

## Follow-Up Care for Children Prescribed ADHD Medication

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders among children in the U.S., affecting approximately one in 11 (9.4%–9.8%) children and adolescents 3–17 years of age.<sup>1,2</sup> It is a chronic condition that can negatively impact children’s academic achievements, social interactions and overall well-being.<sup>2,3</sup> The 2019 American Academy of Pediatrics Clinical Practice Guideline strongly recommends combining behavioral therapy with medication to treat children ages 6 years and older.<sup>3</sup> Along with early detection and proper patient care, appropriate follow-up visits can lead to improved medication management and control of ADHD symptoms. An important Healthcare Effectiveness Data and Information Set (HEDIS) measure assesses follow-up care for children newly prescribed ADHD medications within 30 days and nine months of prescription dispensing.<sup>4</sup>

### What should I know about the HEDIS measure?

This measure assesses the percentage of children between 6 and 12 years of age who were newly prescribed an ADHD medication and received at least three follow-up visits with a practitioner with prescribing authority within a 10-month period. A higher percentage indicates better performance. Two rates are measured<sup>4</sup>:

- **Initiation phase:** Assesses those who had one follow-up care visit with a provider within the first 30 days of a newly prescribed ADHD medication
- **Continuation and Maintenance (C&M) phase:** Assesses those who remained on the prescribed ADHD medication for at least 210 days (seven months) and had at least two additional follow-up visits with a provider within the 270 days (nine months) following the initiation phase

Patients are excluded from the measure if they are in hospice, have an acute inpatient encounter or discharge with a principal mental health diagnosis, or have a history of narcolepsy.

### Which medications are included in this measure?

Medication Class	Medication Name
<i>CNS stimulants</i>	<ul style="list-style-type: none"> <li>• Amphetamine-dextroamphetamine</li> <li>• Lisdexamfetamine</li> <li>• Dexmethylphenidate</li> <li>• Methylphenidate</li> <li>• Dextroamphetamine</li> <li>• Methamphetamine</li> </ul>
<i>Alpha-2 receptor agonists</i>	<ul style="list-style-type: none"> <li>• Clonidine</li> <li>• Guanfacine</li> </ul>
<i>Miscellaneous ADHD medications</i>	<ul style="list-style-type: none"> <li>• Atomoxetine</li> </ul>

### How can I help improve performance?

- Schedule follow-up appointments (within first 30 days and two follow-up visits within nine months) to ensure proper medication management and control of ADHD symptoms
- Identify and code follow-up visits correctly

Qualifying Follow-Ups	Code Examples
Outpatient visit	CPT: 98960, 98961, 99078 <b>or</b> HCPCS: G0463, H0002, T1015
Observation visit	CPT: 99217, 99218, 99219, 99220
Health and behavior assessment or intervention	CPT: 96150, 96151, 96152, 96153
Intensive outpatient encounter or partial hospitalization	HCPCS: G0410, H0035, S0201, S9480
Community mental health center visit	CPT: 90791, 90792, 90832, 90833 <b>and</b> POS: 53
A telehealth visit	CPT: 90791, 90792, 90832, 90833 <b>and</b> POS: 02
A telephone visit	CPT: 98966, 98967, 98968, 99441
An e-visit or virtual check-in*	CPT: 98969, 98970, 98971 <b>or</b> HCPCS: G0071, G2010, G2012

CPT=Current Procedural Terminology; HCPCS = Healthcare Common Procedural Coding System; POS=Place of Service

\*Only applicable to C&M phase; one of two visits during the nine months after the initiation phase (days 31–300) may be an e-visit or virtual check-in.

### References

1. Data and Statistics. Centers for Disease Control and Prevention. Updated September 23, 2021. Available at: <https://www.cdc.gov/ncbddd/adhd/data.html>. Accessed August 1, 2022.
2. Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013–2019. *MMWR Suppl* 2022;71(Suppl-2):1–42; doi: <http://dx.doi.org/10.15585/mmwr.su7102a1>.
3. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. American Academy of Pediatrics. *Pediatrics*. 2019;144[4]:e20192528; doi:10.1542/peds.2019-2528.
4. HEDIS MY 2022, Volume 2. National Committee for Quality Assurance (NCQA) *Follow-Up Care for Children Prescribed ADHD Medication (ADD)*.