

TRANSITIONS FROM PEDIATRIC EPILEPSY TO ADULT EPILEPSY CARE

Adolescent without significant developmental disability (plan for independence)

Age	12-13 yrs old*	14-15 yrs old*	16-17 yrs old*	≥ 18 yrs old*
Overall	Discuss transition plan	Discuss transition plan	Discuss and review transition plan. Identify an adult neurologist. Create transition summary/note.	Implement adult model of care. Review transition plan and update accepting neurologist. Update transition summary/note
Medical Management	Verify epilepsy diagnosis, continued need for treatment. Determine seizure classification and etiology. Clarify prognosis.	Reconsider need for transition if diagnosis is likely to be outgrown. Consider medication taper/change for reproductive considerations	If patient has an epilepsy that they are unlikely outgrow, transition is critical. Advise an advance meeting of the patient with adult neurologist	Same.
Testing	Assess need for repeat EEG, MRI, frequency of monitoring labs, frequency of follow up visits. Consider surgical workup/epilepsy surgical center referral.	Same	Same	Same
Childbearing Considerations	Educate patient about folate and initiate supplementation.	Discuss contraception (may need antiseizure medication dose adjustment)	Same	Same
Billing/Coding (physician specific)**	Transition specific billing and coding 99424, 99425 (principal care management for single high-risk disease); 99437 (add on code for added care time to 99491, care management services) ICD-10 diagnosis cod Z71.87 (encounter for pediatric-to-adult transition counseling)		Same For joint telehealth transition visits consider CPT 99215-95 (pediatrician) and 99205-95 (adult physician).	
Independence	Discuss plan for developing responsibility and independence. <ul style="list-style-type: none"> - Know medications, doses, timing, seizure tracker - Know key details of history, diagnostic tests (MRI, EEG), seizure description - Review when to contact RN / MD and how - Discuss SUDEP (SUDEP - Child Neurology Foundation) - Safety (sports, camps, swimming, video games, baths, cooking) - Begin to discuss local state driving rules - Monitor co-morbidities –ADHD, learning difficulties, side effects - Encourage good health: discuss exercise, sleep, alcohol, drugs, sexuality - Query for mood and sleep problems - Educate about vitamin D status 		Plan for independence <ul style="list-style-type: none"> – Encourage self-administration of medication and use of related tools (calendars, pill boxes) – Discuss medication compliance (breakthrough seizures, implications on driving license) – Review when to contact RN / MD and how – Discuss SUDEP (SUDEP - Child Neurology Foundation) – Discuss plan for obtaining adult PCP – Discuss driving if appropriate (based on state laws) – Encourage good health: discuss exercise, sleep, alcohol, drugs, sexuality, pregnancy – Query for mood and sleep problems – Insurance coverage, applying for SSI 	
Quality of Life	Encourage appropriate teen activities: with family, school, within the community, through the Epilepsy Foundation (if support is needed).		Advise on career and/or future education planning (consider neuropsychological testing, engaging with advocacy organizations, college scholarships specific for patients with epilepsy.	
Education	Evaluate need for support and/or develop educational plan with school. Assess need for rescue ASMs and seizure detection wristband		Evaluate need for support and/or develop educational plan with school. Plan for college.	
Emergency plan	Develop emergency care plan for community when caregivers not present (update seizure action plan, rescue medications, consider medical alert bracelets, phone apps, seizure detection devices).		Know emergency care plan. Know how to contact clinic or the MD (phone numbers, electronic health systems), especially in emergencies. Community training in seizure response is available at EpilepsyFoundation.org (e.g., roommates).	
Time alone during visit?	Assess maturity, readiness	Encourage independence, allowing teen to ask questions during visit	Encourage independence, begin to have time alone with MD during clinic visit	Responsible, large portion of clinic visit alone with MD

*Age of task may vary with maturity. Adapted from PMID 21708806, 23476118.