ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Policy Number: BIP009.G
Effective Date: August 1, 2019

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.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

California Health and Safety Code Section §1374.72 – Mental Health Parity Law

B. STATE MARKET PLAN ENHANCEMENTS

The member may have additional mental health coverage as required by State Mental Health Parity Law through UnitedHealthcare of California or designee. Refer to the Benefit Interpretation Policy titled Inpatient and Outpatient Mental Health.
C. COVERED BENEFITS

IMPORTANT NOTE: 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.

Note: Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility

1. 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.

2. Referral for consultation and evaluation of individuals with suspected complex developmental and/or behavioral problems for confirmation of diagnosis

3. Treatment of any underlying coexistent medical condition (e.g., Tourette's Syndrome, seizure disorder), based on medical necessity

4. Behavior Modification may be covered. Refer to the member's Evidence of Coverage (EOC) for terms and conditions of coverage.

5. Family Counseling may be covered. Refer to the member's Evidence of Coverage (EOC) for terms and conditions of coverage.

Also see the Benefit Interpretation Policies titled Pervasive Developmental Disorder and Autism Spectrum Disorder, Developmental Delay and Learning Disabilities, Inpatient and Outpatient Mental Health, and Rehabilitation Services (Physical, Occupational, and Speech Therapy).

D. NOT COVERED

Prescription drugs, unless the member has the outpatient supplemental prescription drug benefit.

E. DEFINITIONS

Attention Deficit Hyperactivity Disorder (ADHD): A brain disorder marked by an ongoing pattern of inattention and/or hyperactivity. Impulsive behavior that interferes with functioning or development.

Behavior Modification: Used in a behavioral program to designate methods for conditioning behavior by joining a behavior with a reinforcement to reward the person if they implement a desired behavior or if they stop undesired behavior. It can also involve setting goals for desired behavior; goals are specific, measurable, attainable, and age and developmental stage appropriate.

Learning Disability: A condition where there is a meaningful difference between a person’s current level of learning ability and the level that would be expected for a person of that age.
## F. POLICY HISTORY/REVISION INFORMATION

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<th>Date</th>
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<tr>
<td>08/01/2019</td>
<td><strong>Not Covered</strong>&lt;br&gt;• Updated language to clarify prescription drugs are not covered unless the member has the <em>outpatient</em> supplemental prescription <em>drug</em> benefit&lt;br&gt;&lt;br&gt;<strong>Definitions</strong>&lt;br&gt;• Updated definition of:&lt;br&gt;  ○ Attention Deficit Hyperactivity Disorder (ADHD)&lt;br&gt;  ○ Behavior Modification&lt;br&gt;&lt;br&gt;<strong>Supporting Information</strong>&lt;br&gt;• Archived previous policy version BIP009.F</td>
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