



Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

HEDIS® Measurement Year 2020 & Measurement Year 2021 Measures
Electronic Clinical Data Systems (ECDS) Measures

Measure Description: The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- **Initiation Phase.** The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-days following the prescription start date.
- **Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age with an ambulatory 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.

Measurement Period

January 1 - December 31

Clinical Recommendations

- A well-thought-out and comprehensive treatment plan should be developed for the patient with ADHD. The treatment plan should be reviewed regularly and modified if the patient's symptoms do not respond.
- During a psychopharmacological intervention for ADHD, the patient should be monitored for treatment-emergent side effects.
- Patients should be assessed periodically to determine whether there is continued need for treatment or if symptoms have remitted. Treatment of ADHD should continue as long as symptoms remain present and cause impairment.

- The primary care clinician should recognize ADHD as a chronic condition and, therefore, consider children and adolescents with ADHD as children and youth with special health care needs.

Eligible Population

Ages: Members 6-12 years of age during the measurement period.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- If you prescribe a medication used for ADHD, consider limiting the first prescription to a 30-day supply.

Quality Measure Toolkit

AetnaBetterHealth.com/Pennsylvania

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- Educate the parent or guardian that the child must be seen within 30 days of starting the medication to evaluate if the medication is working as expected and assess any adverse effects.
- Verify the parent or guardian understands the requirement above and keeps the appointment for re-fill prescriptions.
- Discuss the importance of follow-up appointments with the parent/guardian and ensure that the child has at least two additional follow-up appointments with a medical provider or a behavioral health provider in the 9 months after the initial 30 days.

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the ADD-E measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Code Class	Codes	Description
CPT	98960- 98962, 99078, 99201- 99205	Behavioral Health Outpatient Visits
CPT	99217-99220	Observation Visits
CPT	98966-98968, 99441-99443	Telephone Visits
CPT	98969-98972; 99421-99423; 99444; 99458	Online Assessments