

ADHD is one of the most common behavioral health disorders in children. To ensure medication is prescribed and managed correctly, it is important that children are carefully monitored by their prescribing provider along with their behavioral health practitioners.

Why it matters?

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. 11% of American children have been diagnosed with ADHD. The main features include hyperactivity, impulsiveness and an inability to sustain attention or 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 and/or behavioral health provider with prescribing authority.¹

Measure Description

The percentage of children aged 6–12 years with a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period.

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-day Initiation Phase.**
- **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 (9 months) after the Initiation Phase ended.**

Measure Tips

- Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in
- Only the Initiation Phase visit must be with a prescribing practitioner (nurse-only visits are acceptable).
- A member may not be compliant for the continuation phase without first being compliant for the initiation phase.

Best Practices

- Consider prescribing an initial two-week supply and schedule a follow-up appointment (either in-person or via telehealth) prior to prescribing a 30-day supply.
- Educate parents on available incentives through the [healthy rewards program](#).
- Discuss follow-up schedule with parent/guardians during initiation phase and schedule each appointment before the member leaves the office.
- Discuss additional treatment options with parent/guardians such as behavioral therapy, psychotherapy, family therapy, support groups, social skills training and/or parenting skills training in addition to medication therapy.
- Promote continuity of care between PCPs, other providers, and schools to ensure quality of care.
- Provide reminder calls before appointments and after missed appointment to reschedule.
- Schedule at least three follow-up appointments within a 10-month period (e.g., 2-week, 6-week, 3- or 6-month appointments) before the patient leaves the office.
- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Use gap in care reports to help manage total population.

- Consider telemedicine appointments if in-person visits are not available. NOTE: Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in.
- Consider the parent’s work schedule and other barriers to the visit, and offer extended evening or weekend hours.
- Maintain appointment availability for members with ADHD diagnosis.
- Provide timely submission of claims with correct service coding and diagnosis.

ADHD Medications

Description	Prescription
CNS stimulants	Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine, Dexmethylphenidate-Serdexmethylphenidate
Alpha-2 receptor agonists	Clonidine, Guanfacine
Selective norepinephrine reuptake inhibitors	Atomoxetine, Vilozazine

Provider Resources

Texas Children’s Health Plan has multiple resources for Providers to access 24/7, free of charge at thecheckup.org

ADD-E Claim Codes- Any of the following code combinations meet criteria for a visit:

1 Visit Setting Code	WITH	1 POS Code
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875		03, 05, 07, 09, 11, 12, 13, 14 17, 18, 15, 16, 33, 19, 20, 22 49, 50, 71, 72, 52, 02, 10, 53

OR

Behavioral Health (BH) Outpatient		
CPT	UBREV	HCPCS
98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99205, 99245, 99341, 99342, 99343	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0527, 0528, 0529	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000

OR

Health and Behavior Assessment or Intervention
96156, 96168, 96167, 96171, 96170, 96165, 96164, 96159, 96158

OR

Telephone Visit
98966, 98967, 98968, 99441, 99442, 99443

OR

Online Assessment (Only one of the two visits (during the 31–300 days after the IPSD) may be an e-visit or virtual check-in.)	
CPT	HCPCS
99422, 99423, 99421, 98971, 98972, 98970, 99458, 99457, 98981, 98980	G2252, G2012, G2251, G0071, G2250, G2010