

Follow-Up Care for Children Prescribed ADHD Medication (ADD) HEDIS/Quality Assurance Reporting Requirements Measure Tip Sheet

Highmark Blue Cross Blue Shield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC and CHPlus programs only.

Measure description

The Follow-Up Care for Children Prescribed ADHD Medication (ADD) HEDIS®/Quality Assurance Reporting Requirements (QARR) measure monitors the follow-up care in children 6 to 12 years of age who were newly prescribed medication to treat ADHD. Two phases are evaluated:

- Initiation phase:
 - One follow-up visit with a practitioner with prescribing authority within 30 days from the date the prescription was filled (or IPSP):
 - Services rendered during any of the following visit types meets criteria for this phase:
 - Outpatient office visit
 - Observation visit
 - Intensive outpatient of partial hospitalization
 - Telehealth visit
 - Telephone visit
- Continuation and maintenance phase:
 - Members who remained on the medication for at least 210 days

and

 - Had at least two follow-up visits with different dates of service with any practitioner within 270 days (nine months) after the initiation phase ended:
 - Services rendered during any of the following visit types meets criteria for the measure:
 - Outpatient office visit
 - Observation visit
 - Telehealth visit
 - Telephone visit
 - An e-visit or virtual check-in*
 - Intensive outpatient of partial hospitalization

* One of the two visits in this phase may be an e-visit or a virtual check-in.

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Exclusions:

- Members with a diagnosis of narcolepsy
- Members in hospice or using hospice services during the measurement year

Why it matters

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common psychiatric disorders in children. The CDC estimates that about six million children in the United States have been diagnosed with ADHD; 62% of those children are on ADHD medication. Medication, along with behavior therapy, is an effective form of treatment to manage ADHD, but careful monitoring is required. Timely follow-up care allows for physicians to monitor the child for any adverse side effects from the medication early on and to suggest alternative treatments as needed. Proper follow-up and treatment can greatly improve health outcomes for these children.

Best practice and ADD measure tips:

- When the first prescription is given, consider scheduling the follow-up visits with the patient’s family/guardian before they leave.
- Be sure that follow-up visits include the diagnosis of ADHD.
- Educate the member and their family/guardian about common side effects and the importance of keeping the follow-up appointments to monitor the effects.
- Use telehealth and telephone visits when in-person visits are not available, when appropriate.
- Coordinate care between all treating care providers to ensure continuity and that quality care is given.

Telehealth implications:

Description	CPT® codes
Telehealth visit	CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875 – 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 Telehealth POS: 02, 10
Telephone visits	CPT: 98966-98968, 99441-99443
E-visit or virtual check in	CPT: 98970-98972, 98980-98981, 99421-99423, 99457-99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Outpatient visits	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and they do not guarantee reimbursement. The information provided is based on HEDIS/QARR measure year 2024 technical specifications and are subject to change. Refer to the appropriate agency for additional guidance.

For additional resources, visit the American Academy of Child & Adolescent Psychiatry at aacap.org.