Learn How to Improve Your HEDIS Rates for Children Prescribed ADHD Medication

Use this tip sheet to review key details of the Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication measure, best practices and resources.

ADHD is one of the most common mental health conditions to affect children in the United States.[1] The condition leads to poor impulse control, problems with concentration and hyperactive behavior.[2] ADHD medications are an effective treatment to control symptoms. It is crucial to monitor children on ADHD medications to remain compliant and better manage their condition.[1]

Measure	Patients ages 6–12 who are newly prescribed ADHD medication and had at least three follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.[1]	
	Rate 1 **Initiation phase**	The percentage of patients ages 6–12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, and had one follow-up visit with a prescribing practitioner during the 30-day initiation phase.
	Rate 2 **Continuation and maintenance (C&M) phase**	The percentage of patients ages 6–12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication who had remained on the medication for at least 210 days. In addition to the visit in the initiation phase, had at least two more follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ends.
Intake period	The 12-month window starts March 1 of the year prior to the measurement year and ends the last calendar day of February of the measurement year. This period is used to identify the eligible dispensing dates for an ADHD medication, where the dispensing date follows the negative medication history (120 days or four months).	

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PROVIDER COMMUNICATIONS

Exclusions

- Patients with a diagnosis of narcolepsy any time during their history through December 31 of the measurement year.
- Patients who filled an ADHD prescription 120 days (four months) prior to the IPSD.
- **Rate 1 – Initiation phase only**
  - Patients who had an acute inpatient visit for a mental, behavioral or neurodevelopmental disorder during the 30 days after the IPSD.
- **Rate 2 – C&M phase only**
  - Patients who had an acute inpatient visit for a mental, behavioral or neurodevelopmental disorder during the 300 days (10 months) after the IPSD.

ADHD medications

Central nervous system stimulants

- Dexmethylphenidate
- Dextroamphetamine
- Lisdexamfetamine
- Methylphenidate
- Methamphetamine

Alpha-2 receptor agonists

- Clonidine
- Guanfacine

Other ADHD medications

- Atomoxetine

Best practices

- Consider added support with referrals for behavioral health treatment. Interventions focused on behavior modification, such as parent training or classroom programs, can be effective. Combined medication and behavioral therapy is most effective.[3]
- Schedule telehealth or phone visits for the initiation phase and C&M visits.
- Timing of scheduled visits is key, along with the day supply of the prescription (e.g., when prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office).
  - Visits on the same day as the medication dispensing date do not count as a compliant visit for the initiation phase.

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Best practices

- Schedule the follow-up visit (telephone or telehealth) to occur before giving the refill.
- Consider scheduling the visit within 14 to 21 days of each prescription.
- Consider prescribing an initial two-week supply and follow-up prescriptions to a 30-day supply to ensure patient follow-up.
- After prescribing a new ADHD medication, schedule 30–, 60– and 180–day follow-up visits from the initial visit before patients leave. This can monitor the patient's progress, and help check how the medication is working.
- For C&M visits, use e-visits or virtual check-ins to monitor clinical symptoms and support long-term care. Only one of the two visits can be an e-visit or virtual check-in.
- Make sure patients and their families, mental health providers and the right school personnel connect with each other.[3]

Rate 1 – Initiation phase codes

Visit type	CPT	HCPCS	POS
An outpatient visit (visit setting unspecified value set with outpatient place of service (POS) value set)	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255	N/A	03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
An outpatient visit (behavioral health outpatient value set)	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510, 99483	G0155, G0176, G0177, G0409, G0463, H0002,H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015	N/A
An observation visit (observation value set)	99217–99220	N/A	N/A
A health and behavior assessment/ intervention (health and behavior assessment/intervention value set)	96150–96159, 96164–96168; 96170, 96171	N/A	N/A
A community mental health center visit (visit setting unspecified value set with community mental health center POS value set)	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255	N/A	53
Telehealth visit (visit setting unspecified value set with telehealth POS value set)	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255	N/A	02
Phone visit	98966–98968; 99441–99443	N/A	N/A

Rate 2 – C&M phase codes

CODING TIPS FOR RATE 2 – C&M PHASE:

- Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in.
- Identify follow-up visits using the same code combinations as above. See the code combination below for the e-visit or virtual check-in.

Visit type	CPT	HCPCS	POS
Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in (online assessments value set)	98969–98972, 99421–99423, 99444, 99458	N/A	N/A

[1]NCQA. Follow-Up Care for Children Prescribed ADHD Medication (ADD).Retrieved from www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/, July 9, 2019.

[2]National Institute of Mental Health. Attention-deficit/hyperactivity disorder (ADHD): The Basics. Retrieved from www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-adhd-the-basics/index.shtml, July 9, 2019.

[3]Wolraich, M. L., Chan, E., Froehlich, T., Lynch, R. L., Bax, A., Redwine, S. T., & Hagan, J. F. (2019). ADHD diagnosis and treatment guidelines: a historical perspective. Pediatrics, 144(4), e20191682.

21-057/FLY048860EH00 (2/21)