

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

SUMMARY OF CHANGES TO HEDIS 2013

- Revised dates in intake period and age criteria to account for leap year.
- Added clonidine and guanfacine to the description of “Alpha-2 receptor agonist” in Table ADD-A.
- Added atomoxetine to description of “Miscellaneous ADHD medications” in Table ADD-A.
- Deleted Table ADD-B; use Tables IAD-A and IAD-B to exclude members who had an acute inpatient claim/ encounter with a principal diagnosis or DRG for substance abuse during the 30 days after the IPSD.

Description

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- *Initiation Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with 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 as of the IPSD 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.

Definitions

Intake Period	The 12-month window starting March 1 of the year prior to the measurement year and ending February 29 of the measurement year.
Negative Medication History	A period of 120 days (4 months) prior to the IPSD when the member had no ADHD medications dispensed for either new or refill prescriptions.
IPSD	Index Prescription Start Date. The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History.
Initiation Phase	The 30 days following the IPSD.
C&M Phase	The 31–300 days following the IPSD (10 months).
New Episode	The member must have a 120-day (4-month) Negative Medication History on or before the IPSD.
Continuous Medication Treatment	The number of medication treatment days during the 10-month follow-up period must be ≥ 210 days (i.e., 300 treatment days – 90 gap days).
Treatment days (covered days)	The actual number of calendar days covered with prescriptions within the specified 300-day measurement interval (e.g., a prescription of a 90 days supply dispensed on the 220th day will have 80 days counted in the 300-day interval).

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Eligible Population: Rate 1—Initiation Phase

- Product lines** Commercial, Medicaid (report each product line separately).
- Ages** Six years as of March 1 of the year prior to the measurement year to 12 years as of February 29 of the measurement year.
- Continuous enrollment** Members must be continuously enrolled in the organization for 120 days (4 months) prior to the IPSD through 30 days after the IPSD.
- Allowable gap** None.
- Anchor date** None.
- Benefits** Medical and pharmacy.
- Event** Follow the steps below to identify the eligible population for the Initiation Phase.
 - Step 1** Identify all children in the specified age range who were dispensed an ADHD medication during the 12-month Intake Period (Table ADD-A).

Table ADD-A: ADHD Medications

Description	Prescription
CNS stimulants	<ul style="list-style-type: none"> • Amphetamine-dextroamphetamine • Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methamphetamine • Methylphenidate
Alpha-2 receptor agonists	<ul style="list-style-type: none"> • Clonidine • Guanfacine
Miscellaneous ADHD medications	<ul style="list-style-type: none"> • Atomoxetine

Note: NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 15, 2012.

- Step 2** Test for Negative Medication History. For each member identified in step 1, test each ADHD prescription for a Negative Medication History. The IPSD is the dispensing date of the earliest ADHD prescription in the Intake Period with a Negative Medication History.
- Step 3** Calculate continuous enrollment. Members must be continuously enrolled for 120 days (4 months) prior to the IPSD through 30 days after the IPSD.
- Step 4** Exclude members who had an acute inpatient claim/encounter with a principal diagnosis or DRG for mental health (Tables MPT-A, MPT-B) or substance abuse (Tables IAD-A, IAD-B) during the 30 days after the IPSD.

Administrative Specification: Rate 1—Initiation Phase

Denominator The Rate 1 eligible population.

Numerator One face-to-face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD. Use Table ADD-C to identify the follow-up visit.

Note: Do not count a visit on the IPSD as the Initiation Phase visit.

Table ADD-C: Codes to Identify Follow-Up Visits

CPT	HCPCS	UB Revenue
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983
CPT		POS
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876		<i>WITH</i> 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255		<i>WITH</i> 52, 53

Eligible Population: Rate 2—C&M Phase

Product lines Commercial, Medicaid (report each product line separately).

Ages Six years as of March 1 of the year prior to the measurement year to 12 years as of February 29 of the measurement year.

Continuous enrollment Members must be continuously enrolled in the organization for 120 days (4 months) prior to the IPSD and 300 days (10 months) after the IPSD.

Members who switch product lines between the Rate 1 and Rate 2 continuous enrollment periods should only be included in Rate 1.

Allowable gap One 45-day gap in enrollment between 31 days and 300 days (10 months) after the IPSD. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Anchor date None.

Benefits Medical and pharmacy.

Event Follow the steps below to identify the eligible population for the C&M Phase.

Step 1 Identify all members who meet the eligible population criteria for Rate 1—Initiation Phase.

Step 2 Calculate continuous enrollment. Members must be continuously enrolled from 31 days through 300 days (10 months) after the IPSD.

Step 3 Calculate the continuous medication treatment. Using the members in step 2, determine if the member filled a sufficient number of prescriptions to provide continuous treatment for at least 210 days out of the 300-day period. The definition of “continuous medication treatment” allows gaps in medication treatment, up to a total of 90 days during the 300-day (10-month) period. (This period spans the Initiation Phase [1 month] and the C&M Phase [9 months].)

Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Regardless of the number of gaps, the total gap days may be no more than 90. The organization should count any combination of gaps (e.g., one washout gap of 14 days and numerous weekend drug holidays).

Step 4 Exclude members who had an acute inpatient claim/encounter with a principal diagnosis of mental health (Tables MPT-A, MPT-B) or substance abuse (Tables IAD-A, IAD-B) during the 300 days (10 months) after the IPSD.

Administrative Specification: Rate 2—C&M Phase

Denominator The Rate 2 eligible population.

Numerator Identify all members who meet the following criteria:

- An Initiation Phase Visit in the first 30 days, *and*
- At least two follow-up visits from 31–300 days (10 months) after the IPSD.

One of the two visits (during days 31–300) may be a telephone visit with practitioner. Refer to Table ADD-C for codes to identify follow-up visits; refer to Table ADD-D for codes to identify telephone visits.

Table ADD-D: Codes to Identify Telephone Visits

CPT
98966-98968, 99441-99443

Exclusions (optional)

Exclude from the denominator for both rates, members diagnosed with narcolepsy at any point in their medical history. Refer to Table ADD-E.

Table ADD-E: Code to Identify Exclusions

Description	ICD-9-CM Diagnosis
Narcolepsy	347

Note

- Members who have multiple overlapping prescriptions should count the overlap days once toward the days supply (whether the overlap is for the same drug or for a different drug).
- Refer to Appendix 3 for the definition of mental health practitioner and prescribing practitioner.
- Organizations may have different methods for billing intensive outpatient encounters and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the period required for the rate (e.g., within 30 days after or from 31–300 days after the IPSP).

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table ADD-1/2: Data Elements for Follow-Up Care for Children Prescribed ADHD Medication

	Administrative
Measurement year	✓
Data collection methodology (Administrative)	✓
Eligible population	Each of the 2 rates
Numerator events by administrative data	Each of the 2 rates
Reported rate	Each of the 2 rates
Lower 95% confidence interval	Each of the 2 rates
Upper 95% confidence interval	Each of the 2 rates