Pediatric ADHD Evaluation

Built to the AAP clinical practice guideline for ages 4 through 18. The diagnosis needs DSM-5 criteria met in two or more settings, evidenced by rating scales from two informants.

Patient / MRN / DOB	
Age on date of service	*___ y ___ mo · **drives the code band** · new / established patient · date _____*
Accompanied by	*Name _____ · relationship _____ · custody or consent issues noted Y / N*
Referral source	*Parent / school / self / other _____ · presenting concern _____*

A DSM-5 Symptom Criteria

Count symptoms in each domain

Inattention	*Symptoms present ___ of 9 · **6 or more required, 5 if age 17 or older***
Hyperactivity and impulsivity	*Symptoms present ___ of 9 · **6 or more required, 5 if age 17 or older***
Onset	*Several symptoms present before **age 12** Y / N · earliest age noted _____*
Duration	*Symptoms persisting **6 months or longer** Y / N · duration _____*
Presentation	*Predominantly inattentive / predominantly hyperactive-impulsive / combined*

B Two Settings, Two Informants

Same instrument for both, so scores can be compared

INFORMANT	SETTING	INSTRUMENT	DATE AND SCORE
Parent or guardian	*Home*		
Teacher	*School*		
Additional informant			

C Functional Impairment

Required, and separate from symptom count

Academic	*Grades, work completion, testing accommodations*
Social and family	*Peer relationships, home conflict, activities*
Safety and self-care	*Injuries, risk-taking, daily routines*

D Relevant History

Developmental and medical	*Milestones · prenatal exposures · head injury · chronic illness · current medications*
Family history	*ADHD, learning disorders, mood or anxiety disorders, substance use*
Records reviewed	*School records, prior testing, IEP or 504 reviewed Y / N · source _____*

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Continued. Alternative explanations and coexisting conditions have to be considered on the record, then the plan and the monitoring interval.

E Alternative Explanations and Coexisting Conditions

Considered and addressed

Ruled out or addressed	*Hearing or vision deficit · sleep disorder · learning disability · absence seizures · thyroid · substance use · medication effect · trauma or adverse experiences*
Coexisting conditions screened	*Anxiety · depression · oppositional defiant or conduct · tic disorder · autism spectrum · learning or language disorder*
Screening instruments used	*Instrument _____ score _____ · instrument _____ score _____*

F Diagnosis and Plan

Diagnosis	*ICD-10 _____ · presentation · severity mild / moderate / severe · or criteria not met*
Behavioral treatment	*Parent training in behavior management · classroom intervention · school plan (504 / IEP) requested Y / N*
Medication	*Agent _____ · starting dose _____ · titration plan _____ · baseline HR ___ BP _____ height _____ weight _____*
Education provided	*Diagnosis, treatment options, and expectations discussed with caregiver and patient Y / N*

G Monitoring and Follow-Up

ADHD is managed as a chronic condition

Target outcomes	*Specific, measurable goals agreed with family*
Follow-up interval	*Next visit _____ · repeat rating scales from both settings at _____*
Monitoring at each visit	*Response · adverse effects · appetite and sleep · height, weight, HR, BP · adherence*

H Attestation

Attestation	*Clinician signature _____ · name and credentials _____ · date and time signed _____ · supervising clinician if required _____*

What makes this record defensible. The AAP guideline for ages 4 through 18 requires DSM-5 criteria met, symptoms present in **two or more settings**, documented **functional impairment**, and that alternative causes and coexisting conditions were considered. Rating-scale data must come from **at least two informants**, normally a parent and a teacher, and using the **same instrument** for both is what lets you compare across settings rather than assert it. On coding, **96127** is reported **per standardized instrument** with scoring and documentation, so a parent form and a teacher form are two units, and a non-standardized questionnaire is not separately reportable unless the payer allows it. When a scale is administered alongside an E/M service, **modifier 25** on the E/M may be required.