



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



WHY IS THE ADD MEASURE IMPORTANT?

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder affecting 11 percent of school-age children. ADHD is characterized by developmentally inappropriate levels of inattention, impulsivity, and hyperactivity.¹ When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration.

WHAT IS THE ADD MEASURE LOOKING AT?

This measure assesses the percentage of children newly prescribed 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. The measure has two phases:

<p>1. Initiation Phase: Assesses children 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. The visit can occur via face-to-face, telehealth, or telephone.</p>	<p>2. Continuation & Maintenance Phase: Assesses children 6-12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the nine months following the Initiation Phase. <u>One</u> of the two visits can be an e-visit or virtual check-in and the other can be via telehealth, phone or face-to-face.</p>
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WHAT IS INCLUDED?

- Medicaid members aged 6-12 years
- **New** prescription (no fill 120 days prior) for ADHD medication between March 1 of the year prior through the last calendar day of February of the measurement year

Description	Prescription		
CNS stimulants	<ul style="list-style-type: none"> ▪ Dexmethylphenidate ▪ Dextroamphetamine 	<ul style="list-style-type: none"> ▪ Lisdexamfetamine ▪ Methylphenidate 	<ul style="list-style-type: none"> ▪ Methamphetamine
Alpha-2 receptor agonists	<ul style="list-style-type: none"> ▪ Clonidine 	<ul style="list-style-type: none"> ▪ Guanfacine 	
Miscellaneous ADHD medications	<ul style="list-style-type: none"> ▪ Atomoxetine 		

WHAT IS EXCLUDED?

- Members who had an acute inpatient encounter and discharge with a principal diagnosis of mental, behavioral, or neurodevelopmental disorder during the 30 days after the ADHD medication dispensing date
- Members with a diagnosis of narcolepsy
- Members in hospice or died anytime during the measurement year²

WHAT CAN YOU DO TO HELP?

- Complete a comprehensive medical and psychiatric exam, including checklists for rating ADHD symptoms before diagnosing and prescribing
- Limit the first prescription of ADHD medication to a 14-to-21-day supply
- Schedule a follow-up visit within 2-3 weeks when giving the first prescription, before the family leaves the office
- Educate the child and guardian about the need to re-evaluate whether the medications are working as intended after 2-3 weeks, and to regularly monitor the effects afterward
- Explain to parents and/or guardians that refills cannot be prescribed without a follow-up visit
- Invite the child and guardian to ask questions. They will be more likely to attend follow-up visits if they understand why
- Reschedule any cancelled appointments right away.
- Partner with the health plan, address barriers, and coordinate care with other providers
- Utilize telehealth and submit the correct CPT claim codes

HOW IS ADD ADHERENCE/COMPLIANCE MET?

- The Initiation Phase is met when the child is prescribed a new ADHD medication and attends a follow-up visit with a practitioner with prescribing authority within 30 days of the first ADHD medication prescription dispensing date.
- The Continuation & Maintenance Phase is met when the child has remained on the ADHD medication for at least 210 days and has had at least two more visits with any practitioner in the nine months following the Initiation Phase.

Type of Care	CPT Codes
BH Outpatient Visits:	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
Visit Setting Unspecified:	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255
Outpatient POS:	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Health and Behavior Assessment or Intervention:	96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Telephone Visits:	98966-98968, 99441-99443
Telehealth POS:	02, 10
Online Assessment:	98970-98972, 98980, 98981, 99421-99423, 99457-99458

ADDITIONAL SUPPORT:

- American Academy of Child & Adolescent Psychiatry: www.aacap.org
- CHADD: www.chadd.org
- CDC's Attention-Deficit/Hyperactivity Disorder (ADHD): www.cdc.gov/ncbddd/adhd/index.html

We are committed to the care and wellbeing of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website www.buckeyehealthplan.com/providers.html for additional tools and local resources or contact a Provider Relations or Quality Improvement Specialist for assistance.

REFERENCES:

1. ADHD Resource Center: https://www.aacap.org/AACAP/Families_Youth/Resource_Centers/ADHD_Resource_Center/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx?hkey=263af418-94e9-4c33-a6c7-e058f81a80e5#treatment
2. NCQA: <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>

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