date: 11/21/2020

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 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. 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.

Children and adults with uncomplicated ADHD do **NOT** require neuropsychological or psychological testing, and SWHP does **NOT** consider any such testing medically necessary for evaluation of ADHD

The American Academy of Pediatrics has published guidance regarding the identification and management of ADHD. Many plans exclude testing that is primarily for educational purposes or related to employment. Of note, psychological or neuropsychological testing is usually provided by school systems under applicable state and federal rules. Neuropsychological testing may be medically necessary **IF** comorbid neurological conditions complicate a proper evaluation of ADHD (e.g., post head trauma, seizures).

Finally, although FDA-approved, at the present time there is insufficient evidence to determine the optimal clinical role of the computerized ADHD testing systems (e.g. Quotient™ ADHD Test). For that reason the SWHP considers computerized ADHD testing experimental and investigational and **NOT** covered.

OVERVIEW:



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Most psychologists obtain behavior ratings at home from the parents and at school from the teacher. Examples of the rating scales commonly used by psychologists are the Achenbach Child Behavior Checklist, Conners Rating Scales, and ADHD Symptoms Rating Scale.

There are insufficient data to support the usefulness of computerized EEG (brain mapping or neurometrics), event-related potentials, neuroimaging, computerized tests of Attention and vigilance, or neuropsychological tests.

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
CPT Not Covered:	96101 – 96126 96103 - Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report
ICD10 codes:	F90.x – Attention-deficit hyperactivity disorders
ICD10 Not covered:	

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



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

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REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP 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 SWHP 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. American Academy of Pediatrics. Clinical practice guideline: Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. *Pediatrics*; originally published online October 16, 2011.