

# 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



## 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

**CPT:** 98966-98968, 99441-99443

**Telephone Modifier Value Set:** 95 GT

**POS:** 02

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

2 Defined as no ADHD medication filled in past 120 days

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>

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.