

2020 HEDIS® measures



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

HEDIS measure description

The percentage of children newly prescribed attention-deficit/hyperactivity disorder 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. Two rates are reported.

Initiation phase

The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30 days following the prescription start date.

Continuation and maintenance (C&M) phase

The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended.

Eligible population

Ages: 6 years as of March 1 of the year prior to the measurement year to 12 years as of the last calendar day of February of the measurement year.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- If you prescribe a medication used for ADHD, consider limiting the first prescription to a 30-day supply.
- Explain to the parent or guardian that the child must be seen within 30 days of starting the medication to evaluate if the medication is working as expected and assess any adverse effects.
- Verify that the parent or guardian understands the above requirement and keeps the appointment for refill prescriptions.
- Discuss the importance of follow-up appointments with the parent/guardian and ensure that the child has at least two additional follow-up appointments with a medical provider or a behavioral health provider in the nine months after the initial 30 days.

ADHD medications

| Description | Prescription |
|--------------------------------|---|
| CNS stimulants | <ul style="list-style-type: none">• Amphetamine-dextroamphetamine• Dexmethylphenidate• Dextroamphetamine• Lisdexamfetamine• Methamphetamine• Methylphenidate |
| Alpha-2 receptor agonists | <ul style="list-style-type: none">• Clonidine• Guanfacine |
| Miscellaneous ADHD medications | <ul style="list-style-type: none">• Atomoxetine |



Numerator codes

The ADD measure relies exclusively on administrative data. Correct claim coding is of utmost importance. The measure contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

The following are just a few of the approved codes. For a complete list, please refer to the NCQA website at www.ncqa.org.

Initiation phase

Any of the following codes billed by a practitioner with prescribing authority may be used.

| CPT | Recommended codes |
|-------------------------------------|---------------------------------|
| Behavioral health outpatient visits | 98960-98962, 99078, 99201-99205 |
| Observation visits | 99217-99220 |

Continuation and maintenance phase

In addition to the above codes used in the initiation phase, the following codes billed by a practitioner with prescribing authority may be used.

| CPT | Recommended codes |
|------------------|--------------------------|
| Telephone visits | 98966-98968, 99441-99443 |

*Please note: Telephone visits should only be billed as one of the two follow-up visits in the C&M phase.

