



ATTENTION DEFICIT HYPERACTIVITY DISORDER MEDICATION (ADD-E)

MEETING THE HEDIS MEASURE

The ADD-E measure assesses the percentage of members ages 6-12 who are newly prescribed ADHD (Attention Deficit Hyperactivity Disorder) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two phases are reported:

- *Initiation Phase:* The percentage of members with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase
- *Continuation and Maintenance (C&M) phase:* The percentage of members with a prescription dispensed for ADHD medication, who remained 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 after the initiation phase ended

Exclude members who had an acute inpatient encounter for a mental, behavioral or neurodevelopment disorder during the 30 days after the IPSP.

WHY IS THE MEASURE IMPORTANT?

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. 11% of children in the United States have been diagnosed with ADHD. The main symptoms include hyperactivity, impulsiveness, and an inability to remain attentive or sustain concentration. Of these children, 6.1% are taking ADHD medication.

When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.

WHAT CAN BE DONE TO HELP MEET THE MEASURE?

- When prescribing a new ADHD medication for a member, schedule follow-up appointments before the member leaves the office. The first appointment should be within 30 days after they receive their initial prescription so you can assess the medication's effectiveness and address any side effects. Schedule a 60-day and 180-day follow-up visit after the initiation phase has ended
- Schedule the follow-up visits to occur before a refill is given. Telehealth may be used for 1 follow up visit in the continuation phase
- Consider the use of a standardized ADHD diagnosis and follow-up tool between visits to provide the member and family with an objective measure of improvement on medication
- "Drug holidays" from ADHD medication may be a useful tool in assessment, management, prevention, and negotiation. In addition to assessing coping without the medication, drug holidays may assist in convincing adolescents or parents of the need to continue taking medication

REQUIREMENTS

Visit service dates, place of service code and provider type or exclusion code

SERVICE DATE RANGE

Begins on March 1 of the year prior to the measurement year and ends the last calendar day of February of the measurement year

REQUIRED EXCLUSIONS

- Members with a diagnosis of narcolepsy anytime during their history through December 31 of the measurement year.
- Members in hospice or using hospice services during the measurement year .
- Members who have died during the measurement year

 ADHD Medications				
Drug Category	Medications	Other Prescription Names		
CNS stimulants	Dexamethylphenidate	Focaline	Focalin XR	
	Dextroamphetamine	Dexedrine Dexedrine Spansules	Dextrostat Liquadd	ProCentra Zenzedi
	Lisdexamfetamine	Aduvanz Elvanse Juneve	Lisdexamfetamine Dimesylate Samexid	Tyvense Venvanse Vyvanse
	Methylphenidate	Aptensio XR Concerta Cotempla XR-ODT Jornay PM	Metadate ER Methylin Methylin ER QuilliChew ER	Quillivant XR Ritalin Ritalin LA Ritalin-SR
	Methamphetamine	Desoxyn		
Alpha-2 receptor agonists	Clonidine	Catapres	Kapvay	Nexiclon XR
	Guanfacine	Intuniv	Tenex	
Miscellaneous ADHD Medications	Atomoxetine	Strattera		

COMMONLY USED CODES*

CPT® / CPT® II Electronic Clinical Data System (ECDS)	
Acute Inpatient	99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291
BH Outpatient	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Health and Behavior Assessment or Intervention	96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Online Assessments	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252

CPT® / CPT® II Electronic Clinical Data System (ECDS)	
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Visit Setting Unspecified	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Continuation Phase	
E-visits/virtual: 99422 (Only 1 of the 2 visits for continuation may be an e-visit or virtual check-in)	99442
Telephone Visits	98966, 98967, 98968, 99441, 99442, 99443 POS: 02, 10

*Codes are not all inclusive

**Claims data only, cannot accept data through any other supplemental sources such as data feeds and medical record collection methods.

REFERENCES

Follow-up care for children prescribed ADHD medication. NCQA. (2023, January 23). <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>

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