## **HEDIS® Tip Sheet 2020**

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

## Why is the HEDIS ADD measure important?

Attention-deficit hyperactivity disorder (ADHD) is one of the most common behavioral health disorders in children. To ensure medication is prescribed and managed correctly, it is essential that children be carefully monitored by a practitioner with prescribing authority.

## **ADD Measure Description**

The Healthcare Effectiveness Data and Information Set (HEDIS) ADD measure<sup>1</sup> evaluates follow-up care and medication compliance. This measure applies to children 6 to 12 years old who were newly<sup>2</sup> prescribed medication to treat ADHD in the ambulatory setting.

Document two separate phases of this measure:

#### Initiation Phase

- One or more follow-up visits within 30 days from the date the prescription was filled
- One visit must be face-to-face

#### Continuation and Maintenance Phase

- Member remained on the ADHD medication for at least 210 days
- Two or more follow-up visits within 270 days after the end of the initiation phase (day 31 to 300 from the prescription fill date)
- One of two visits may be by either telephone or telehealth, depending upon the member's benefits

#### Medical Record Documentation and Best Practices

- Comply with the American Academy of Pediatrics (AAP) recommendation of both behavioral therapy and medication for children 6 to 12 years old<sup>3</sup>
- Educate the patient and caregivers about:
  - Common side effects such as increased blood pressure, weight loss, anxiety, agitation and insomnia
  - Potential for abuse and use of legal medication for illegal purposes
- Refer the member to a psychiatrist for consultation when clinically appropriate
- Ensure coordination of care by sending progress notes and updates
- Reach out to members who cancel appointments and assist them with rescheduling as soon as possible



<sup>2</sup> Defined as no ADHD medication filled in past 120 days

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## **Behavioral Health Codes**

## **Coding Instructions**

Use ICD-10, CPT® and HCPCS to close gaps

#### **Stand Alone Visits**

**CPT:** 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411-99412, 99510

## Visits Group 1

**CPT:** 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876

### **Visits Group 2**

CPT: 99221-99223, 99238-99239, 99251-99255

### **Telephone Visits**

483498.1219

**CPT:** 98966-98968, 99441-99443 **Telephone Modifier Value Set:** 95 GT **POS:** 02

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<sup>3</sup> AAP, ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, October 2019; https://pediatrics.aappublications.org/content/144/4/e20192528 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).