

Follow-up care for children prescribed ADHD medication (ADD) HEDIS measure

Welcome to provider resources from the Summit Community Care Quality Management department! We coordinate outreach with a variety of teams to maximize care opportunities and health benefits for our members.

This week, we are providing you with an overview of the HEDIS® measure: *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. When medications are prescribed to children, it is essential that a practitioner with prescribing authority monitor the medications carefully.

ADD measure description

The Healthcare Effectiveness Data and Information Set (HEDIS) ADD measure evaluates follow-up care and medication compliance. This measure applies to children 6 to 12 years old who were newly prescribed medication to treat ADHD.

Document two separate phases of this measure:

1. 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
2. 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

Best practices:

- Comply with the American Academy of Pediatrics (AAP) recommendation of both behavioral therapy and medication for children 6 to 12 years old.
- No refills until the initial follow-up visit is complete.
- Schedule the first follow up visit at the time of the initial visit.
- Conduct initial follow-up visit 2 to 3 weeks after member starts medication therapy.

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<https://provider.summitcommunitycare.com>

- If member cancels, reschedule appointment right away.
- Ensure coordination of care by sending progress notes and updates.
- Contact your Provider Solutions representative for copies of our ADHD-related patient materials.
- If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests. Contact your Provider Solutions representative for additional details and questions.

Patients trust you

Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.

Common gaps in care:

- Parents/guardians not allowing enough time to adjust to side effects, which leads to members stopping medications
- No show for follow-up appointments
- Medications are not taken as directed
- Members not understanding diagnosis
- Abuse of prescription

Coding information

Description	CPT®/HCPCS
Behavioral health (BH) outpatient	CPT: 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011

Great resources

Center for Disease Control and Prevention (CDC) — Research on ADHD:

<https://www.cdc.gov/ncbddd/adhd/research.html>

CDC —Treatment of ADHD: <https://www.cdc.gov/ncbddd/adhd/treatment.html>

As always, thank you for your partnership in the health of our members.

Please contact a member of our Quality Management team below if you have any questions or comments regarding the Quality Management updates or if you know someone who would like to begin receiving our updates.

Thank you,

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