



# ATTENTION DEFICIT HYPERACTIVITY DISORDER



Attention Deficit and Hyperactivity Disorder (ADHD) is one of the most common neurobehavioral disorders diagnosed in children and often lasts into adulthood (American Academy of Pediatrics, 2019). It is described as a persistent or ongoing pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Symptoms can change presentation over the course of one's lifetime and although ADHD is often diagnosed in childhood, it may also be diagnosed in adults. Symptoms affect children and adults at varying degrees, and diagnosis depends on the presence of certain behavioral characteristics that create significant difficulty in at least two areas of life, such as home, social settings, school or work. For children and teenagers, the symptoms must be more frequent or severe compared to other children the same age. In adults, the symptoms must affect one's ability to function in daily life and persist from adolescence. If left untreated, ADHD may have serious consequences including difficulty succeeding at school or on the job, family strain, depression or anxiety, problems with relationships, substance use, delinquency, and accidental injuries. When ADHD is identified and properly treated, individuals can better manage symptoms leading to productive and successful lives.

There are a broad range of professionals who work with individuals affected by ADHD. Physicians, psychologists, social workers, nurse practitioners, therapists, and teachers all play a vital role in detecting, screening, and treating ADHD. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) identifies three presentations of ADHD depending on the presence or absence of certain symptoms: Predominantly Inattentive Presentation, Predominantly hyperactive/Impulsive Presentation, and Combined Presentation. In order to be diagnosed with ADHD, children must have six or more of the nine characteristics and older teens or adults must have at least five of the nine characteristics in either or both of the DSM-5 categories.

The American Academy of Pediatrics (AAP) recognizes evaluation, diagnosis, and treatment as a continuous process and suggests continuity of care among all practitioners is key to managing ADHD. Treatment should be tailored to the unique needs of each individual and family to help the patient control symptoms, cope with the disorder, improve overall psychological well-being and manage social relationships of children and adults with Attention Deficit/Hyperactivity Disorder (CHADD). Ongoing assessment and screening allow persons involved in the patient's plan of care to gauge effectiveness of interventions and presence of co-morbid conditions. The AAP offers guidance to clinicians rendering care and has developed the following six action statements for evaluation, diagnosis, and treatment to provider consistent and quality care for children and families with concerns about or symptoms that suggest attention disorders or problems.

To learn more about AAP recommendations for the treatment of ADHD, visit the Centers for Disease Control and Prevention's (CDC) [ADHD Treatment Recommendations web page](#).

If prescriptive measures are taken, close follow-up is recommended to determine medication efficacy and establish maximum benefit for the child. There is a Healthcare Effectiveness Data and Information Set (HEDIS) measure which assesses the percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period. Two rates are reported.

**Initiation Phase:** Members between 6-12 years old will receive a follow-up appointment with a prescribing practitioner within 30 days following their first prescription of ADHD medication.

**Continuation Phase:** Members who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had two or more visits with a practitioner within 270 days following initial prescription disbursement.

Practitioners should routinely monitor for improved academics, improved relationships, and treatment adherence.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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

Ages 6-12

Description	Specifications	Coding
<p>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.</p> <p>Two rates are reported:</p> <p><b>Initiation Phase:</b> 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</p> <p><b>Continuation and Maintenance (C&amp;M) Phase:</b> The percentage of members 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</p>	<p>Do not count a visit on the earliest prescription dispensing date for ADHD medication as the initiation phase visit.</p> <p>One of the C&amp;M visits must be face to face with the patient.</p> <p>Members need to be monitored to ensure that prescription was filled during the first 30 days and adjusted to optimal therapeutic effect. Monitoring during an episode is important for adherence, response to treatment and monitoring for adverse effects so that adjustments can be made as needed.</p>	<p>Evidence of three visits within 10 months, one of the three within the first 30 days.</p> <p><b>Initiation Phase:</b> Any one of the following Outpatient with POS CPT: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 99221-3, 99231-3, 99238-9</p> <p><b>With POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p>OR</p> <p><b>BH Outpatient:</b> 98960-2, 99201-5, 99211-5, 99341-5, 99347-50, 99381-7, 99391-7, 99411-2</p> <p><b>HCPCS:</b> G0463, H0004, H0031, H0034, H2013-H2020</p> <p><b>Revenue Code:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983</p> <p>OR</p> <p><b>Observation CPT:</b> 99217-20</p> <p>OR</p> <p><b>HBAI CPT:</b> 96156, 96158-9, 96164-5, 96167-8, 96170-71</p> <p>OR</p> <p><b>Intensive Outpatient or Partial Hospitalization POS:</b> 52</p> <p>OR</p> <p><b>Partial Hospitalization/Intensive Outpatient HCPCS:</b> H0035, H2012, S9480,</p> <p>OR</p> <p><b>Community Mental Health and POS:</b> 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 99221-3, 99231-3, 99238-9</p> <p>With POS: 53</p> <p>OR Telehealth and POS: 90791-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99238-9</p> <p>With POS: 02</p> <p>OR</p> <p><b>Continuation and Maintenance Phase</b> Any of the above codes, or one visit can be <b>E-visit or virtual check-in CPT:</b> 99457</p>



