

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses attention deficit hyperactivity disorder (ADHD) medical management, consultation and evaluation services, treatment of underlying coexistent medical conditions, behavior modification, and family counseling.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>CALIFORNIA:</b>  <a href="#">California Health and Safety Code Section 1374.72</a> – Mental Health Parity Law</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"><b>B. STATE MARKET PLAN ENHANCEMENTS</b></div> <p>The member may have additional mental health coverage as required by State Mental Health Parity law through Molina Healthcare. Refer to the <b>Benefit Interpretation Policy Inpatient and Outpatient Mental Health</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"><b>C. COVERED BENEFITS</b></div> <p><b>IMPORTANT NOTE:</b> Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p>

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

### **ADHD**

#### **ALL STATES:**

- Medical Management of Attention Deficit/Hyperactivity Disorder (ADHD) by the member’s pediatrician or PCP including the diagnostic evaluation and laboratory monitoring of prescribed drugs.
- Referral for consultation and evaluation of individuals with suspected complex development and/or behavioral problems for confirmation of diagnosis.
- Treatment of any underlying coexistent medical condition (e.g., Tourette’s Syndrome, seizure disorder), based on medical necessity.
- Behavior Modification may be covered. Refer to the member’s EOC for terms and conditions of coverage.
- Family Counseling may be covered. Refer to the member’s EOC for terms and conditions of coverage.

#### **D. NOT COVERED**

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

#### **E. DEFINITIONS**

[See Glossary](#)

#### **F. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description

**Procedure Codes  
(Internal Use  
Only)**

**Coding Disclaimer:** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT<sup>®</sup>), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only.

	<p>Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>			
<p>Prior Authorization</p>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
<p>Approval</p>	<p>Departments</p>	<p>Product</p>	<p>CIM</p>	<p>Clinical Management</p>
	<p>Date</p>	<p>10/12/2021</p>		<p>10/20/2021</p>