Client: Alex Taylor
Client DOB: 1995-04-12
Appointment Date: October 20, 2025
Appointment Time: 10:00 AM – 10:35 AM EDT
Total Duration: 35 minutes / **Psychotherapy Duration**: 20 minutes

Provider: Sam Miller, MD
Patient Location: In-Office
CPT Codes: 99213, 90833
Diagnosis: F90.0

Chief Complaint: *"I'm doing well on my medication and just need my routine refill."*

Interval Events: Alex reports continued stability on Adderall XR 20 mg daily. Notes consistent ability to maintain focus, organize tasks at work, and manage daily routines. Denies significant side effects, including insomnia, appetite suppression, palpitations, or increased anxiety.

Substance Use Screening:

- **Alcohol**: Denies
- **Tobacco/Nicotine**: Denies
- **Cannabis**: Denies
- **Other / Stimulants (unprescribed)**: Denies

Medical History & Vitals

- **Allergies**: No known drug allergies
- **Active Medications**:
    - Dextroamphetamine-amphetamine ER (Adderall XR) — 20 mg oral capsule QD (morning)
- **Medical / Psychiatric Conditions**:
    - F90.0 — Attention-deficit hyperactivity disorder, predominantly inattentive type

Risk Assessment

- **Suicidal / Homicidal Ideation**: Denies
- **Self-Harm / Violent Behavior**: Denies
- **Static Risk Factors**: History of neurodevelopmental condition (ADHD)
- **Protective Factors**: Consistent employment, strong support system, medication adherence
- **Overall Acute Risk**: Low

Mental Status Exam (MSE)

- **MSE**: WNL. AAO x4, alert & attentive. Well-groomed, calm, appropriate eye contact. Speech NL rate/volume. Mood euthymic, affect congruent. Thought process linear/goal-directed; content without AH/VH or delusions. Memory intact; insight & judgment good.

Assessment

Diagnostic Formulation & Medical Necessity: 30-year-old adult presenting for routine follow-up of established ADHD, predominantly inattentive type (F90.0). Symptoms remain stable and well-managed on current stimulant therapy without reported side effects.

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Continue: Dextroamphetamine-amphetamine ER (Adderall XR) 20 mg PO daily in the morning.

- **PDMP Status**: State Prescription Drug Monitoring Program (PDMP) checked prior to prescribing; controlled substance history is verified and compliant.
- **Informed Consent**: Discussed benefits, risks, and potential side effects of stimulant treatment. Patient agreed to continue current regimen.
- **Next Visit**: Return in 30 days for routine monitoring.

Add-on Psychotherapy Psychotherapy Duration: 20 minutes

Behaviors / Symptoms Addressed: Executive functioning maintenance, visual organization tools, preventing workplace cognitive fatigue. **Assessment of Symptoms**: Maintained / Stable

Treatment Approach: Cognitive Behavioral Therapy (CBT) techniques and executive function skill-building.

Interventions Applied:
Guided patient through cognitive reframing techniques to address occasional overwhelm when starting large projects.
Reviewed behavioral strategies, including structured time-blocking and routine break schedules to maintain focus throughout the workday.

Patient Response to interventions: Good; patient actively engaged in reviewing organizational strategies and expressed confidence in applying time-blocking tools.

Patient's Progress Toward Primary Goal: Progressed / Goal Met.
Alex reports successfully applying visual calendar blocking 4 out of 5 workdays over the past month, resulting in on-time task completion and significantly reduced end-of-day stress.

Coding & Compliance Rationale

1. Rationale for CPT 99213 (Established Patient E/M – Low MDM)

Under the 2021/2023 AMA Evaluation and Management (E/M) guidelines, selection of **99213** via **Medical Decision Making (MDM)** requires meeting or exceeding **2 out of the 3 MDM elements**:

1. **Number and Complexity of Problems Addressed**: **Low**

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    - *Criterion*: 1 stable chronic illness (e.g., stable ADHD).
2. **Amount and/or Complexity of Data to be Reviewed**: **Minimal / None**
    - Reviewing routine interval history or PDMP database without extensive independent testing.
3. **Risk of Complications and/or Morbidity of Patient Management**: **Moderate**
    - *Criterion*: "Prescription drug management" (including renewing controlled substances such as Schedule II stimulants).

Conclusion: Meeting **Low Problem Complexity** and **Moderate Risk** satisfies the requirements for **Low Complexity MDM (CPT 99213)**.

2. Rationale for CPT 90833 (Add-on Psychotherapy, 16–30 Minutes)

CPT code **90833** is a time-based add-on code used when psychotherapy is performed alongside an E/M service during the same encounter.

- **Time Requirement**: The psychotherapy portion lasted **20 minutes**, falling squarely within the required **16 to 37 minute time threshold**.
- **Separate Documentation**: The documentation clearly separates the medical/pharmacologic portion (vital signs, PDMP review, med refill, side-effect screening) from the psychotherapeutic portion (CBT interventions, executive functioning skills, behavioral strategies).
- **Clinical Necessity**: The therapeutic interventions directly address behavioral and cognitive aspects of ADHD management that complement the pharmacological treatment.