Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) HEDIS® Tip Sheet MY 2026

WellSense HEALTH PLAN

Measure definition

The percentage of children 6–12 years of age with a prescription for ADHD medication who had appropriate follow-up care. Two rates are reported:

Initiation Phase:
Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30 days after the first ADHD medication was dispensed.

Continuation and Maintenance (C&M) Phase:
Percentage of children who remained on ADHD medication for at least 210 days and had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

Plans(s)	Quality Program(s)	Collection and Reporting
Medicaid Commercial	NCQA Accreditation NCQA Health Plan Ratings Select State Medicaid reporting	ECDS only

Best practices for quality care

- When prescribing a new ADHD medication, schedule a follow-up visit within 30 days and do so while patients are still in the office. Inform patients that refills will not be given without a follow-up visit.
- After the initial follow up, schedule at least two additional follow-up visits in the next nine months to monitor progress.
- Use follow-up visits to assess:
  - Medication effectiveness
  - Side effects (sleep, appetite, mood, growth)
  - Adherence and caregiver concerns
- Send appointment reminders to parents/guardians 72 hours prior to the appointment.
- Coordinate care between primary care and behavioral health providers when applicable.
- Comply with the American Academy of Pediatrics (AAP) recommendation of reviewing treatment plans regularly and modify if the patients' symptoms do not respond.

Quality score improvement tips

- **Schedule follow-up at the time of prescribing:** Before the family leaves, book the 30-day follow-up appointment. Ensure all follow-up visits include the diagnosis of ADHD.
- **Use telehealth when appropriate:** Telehealth visits count when they meet measure requirements and are properly documented.
- **Document prescribing authority clearly:** Follow-up visits must be with a practitioner who has prescribing authority.

- **Track initiation dates:** Accurate identification of the first ADHD medication fill is critical for meeting timing requirements.
- **Engage caregivers:** Educate parents/guardians about the importance of follow-up visits for medication monitoring and safety.

Exclusions

- Members with a diagnosis of narcolepsy at any time during the member's history through the last day of the measurement period.
- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members who die at any time during the measurement period.

Measure Medication List

Description	Codes
Alpha-2 receptor agonists	Clonidine, Guanfacine
CNS Stimulants	Dexmethylphenidate, Dexmethylphenidate-serdexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine
Miscellaneous ADHD Medications	Atomoxetine, Viloxazine

Numerator Codes

The following codes can be used to close HEDIS gaps in care. This list is not all inclusive or meant to direct your billing practices. CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season. For more information, please refer to the American Academy of Professional Coders (AAPC).

Applies to BOTH Initiation and Continuation & Maintenance Phases

Description	Codes
Office / Clinic Visits	**CPT**: 99202–99205, 99211–99215, 99242–99245
Behavioral Health / Psychiatry Visits	**CPT**: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876
Preventive & Well-Child Visits	**CPT**: 99381–99387, 99391–99397
Counseling, Care Management & Collaborative Care	**CPT**: 98960–98962, 99078, 99401–99404, 99411, 99412, 99483, 99492–99494
Home or Community-Based Visits	**CPT**: 99341, 99342, 99344, 99345, 99347–99350

Please note that **Telehealth counts** towards this measure, but during the **C&M phase**, only **one** of the two required follow-up visits may be virtual.

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.