

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:

- 1. 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**.
- 2. 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**.

(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)

Best Practices

- Assure your patient has a follow up appointment within 7 days of discharge if they require a mental health inpatient stay.
- Consider prescribing an initial two-week supply and follow-up prescriptions to a 30-day supply to ensure patient follow-up. Ensure progress notes are complete and accurate.
- Engage parents/guardian or significant others in the treatment plan. Explain to parents the medication options and side effects to come to a joint agreement on treatment plan. Advise them about the importance of treatment and attending appointments.
- 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

Provider Resources

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

ADD Claim Codes

Visit Setting Unspecified
CPT
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255



Outpatient POS
03, 05, 07, 09, 11, 12, 13, 14 17, 18, 15, 16 33, 19, 20, 22 49, 50, 71, 72

Partial Hospitalization POS
52

Telehealth POS
02, 10

Community Mental Health Center
53

Observation
CPT
99217, 99218, 99219, 99220

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

Online Assessments
CPT
98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458

Online Assessments HCPCS
CPT
G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252

Claim codes continue on next page.

ADD Claim Codes

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, 99344, 99345, 99243, 99244, 99350, 99381, 99382, 99383, 99384, 99347, 99348, 99349, 99392, 99393, 99394, 99385, 99386, 99387, 99391, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0522, 0523, 0915, 0916, 0917, 0919, 0982, 0983, 0904, 0911, 0914	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

Partial Hospitalization or Intensive Outpatient	
HCPCS	CPT
G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913

Health and Behavior Assessment
CPT
96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

¹ Follow-up care for children prescribed ADHD medication. NCQA. (2023, January 23). <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>