### Triggers

Level I subtype episodes are triggered by either two medical claims with a primary diagnosis of ADHD or a medical claim with a primary diagnosis of ADHD as well as a pharmacy claim for medication used to treat ADHD. Level II subtype episodes are triggered by a completed Severity Certification followed by either two medical claims with a primary diagnosis of ADHD or a medical claim with a primary diagnosis of ADHD as well as a pharmacy claim for medication used to treat ADHD.

### PAP assignment

Determination of the Principal Accountable Provider (PAP) is based upon which provider is responsible for the largest number of claims within the episode.

- If the provider responsible for the largest number of claims is a physician or an RSPMI provider organization, that provider is designated the PAP. In instances in which two providers are responsible for an equal number of claims within the episode, the provider whose claims accounted for a greater proportion of total reimbursement will be designated PAP.

- If the provider responsible for the largest number of claims is a licensed clinical psychologist operating outside of an RSPMI provider organization, that provider is a co-PAP with the physician or RSPMI provider providing the next largest number of claims within the episode. In instances in which two providers are responsible for an equal number of claims within the episode, the provider whose claims accounted for a greater proportion of total reimbursement will be designated co-PAP.

Where there are co-PAPs for an episode, the positive or negative supplemental payments are divided equally between the co-PAPs.

### Exclusions

Episodes meeting one or more of the following criteria will be excluded:

- A. Duration of less than 4 months
- B. Small number of medical and/or pharmacy claims during the episode
- C. Beneficiaries with any behavioral health comorbid condition
- D. Beneficiaries age 5 or younger and beneficiaries age 18 or older at the time of the initial claim

### Episode time window

The standard episode duration is a 12-month period beginning at the time of the first trigger claim. A Level I episode will conclude at the initiation of a new Level II episode if a Severity Certification is completed during the 12-month period.

### Claims included

All claims with a primary diagnosis of ADHD as well as all medications indicated for ADHD or used in the treatment of ADHD.

### Quality measures

- **Quality measures “to pass”:**
  1. Percentage of episodes with completion of either Continuing Care or Quality Assessment certification – must meet minimum threshold of 90% of episodes

- **Quality measures “to track”:**
  1. In order to track and evaluate selected quality measures, providers are asked to complete a “Quality Assessment” certification (for beneficiaries new to the provider) and a “Continuing Care” certification (for beneficiaries previously receiving services from the provider)
  2. Percentage of episodes classified as Level II
  3. Average number of physician visits/episode
  4. Percentage of episodes with medication
  5. Percentage of episodes certified as non-guideline concordant
  6. Percentage of episodes certified as non-guideline concordant with no rationale

### Adjustments

Total reimbursement attributable to the PAP for episodes with a duration of less than 12 months will be scaled linearly to determine a reimbursement per 12-months for the purpose of calculating the PAP’s performance.
**ADHD algorithm summary (1/2)**

| Trigger codes | Diagnosis or medication that would trigger the episode  
|---------------|---------------------------------------------------------|
| **ICD-9 codes (on Professional claim):** 314.xx  
| HIC3: H7Y, H8M, H2V, J5B  
| **CPT codes for assessment:** 90801, 96101, 96118, T1023 |

| Exclusion codes | The following ICD-9 diagnoses exclude an episode. The same diagnosis must appear at least twice within the year to qualify for exclusion.  
<table>
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<tr>
<td><strong>ICD-9:</strong> 290.xx, 291.xx, 292.xx, 293.xx, 294.xx, 295.xx, 296.xx, 297.xx, 298.xx, 299.xx¹, 300.xx, 301.xx, 302.xx, 303.xx, 304.xx, 305.xx, 306.xx, 307.xx, 308.xx, 309.xx, 310.xx, 311.xx, 312.xx, 313.xx, 315.xx¹, 317.xx¹, 318.xx¹, 319.xx¹</td>
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These codes represent the set of business and clinical exclusions described previously.

| Included claim codes | Any claim with a primary diagnosis of ADHD – defined by the following ICD-9 codes – is included.  
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<tr>
<td><strong>ICD-9-CM code:</strong> 314.xx</td>
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</table>

Further, all pharmacy claims for medications with the following HIC3 classification are included.  

List of CPT codes for psychosocial therapy claims within the episode  
| **'OFFICE' codes:** 01, 02, 03, 04  
| **Psychosocial visits:** 90846, 90847, 90849, 90853, 97110, 97150, 97530, 97532, 97535, H0004, H0046, H2011, H2015, H2017, H2012 |

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1 Please note that DD comorbid exclusions (ICD-9 299.xx, 315.xx, 317.xx, 318.xx, 319.xx) will not be applied until July 2013 release