



ATTENTION DEFICIT HYPERACTIVITY DISORDER MEDICATION (ADD)

MEETING THE HEDIS MEASURE

The ADD measure assesses the percentage of members ages 6-12 who are newly prescribed ADHD (Attention Deficit Hyperactivity Disorder) 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

- **Initiation Phase:** The percentage of members ages 6–12 as of the Index Prescription Start Date (IPSD) with a new prescription for ADHD medication and had one follow-up visit with a prescribing practitioner during the 30-day initiation phase.
- **Continuation and Maintenance (C&M) phase:** The percentage of members ages 6–12 as of the IPSD with a new 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.

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


WHY IS THE MEASURE IMPORTANT?


Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. 11% of children in the United States have been diagnosed with ADHD. The main symptoms include hyperactivity, impulsiveness and an inability to remain attentive or sustain concentration. Of these children, 6.1% are taking ADHD medication.

When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.

WHAT CAN BE DONE TO HELP MEET THE MEASURE?

- When prescribing a new ADHD medication for a member, schedule follow-up appointments before the member leaves the office. The first appointment should be within 30 days after they receive their initial prescription so you can assess the medication's effectiveness and address any side effects. Schedule a 60-day and 180-day follow-up visit after the initiation phase has ended
- Schedule the follow-up visits to occur before a refill is given. Telehealth may be used for 1 follow up visit in the continuation phase
- Consider the use of a standardized ADHD diagnosis and follow-up tool between visits to provide the member and family with an objective measure of improvement on medication
- "Drug holidays" from ADHD medication may be a useful tool in assessment, management, prevention, and negotiation. In addition to assessing coping without the medication, drug holidays may assist in convincing adolescents or parents of the need to continue taking medication

	<p>Required Exclusions: Members in hospice or using hospice services Members who died Timeframe: Any time during the measurement year</p>
	<p>Required Exclusions continued: Narcolepsy Timeframe: Any time during a member's history through Dec. 31 of the measurement year</p>
	<p>Required Exclusions: Members who had an acute inpatient encounter with principal diagnosis of mental, behavioral, or neurodevelopmental disorder or those diagnoses on the discharge claim Timeframe: Any time during the measurement year</p>

 Medications	
Drug Category	Medications
CNS stimulants	Dexmethylphenidate Dextroamphetamine Lisdexamfetamine Methylphenidate Methamphetamine
Alpha-2 receptor agonists	Guanfacine Clonidine
Miscellaneous ADHD medications	Atomoxetine

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

CPT® / CPT® II	
Initiation Phase	
Outpatient Visit With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 Place of Service Code: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Behavioral Health Outpatient Visit With a Practitioner With Prescribing Authority	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510 Place of Service Code: 52
Observation Visit With a Practitioner With Prescribing Authority	99217-20 Place of Service Code: 52

CPT® / CPT® II	
Initiation Phase	
Intensive Outpatient Encounter or Partial Hospitalization With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code (Place of Service Code Must Be Billed With Visit Code.)	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 Place of Service Code: 52
A Health and Behavior Assessment/Intervention With a Practitioner With Prescribing Authority	96150 -54, 96156, 96158, 96159, 96164-65, 96167-68, 96168, 96170 -71 Place of Service Code: 53
Visit Setting Unspecified (Community Mental Health Center)	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 Place of Service Code: 53
Visit Setting Unspecified (Telehealth visit)	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 Place of Service Code: 02,10
Telephone Visits	98966-68, 99441-3
Continuation Phase	
Online Assessment (e-visit/virtual check-in) *Only 1 of the 2 visits for continuation may be an e-visit or virtual check-in	98969-72, 99421-23, 99444, 99457-58

Place of Service Codes			
Code	Location	Code	Location
02	Telehealth	18	Place of employment – worksite
03	School	19	Off-campus outpatient hospital
05	Indian Health Service free-standing facility	20	Urgent care facility
07	Tribal 638 free-standing facility	22	On-campus outpatient hospital
09	Prison/Correctional facility	24	Ambulatory surgical center
10	Telehealth	33	Custodial care facility
11	Office	49	Independent clinic
12	Home	50	Federally qualified health center
13	Assisted living facility	52	Psychiatric facility – partial hospitalization
14	Group home	53	Community mental health center
15	Mobile unit	71	Public health clinic
16	Temporary lodging	72	Rural health clinic
17	Walk-in retail health clinic		

REFERENCES

Visser, S.N., M.L. Danielson, R.H. Bitsko, J.R. Holbrook, M.D. Kogan, R.M. Ghandour, ... & S.J. Blumberg. 2014. "Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003–2011." *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 34–46.

The American Psychiatric Association. 2012. *Children's Mental Health*. www.psychiatry.org/mental-health/people/children

Follow-up care for children prescribed ADHD medication. NCQA. (2023, January 23). Retrieved March 10, 2023, from www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/

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