

# Follow-up Care for Children Prescribed ADHD Medication (ADD)

## APPLICABLE LINES OF BUSINESS

- Commercial

## MEASURE DESCRIPTION

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. HEDIS evaluates two separate rates in this measure<sup>1</sup>:

1. Initiation Phase: The percentage of patients who:
  - Were 6-12 years of age.
  - Had a prescription dispensed for ADHD medication.
  - Completed one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
2. Continuation and Maintenance (C&M) Phase: The percentage of patients who:
  - Were 6-12 years of age.
  - Had a prescription dispensed for ADHD medication.
  - Remained on the medication for at least 210 days.
  - Had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.

## EXCLUSIONS

Patients are excluded if they:

- Use hospice services or elect to use a hospice benefit any time during the measurement period.
- Died during the measurement period.
- Filled an ADHD prescription 120 days (four months) prior to the IPSD.
- Had an acute inpatient encounter or admission for a mental, behavioral, or neurodevelopmental disorder during the Initiation or C&M phase.
- Have a diagnosis of narcolepsy any time during the member's history through the end of the measurement period.

## MEDICAL RECORD

Patient medical records should include evidence of use of any of the following ADHD medications:

ADHD Medication Type	Prescription	
CNS stimulants	Dexmethylphenidate Dextroamphetamine Lisdexamfetamine	Methylphenidate Methamphetamine
Alpha-2 receptor agonists	Clonidine	Guanfacine
Misc. ADHD medications	Atomoxetine	

## CODING

Type	Code	Description
CPT®ii	96156-96159, 96164, 96165, 96167, 96168, 96170, 96171	Health and Behavior Assessment
CPT®	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255	Visit Setting Unspecified
CPT®	98969-98972, 99421-99423, 99444, 99457	Online Assessments
HCPCSiii	G0071, G2010, G2012, G2061-G2063	Online Assessments
CPT®	98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510	BH Outpatient
HPCPS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010-H2020, T1015	BH Outpatient
CPT®	98966-98968, 99441-99443	Telephone Visits

## TIPS FOR SUCCESS

### Patient Care

- Educate about proper medication dose: Explain to parents/caregivers the importance of monitoring children who receive an ADHD medication prescription to ensure the medication is working and the child is receiving the right dose.
- Ensure follow-up appointments are completed:
  - To ensure the patient completes a follow-up visit within 30 days of a new prescription, prescribe a 30-day supply of medication on the first visit, and have the family schedule a follow-up visit within four weeks before leaving the office to check the response to the initial medication and dose.
  - To ensure that the patient receives at least two more follow-up visits within nine months, schedule these appointments while the patient is at the clinic for their first appointment.
  - Schedule follow-up visits to occur before a refill is given.
- Discuss behavioral therapy, psychotherapy, family therapy, support groups, social skills training, and/or parenting skills, training options, and resources in addition to medication therapy.
- Promote continuity of care between psychiatrists, primary care physicians, other appropriate health care providers, and schools to ensure quality healthcare.
- Where appropriate, use telehealth and telephone visits when in-person services are not possible, or telephone services are preferred. Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in.

### Documentation and Coding

- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans.
- Code for exclusions.

- NCQA has transitioned this measure to an Electronic Clinical Data Systems (ECDS) reported measure. This means that health plans can only use information submitted *during* the measurement year to qualify for this measure. Information can be submitted electronically (e.g., EMR extracts and FHIR feeds), via claims codes, and in medical record documentation sent to the plan. Plans will no longer perform chart reviews *after* the measurement year for this measure.

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<sup>i</sup> National Committee for Quality Assurance. HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans (2024), 588-598.

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<sup>iii</sup> HCPCS codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of Centers for Medicare & Medicaid Services, America's Health Insurance Plans, and the Blue Cross Blue Shield Association).