

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

Attention deficit hyperactivity disorder (ADHD) is one of the most common behavioral disorders affecting children. As of 2014, 11 percent of American children had an ADHD diagnosis. Primary symptoms include hyperactivity, impulsiveness, and an inability to sustain attention or concentration. When managed appropriately, medication for ADHD can control these symptoms. A pediatrician or family practice provider with prescribing authority should monitor ADHD medication use to ensure medication is prescribed and managed correctly.ⁱ

APPLICABLE LINES OF BUSINESS

- Commercial

MEASURE DESCRIPTION

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. HEDIS evaluates two separate rates in this measure:

1. Initiation Phase: The percentage of patients who:
 - Were 6-12 years old as of the Index Prescription Start Date (IPSD)
 - Had an ambulatory prescription dispensed for ADHD medication
 - Completed one follow-up visit with a provider with prescribing authority during the 30-day Initiation Phase
2. Continuation and Maintenance Phase: The percentage of patients who:
 - Were 6-12 years of age as of the IPSD
 - Had an ambulatory prescription dispensed for ADHD medication
 - Remained on the medication for at least 210 days
 - Had at least two follow-up visits in addition to the Initiation Phase visit with a provider within 270 days (nine months) after the Initiation Phase endedⁱⁱ

EXCLUSIONS

Patients who had an acute inpatient encounter for mental, behavioral or neurodevelopment disorder during the 30 days after IPSD.

INFORMATION THAT PATIENT MEDICAL RECORD SHOULD INCLUDE

ADHD medications per HEDIS:

ADHD Medication Type	Prescription		
CNS stimulants	<ul style="list-style-type: none">Dexmethylphenidate	<ul style="list-style-type: none">DextroamphetamineLisdexamfetamine	<ul style="list-style-type: none">MethylphenidateMethamphetamine
Alpha-2 receptor agonists	<ul style="list-style-type: none">Clonidine	<ul style="list-style-type: none">Guanfacine	
Misc. ADHD medications	<ul style="list-style-type: none">Atomoxetine		

INFORMATION THAT PATIENT CLAIMS SHOULD INCLUDE

- One of the two Continuation and Maintenance Phase follow-up visit can be completed telephonically by a primary care provider. The following CPT codes are acceptable for this service:
 - 98966, 98967, 98968, 99441, 99442, 99443

TIPS FOR SUCCESS

Educate about proper medication dose: Explain to parents/caregivers the importance of monitoring children who receive an ADHD medication prescription to ensure the medication is working and the child is receiving the right dose.

Ensure follow-up appointments:

- To ensure the patient completes a follow-up visit within 30 days of a new prescription, prescribe a 30-day supply of medication on the first visit and have the family schedule a follow-up visit within four weeks before leaving the office to check the response to the initial medication and dose.
- To ensure that the patient receives at least two more follow-up visits within nine months, schedule these appointments while the patient is at the clinic for their first appointment.
- Don't continue prescriptions unless the patient completes at least two appointments each year so you can evaluate their progress and the effectiveness of the medication.
- Consider the use of a standardized ADHD diagnosis and follow-up tool between visits to provide the patient and family with an objective measure of improvement on medication.

i <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/adhd>

ii National Committee for Quality Assurance. HEDIS® Measurement Year 2020 & Measurement Year 2021 Volume 2 Technical Specifications for Health Plans (2020), 244-250 CPT Copyright 1983-2019 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.