

Effectiveness of Care Measure

Follow-Up Care for Children Prescribed ADHD Medication



Health Net®

Learn how to improve Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication screening measure, best practices and more 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 increasingly important for children to be monitored while 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 and, in addition to the visit in the initiation phase, had at least two more follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

(continued)

¹NCQA. 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.

²National 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.

Follow-Up Care for Children Prescribed ADHD Medication (continued)

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 (4 months) prior to the IPSD.
- **Rate 1 – Initiation phase only**
 - Patients who had an acute inpatient encounter 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 encounter for a mental, behavioral or neurodevelopmental disorder during the 300 days (10 months) after the IPSD.

ADHD medications

CNS stimulants

- Amphetamine-dextroamphetamine
- Dexamfetamine
- Dexmethylphenidate
- Dextroamphetamine
- Lisdexamfetamine
- Methylphenidate
- Methamphetamine

Alpha-2 receptor agonists

- Clonidine
- Guanfacine

Miscellaneous ADHD medications

- Atomoxetine

Best practices


- Timing of scheduled visits is key, along with the day supply of the prescription (for example: when prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office).
- 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.
- Schedule the follow-up visit to occur before the refill is given.
- After prescribing a new ADHD medication, schedule a 30-day, 60-day and 180-day follow-up visit from the initial visit before they leave. This can help evaluate how the medication is working and to monitor the patient's progress.



(continued)

Follow-Up Care for Children Prescribed ADHD Medication (continued)


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		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, M0064, T1015	
An observation visit (observation value set)	99217–99220		
A health and behavior assessment/intervention (health and behavior assessment/intervention value set)	96150–96154		
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		53

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 a telephone visit or a telehealth visit.
- Identify follow-up visits using the code combinations below, and then identify telehealth visits by the presence of a telehealth CPT modifier or the presence of a telehealth POS code on the claim/encounter.

 Visit type	CPT	HCPCS	POS
Only one of the two visits (during days 31–300) • Telephone visit (telephone visits value set) • Telehealth visit	98966–98968, 99441–99443		03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
Identify follow-up visits using the code combinations above; then identify telehealth visits by the presence of a telehealth modifier (telehealth modifier value set) or the presence of a telehealth POS code (telehealth POS value set) on the claim		95, GT	02