

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

The National Committee for Quality Assurance (NCQA) collects Healthcare Effectiveness Data and Information Set (HEDIS®) measurements. The NCQA recommends tracking the HEDIS AMM measure for our members. We collect HEDIS data from our providers to measure and improve the quality of care our members receive.

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 HEDIS ADD measure¹ evaluates follow-up care and medication compliance. This measure applies to children 6 to 12 years old who were newly² 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 a 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 old³
- 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

¹ Defined as no ADHD medication filled in past 120 days

² NCQA HEDIS 2020 Technical specifications for health plans, volume 2, Washington DC, 2020

³ 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>

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Coding Instructions: Use ICD-10, CPT® Stand Alone Visits CPT: 96150-96154. These codes are invalid for 2020, they were deleted 1-1-2020. For codes 96150-96152, use codes 96156, 96158-96159. For code 96153, use codes 96164, 96165. For code 96154, use codes 96167, 96168. 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411-99412, 99510 HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015 POS Codes/Modifiers: 02, 95, GT

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