## Referrals

It is important for primary care and other health care providers to refer patients to behavioral health therapy or further treatment when screening indicates the need for additional services. Initiation of treatment or referral to behavioral health care providers offers the greatest benefit for individuals with ADHD.

Your patients with ADHD who are CareSource members can get help when needed. If a screening is positive for ADHD, the provider can outreach to a behavioral health provider within the CareSource provider network. Members don't need a doctor's referral or prior approval for most outpatient treatment. Indiana Medicaid members can see any Indiana Health Coverage Programs (IHCP) psychiatrist with no referral. All other Indiana behavioral health providers must be in-network and can be self-referred.

## CareSource Resources

### Find-a-Doc Tool

The CareSource Find-a-Doc tool helps find a variety of health professionals, including: marriage and family therapists, substance use counselors, social workers, community mental health centers, and more. Visit the website at: <https://findadoctor.caresource.com/>.

### Online Referrals

Providers can also make referrals by email or online.

Email: [INCaseManagement@caresource.com](mailto:INCaseManagement@caresource.com)

Provider Portal: <https://providerportal.caresource.com/IN/User/Login.aspx> Expand the "Providers" option in the menu on the left-hand side of the portal and then select "Care Management Referral". Fill out the form and submit.

### MyStrength

CareSource members can access the myStrength tool for personalized support to help improve mood and engage in online activities that include:

- Learning about mental health conditions
- Using empowering self-help tools like mood trackers, thought and feeling logs
- Accessing wellness resources such as mindfulness exercises, parenting tips, weight and stress management
- Review inspirational daily quotes
- Establishing goals and earning badges when goals are met
- Reviewing articles and videos on different topics such as autism and ADHD

Members or their parent/guardians can visit myStrength.com and complete the registration process to create a personal profile and access the benefits of the tool.

If your patient is experiencing thoughts of suicide, a substance use or mental health crisis, or other types of emotional distress, they may contact 988, a new three-digit dialing system that will connect people to care and support for these challenges.

## Incentives

CareSource offers the Kids First program to your patients who are CareSource members ages 16 months to 18 years. The Kids First program offers various incentives for accessing and engaging in qualifying services and wellness activities. CareSource members who complete qualifying activities receive a rewards card which can be used to buy toys, puzzles, books, health and wellness items, food, and more at a variety of retailers.

When initiated on an ADHD medication, your patient enrolled in the Kids First program can earn up to \$30 for attending follow-up appointments. Your patient can earn \$10 for attending a follow-up appointment within 30 days of their initial prescription and an additional \$10 per follow-up visit within 10 months of their initial prescription (up to two visits).

To be eligible for rewards, your patient must enroll in the Kids First program online at CareSource.com/INrewards or by calling Member Services at 1-844-607-2829 (TTY: 1-800-743-333 or 711).

## References

### Centers for Disease Control and Prevention

*What is ADHD?*

<https://www.cdc.gov/ncbddd/adhd/facts.html>

### American Academy of Pediatrics

*Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents*

<https://publications.aap.org/pediatrics/article/144/4/e20192528/81590/Clinical-Practice-Guideline-for-the-Diagnosis?autologincheck=redirected#T1>

### ADHD Institute

*Rating Scales in ADHD*

<https://adhd-institute.com/assessment-diagnosis/rating-scales/>

### National Institute for Children's Health Quality (NICHQ)

*NICHQ Vanderbilt Assessment Scales*

<https://s29165.pcdn.co/wp-content/uploads/2016/01/NICHQVanderbiltAssessment-FULL.pdf>

### Beacon Health Options

*Attention-Deficit/Hyperactivity Disorder (ADHD)*

<https://s29165.pcdn.co/wp-content/uploads/2016/01/NICHQVanderbiltAssessment-FULL.pdf>

### CHADD

*Treatment Strategies*

<https://chadd.org/for-professionals/treatment-strategies/>

### Diagnosis of ADHD in Adults

<https://chadd.org/for-adults/diagnosis-of-adhd-in-adults/>