

Follow-Up Care for Children Prescribed ADHD Medication

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders among children in the U.S. In 2022, approximately 11.4% or 7 million children and adolescents 3–17 years of age had a diagnosis for ADHD with 53.6% of those affected receiving ADHD medications.¹ ADHD is a chronic condition that can negatively impact academic achievements, social interactions and overall well-being.^{2,3} The 2019 American Academy of Pediatrics Clinical Practice Guideline strongly recommends combining behavioral therapy with medication to treat children ages 6 years and older.³ Along with early detection and proper patient care, appropriate follow-up visits can improve medication management and control of ADHD symptoms. An important Healthcare Effectiveness Data and Information Set (HEDIS) measure assesses follow-up care for children newly prescribed ADHD medications.⁴

What should I know about the HEDIS measure?

This measure assesses the percentage of children between 6 and 12 years of age who were newly prescribed an ADHD medication and received at least three follow-up visits with a practitioner with prescribing authority within a 10-month period. A higher percentage indicates better performance. Two rates are measured:⁴

- **Initiation Phase:** Assesses those who had one follow-up visit with a provider within the first 30 days of a newly prescribed ADHD medication.
- **Continuation and Maintenance (C&M) Phase:** Assesses those who remained on the prescribed ADHD medication for at least 210 days (seven months) and had at least two additional follow-up visits with a provider in the 270 days (nine months) following the initiation phase.

Patients are excluded from the measure if they are in hospice or using hospice services; have an acute inpatient encounter or admission with a principal diagnosis of mental, behavioral or neurodevelopmental disorders; or have narcolepsy.⁴

Which medications are included in this measure?

Medication Class	Medication Name
Central nervous system (CNS) stimulants	<ul style="list-style-type: none"> • Amphetamine-dextroamphetamine • Dextroamphetamine • Dexmethylphenidate • Dexmethylphenidate-serdexmethylphenidate • Lisdexamphetamine • Methylphenidate • Methamphetamine
Alpha-2 receptor agonists	<ul style="list-style-type: none"> • Clonidine • Guanfacine
Miscellaneous ADHD medications	<ul style="list-style-type: none"> • Atomoxetine • Viloxazine

How can I help improve performance?

- Schedule follow-up appointments (initial follow-up visit within 30 days of prescribing ADHD medication and two additional visits within nine months).
- Submit claim and encounter information for all follow-up visits in a timely manner.

Qualifying Follow-Ups	Code Examples
Outpatient visit	CPT: 98960, 99078, 99483 or HCPCS: G0463, H0002, T1015
Observation visit	CPT: 99217, 99218, 99219, 99220
Health and behavior assessment or intervention	CPT: 96150–96154, 96156, 96158, 96159, 96164, 96165, 96167
Intensive outpatient encounter or partial hospitalization	HCPCS: G0410, H0035, H2001, H2012, S0201, S9480, S9484
Community mental health center visit	CPT: 90791, 90792, 90832, 90833 and POS: 53
Telehealth visit	CPT: 90791, 90792, 90832, 90833 and POS: 02, POS: 10
Telephone visit	CPT: 98966–98968, 99441–99443
E-visit or virtual check-in*	CPT: 98969, 98980, 99421 or HCPCS: G0071, G2010, G2061

CPT = Current Procedural Terminology, HCPCS = Healthcare Common Procedure Coding System, POS = Place of Service

*Only applicable to C&M Phase; only one of the two visits during the nine months after the initiation phase (days 31–300) may be an e-visit or virtual check-in.

References

- Centers for Disease Control and Prevention. Data and Statistics on ADHD. Updated October 23, 2024. <https://www.cdc.gov/adhd/data/index.html>. Accessed November 13, 2024.
- Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013–2019. *MMWR Suppl* 2022;71(Suppl-2):1–42; doi: <http://dx.doi.org/10.15585/mmwr.su7102a1>.
- Wolraich ML, Hagan JF Jr, Allan C, et al. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *American Academy of Pediatrics. Pediatrics*. 2019;144[4]:e20192528; doi:10.1542/peds.2019-2528.
- National Committee for Quality Assurance (NCQA). HEDIS MY 2025, Volume 2. Technical Specifications for Health Plans.

Medi-Cal Rx Contract Drug List: <https://medi-calrx.dhcs.ca.gov/home/cdl/>

OneCare Formulary: www.caloptima.org/en/ForProviders/PharmacyInformation/OneCareMedicarePartD.aspx

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