COMMUNITY FIRST
HEALTH PLANS

PROVIDER TIPS

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

Community First Health Plans is committed to working with our Providers to improve the quality of care for our Members. This Provider Tip Sheet provides information about follow-up care with children who have been prescribed attention-deficit/hyperactivity disorder (ADHD) medication.

The purpose of this Provider Tip is to help Providers in our network improve their ADHD Healthcare Effectiveness Data and Information Set (HEDIS) follow-up scores. HEDIS helps to rate health plans based on the quality and timeliness of health care, which are factors that contribute significantly to health outcomes. The National Committee for Quality Assurance (NCQA) creates and administers these evaluations.

The ADHD HEDIS Measure is the percentage of children, ages 6-12 years old, newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within the first 30 days of when the ADHD medication was first dispensed. T

Two rates are reported:

> » Initiation Phase: Percentage of patients who had one follow-up visit with a practitioner with prescribing authority within 30 days of when the first ADHD medication was dispensed.
> » Continuation and Maintenance Phase: After the end of the Initiation Phase, the percentage of patients who remained on ADHD medication for at least 210 days (7 months) and who had at least two follow-up visits within 270 days (9 months) .

Improving Your ADHD HEDIS Follow-Up Scores

1. Initiation Phase: To ensure the patient completes a follow-up visit within 30 days of a new prescription, prescribe **no more than a 30-day supply** of medication during the first visit. Schedule the first follow-up visits within 14-21 days to assess the patient's response to the medication and evaluate for possible adverse effects, OR consider prescribing an initial 14-day supply and subsequent 30-day supplies to ensure adequate patient follow-up. Remember that telephonic and telehealth visits qualify for this measure.

2. Continuation and Maintenance Phase: To ensure that the patient receives at least two additional follow-up visits within nine months (270 days), schedule these appointments **while the patient is at the clinic** for their first appointment.

> » One of two visits may be an e-visit or virtual check-in, depending upon the Member's benefits
> » Do not continue prescriptions unless the patient completes at least two appointments each year so you can evaluate progress and the effectiveness of the medication.
> » Explain to parents/caregivers how to monitor children who receive ADHD medication and why it is important to do so.

> .For more information, please contact Provider Relations.
> Email **ProviderRelations@cfhp.com** | Call (210) 358-6294

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

ADHD MEDICATIONS	
Drug Class	**Prescription**
CNS Stimulants	Dexmethylphenidate Dextroamphetamine Lisdexamfetamine Methylphenidate Methamphetamine
Alpha-2 receptor agonists	Clonidine Guanfacine
Misc. ADHD medications	Atomoxetine

CPT Codes: D-10 codes	
Attention-Deficit/Hyperactivity Disorder:	F90.0-F90.2, F90.8-F90.9
ADD Stand Alone Visits	96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99401-99404, 99411, 99412, 99510
ADD Visits Group 1	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
ADD Visits Group 2	99221-99223, 99231-99233, 99238, 99239, 99251-99255
Outpatient	99391-99394
CPT Telephonic and Telehealth Codes	99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205
CPT Modifier Codes for Telehealth	95, GT, 02
HCPCS Codes	
ADD Stand Alone Visits	G0155, G0176, G0177, G0409- G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015
Exclusion(s): Acute Inpatient Narcolepsy, Hospice	

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