HEDIS® Tip Sheet

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

Measure Description

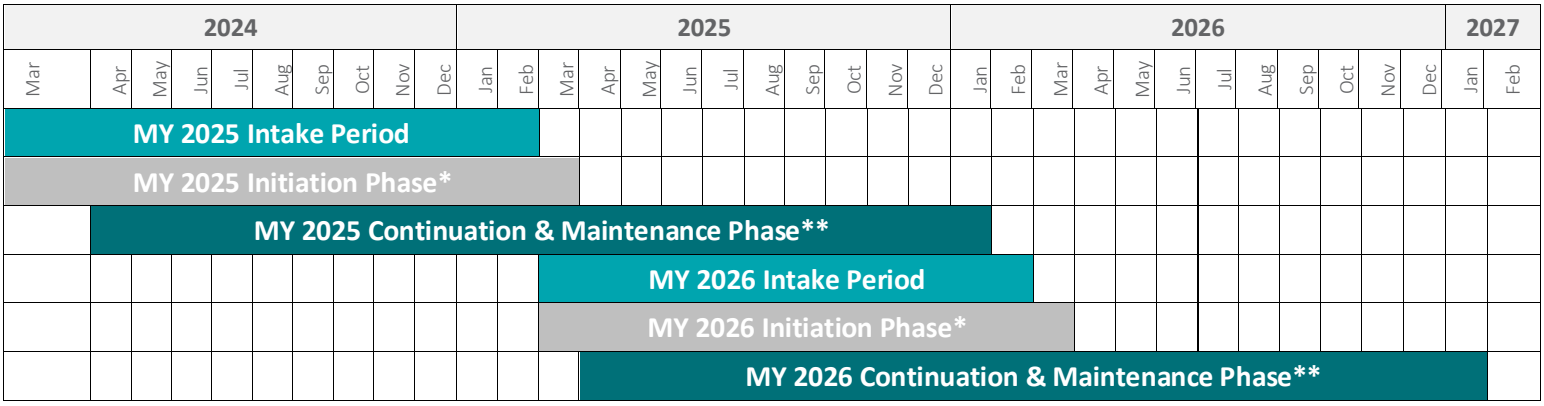
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

1. *Initiation Phase:* The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had 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 members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

Note: A higher rate indicates better performance.

Product Lines: Commercial, Medicaid

Intake Period: The 12-month window starting March 1st of the year prior to the measurement year (MY) and through the last calendar day of February of the measurement year.



* Initiation Phase: A follow-up visit must take place with a practitioner with prescribing authority within 30-days after the Initiation Phase following the Index Prescription Start Date (IPSD).

** Continuation and Maintenance Phase: At least 2 follow-up visits on different dates of service with any practitioner must take place from 31-300 (9 months) after the IPSD ended.

NOTE: Only one of the two visits (during the 31-300 days after the IPSD) may be an e-visit or virtual check-in.

Codes Included in the Current HEDIS® Measure

Description	Code
Outpatient POS (Initiation Phase and C & M Phase)	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Outpatient POS*:* 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72

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	OR *Intensive Outpatient Encounter or Partial Hospitalization* **POS:** 52 ***OR*** *Community Mental Health Center* **POS:** 53 ***OR*** Telehealth **POS:** 02, 10
BH Outpatient Visit (Initiation Phase and C & M Phase)	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Health and Behavior Assessment or Intervention (Initiation Phase and C & M Phase)	**CPT:** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Partial Hospitalization or Intensive Outpatient (Initiation Phase and C & M Phase)	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913
Telephone Visits (Initiation Phase and C & M Phase)	**CPT:** 98966-98968, 99441-99443
Online Assessments (C & M Phase)	**CPT:** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252 *Note*: Only one of the two visits (during the 31–300 days after the IPSD) may be an e-visit or virtual check-in.

Medications

ADHD Medications

Description	Prescription
CNS stimulants	Dexmethylphenidate, Dexmethylphenidate-serdexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine
Alpha-2 receptor agonists	Clonidine, Guanfacine
Miscellaneous ADHD medications	Atomoxetine, Viloxazine

NOTE: Dispensing events from different medication value sets are considered different drugs. Dispensing events from the same medication value sets are considered the same drug.

Ways Providers can Improve HEDIS® Performance

- Comply with the American Academy of Pediatrics (AAP) recommendation of both behavioral therapy and medication for children 6 to 12 years old.
- Schedule a follow-up visit within 30 days to assess how the medication is working when prescribing a new medication to your patient.
- Schedule this visit while your patient is still in the office to ensure continuation of care.
- Send appointment reminder to parent/guardian 72 hours prior to appointment. Use a telehealth visit for the follow-up visit within the 30 days after the index prescription start date (please reference codes above to ensure accurate billing and coding.)
- Consider timing of visits to ensure 2 more visits in the 9 months after the first 30 days to continue to monitor your member's progress. Visits must be on different dates of service. (Consider 30-day, 60-day, and 180-day follow-up from initial visit.)
- Use a telephone visit, e-visit, or virtual check-in appointment for the 2 follow-up visits. Only 1 of 2 visits can be virtual for the C & M Phase.
- Reach out to patients who cancel appointments as soon as possible to reschedule.
- Prescribe initial 2-week supply and follow-up prescriptions to a 30-day supply to ensure patient follow-up.

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Ways Health Plans can Improve HEDIS® Performance

- Identify and educate top 10 prescribers with limited continuation of care.
- Member education about continuation of care after medication.
- Develop value-based agreement with behavioral health providers.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.
- Members with a diagnosis of narcolepsy any time during their history through December 31 of the measurement year. Do not include laboratory claims (POS: 81).

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