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

Follow-up Care for Children Prescribed ADHD Medication
CDPHP® wants to help you improve your quality ratings. ADHD is one of the most common behavioral disorders affecting children. Ten percent of American children have been diagnosed with ADHD. This tip sheet details key aspects of this specific HEDIS measure, provides administrative aids, and offers guidance and resources.

What is the Measure?
This measure focuses on appropriate follow-up care for children ages six to 12 who receive a prescription for a medication usually prescribed to treat ADHD, or who restart a medication for ADHD after a three to four month drug holiday.

Initiation Phase
The percentage of children six to 12 years old who have had a new prescription for an ADHD medication dispensed, and had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.

- The child must have a follow-up visit with the prescribing provider (or an alternate provider with prescribing authority) within 30 days of a new or restarted ADHD prescription following a three to four month drug holiday.

- Note: If a member is non-compliant with the initiation phase, they are then considered non-compliant with continuation and maintenance phase.

Continuation and Maintenance (C&M) Phase
Children six to 12 years old, who stayed 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. The visits may include follow-up with a behavioral health practitioner.

Exclusions
Patients who had an acute inpatient encounter with a mental health diagnosis or chemical dependency during the 200 days after initial dispensing of the medication, or a diagnosis of narcolepsy during their history through December 31 of the measurement year.
What to Look For

Children who have been recently dispensed an ADHD medication during an outpatient, intensive outpatient, or partial hospitalization should have a follow-up visit with a practitioner with prescribing authority.

ADHD Medications per HEDIS

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS stimulants</td>
<td>• Amphetamine-dextroamphetamine</td>
</tr>
<tr>
<td></td>
<td>• Dexmethylphenidate</td>
</tr>
<tr>
<td></td>
<td>• Dextroamphetamine</td>
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<tr>
<td></td>
<td>• Lisdexamfetamine</td>
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<tr>
<td></td>
<td>• Methylphenidate</td>
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<tr>
<td></td>
<td>• Methamphetamine</td>
</tr>
<tr>
<td>Alpha-2 receptor agonists</td>
<td>• Clonidine</td>
</tr>
<tr>
<td></td>
<td>• Guanfacine</td>
</tr>
<tr>
<td>Miscellaneous ADHD medications</td>
<td>• Atomoxetine</td>
</tr>
</tbody>
</table>

How to Improve Your HEDIS Score

✓ If you prescribe a medication used for ADHD, consider limiting the first prescription to a 14 or 21 day supply.

✓ Inform the parent or guardian that the child must be seen within two to three weeks of starting the medication to evaluate if it is working as expected and to assess any adverse effects.

✓ Explain that the initial follow-up visit must occur before a refill is given.

✓ When the initial prescription is written, schedule the follow-up visit to occur within two to three weeks – before your patient leaves the office.

✓ Explain how important it is that these children be monitored by the provider who prescribed and who will evaluate the medication.

✓ If the parent/guardian cancels an appointment, please reschedule immediately.

✓ Verify the parent or guardian understands the requirements above, and keeps the appointment for refill prescriptions.

✓ Discuss appropriate follow-up that requires the child to have a minimum of two additional visits with a medical OR behavioral health practitioner in the nine months after the 30-day medication evaluation visit.

✓ ALWAYS coordinate care between all clinicians in your patient’s treatment team.

✓ You may need to adjust the medication, which necessitates the need to see the patient more often.

Did You Know?

One (1) of the required two (2) follow-up visits may be completed telephonically by a primary care physician (PCP), only. Be sure to bill with HEDIS acceptable codes for this newly covered service.

Telephone visits
CPT: 98966, 98967, 98968, 99441, 99442, 99443

For more information, please refer to the Telephonic Follow-up Visits with PCP for Children Prescribed ADHD Medication policy.

Visit www.cdphp.com and type “HEDIS 101” into the search bar for more information on this and other HEDIS measures.

The CDPHP Behavioral Health Access Center and case managers are here to help.
For behavioral health referrals, call 1-888-320-9584, Monday through Friday, 8 a.m. to 6 p.m.

For American Academy of Child and Adolescent Psychiatry guidelines and patient resources, please visit www.aacap.org.