

# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

This measure applies to commercial members only.

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

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of children that were newly prescribed attention-deficit/hyperactivity disorder medication who had at least **three** follow-up care visits.

**Note:** "Newly prescribed" is defined as not having filled a prescription for ADHD medication in the previous four months.

### Measure population (denominator)

Members ages 6 through 12 who were newly prescribed attention-deficit hyperactivity disorder medication.

### Measure compliance (numerator)

- Initiation phase: **One** outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority during the first **30 days** after the medication was dispensed.

**Note:** Telehealth visits do not count for the initiation phase follow-up visit.

- Continuation and maintenance phase: Members remain on the medication for at least 210 days and had at least **two** outpatient, intensive outpatient or partial hospitalization follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

**Note:** Telehealth visits are acceptable for the continuation and maintenance phase visits. However, only one of the two visits may be a telephone visit.

### Did you know?

- Attention deficit hyperactivity disorder is one of the most common mental disorders affecting children.
- 11% of American children have been diagnosed with ADHD.
- When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness and inability to sustain concentration.

continued

## Exclusions

- Narcolepsy at any time during their history
- Members in hospice

## Helpful HEDIS hints

- **Educate** the parent on the importance of the follow-up visit, especially in the first 10 months of treatment.
  - Follow up appointments should occur once within the first 30 days of filling a new prescription and two additional visits in the following nine months.
  - Ensure a follow-up appointment is scheduled prior to leaving the office.
- **Discuss** the importance of proper sleep, diet and exercise. A diet free of food additives is important since the role of food preservatives and additives in ADHD is still unclear. The American Academy of Pediatrics ([aapg.org](http://aapg.org)\*\*\*) suggests avoiding these substances.
- **Encourage** ongoing communication between the child, parent, teacher and health care providers. Watch for changes in behavior, eating or sleeping. If the child is older, you may want to direct questions to the child.
- **Plan** to see the child for face-to-face visits for medication refills until the child reaches a stabilized level and an optimal response is achieved.

## Tips for coding

- One of the two visits during the continuation and maintenance phase (day 31 to day 300 after the medication was dispensed) may be a telephone visit with a practitioner.
  - CPT\*\* codes for telephone visits are:  
98966, 98967, 98968, 99441, 99442 and 99443

## References

Retrieved from [ncqa.org/hedis/measures](http://ncqa.org/hedis/measures)\*\*\*

1. 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.
2. The American Psychiatric Association. 2012. *Children's Mental Health*. [psychiatry.org/mental-health/people/children](http://psychiatry.org/mental-health/people/children)\*\*\*

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