

Attention Deficit Hyperactivity Disorder (ADHD)

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 [Instructions for Use](#)

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Related Benefit Interpretation Policies

- Autism Spectrum Disorder
- Developmental Delay and Learning Disabilities
- Inpatient and Outpatient Mental Health
- Pervasive Developmental Disorder and Autism Spectrum Disorder
- Rehabilitation Services Physical, Occupational, and Speech Therapy

Federal/State Mandated Regulations

Washington

Revised Code of Washington (RCW) Section 48.44.341, Mental Health Services – Health Plans – Definition – Coverage Required, When (wa.gov)

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.44.341>

Mental health services—Health plans—Definition—Coverage required, when.

- (1) For the purposes of this section, "mental health services" means:
 - (a) For health benefit plans issued or renewed before January 1, 2021, medically necessary outpatient and inpatient services provided to treat mental disorders covered by the diagnostic categories listed in the most current version of the diagnostic and statistical manual of mental disorders, published by the American psychiatric association, on June 11, 2020, or such subsequent date as may be provided by the insurance commissioner by rule, consistent with the purposes of chapter 6, Laws of 2005, with the exception of the following categories, codes, and services:
 - (i) Substance related disorders;
 - (ii) Life transition problems, currently referred to as "V" codes, and diagnostic codes 302 through 302.9 as found in the diagnostic and statistical manual of mental disorders, 4th edition, published by the American psychiatric association;
 - (iii) Skilled nursing facility services, home health care, residential treatment, and custodial care; and
 - (iv) Court ordered treatment unless the health care service contractor's medical director or designee determines the treatment to be medically necessary; and
 - (b) For a health benefit plan or a plan deemed by the commissioner to have a short-term limited purpose or duration, issued or renewed on or after January 1, 2021, medically necessary outpatient and inpatient services provided to treat mental health and substance use disorders covered by the diagnostic categories listed in the most current version of the diagnostic and statistical manual of mental disorders, published by the American psychiatric association, on June 11, 2020, or such subsequent date as may be provided by the insurance commissioner by rule, consistent with the purposes of chapter 6, Laws of 2005.
- (2) A health service contract or a plan deemed by the commissioner to have a short-term limited purpose or duration, providing health benefit plans that provide coverage for medical and surgical services shall provide coverage for:
 - (a) Mental health services. The copayment or coinsurance for mental health services may be no more than the copayment or coinsurance for medical and surgical services otherwise provided under the health benefit plan. Wellness and preventive services that are provided or reimbursed at a lesser copayment, coinsurance, or other cost sharing than other medical and surgical services are excluded from this comparison. If the health benefit plan imposes a maximum out-of-pocket limit or stop loss, it shall be a single limit or stop loss for medical, surgical, and mental health services. If the health benefit plan imposes any deductible, mental health services shall be included with medical and surgical services for the purpose of meeting the deductible requirement. Treatment limitations or

any other financial requirements on coverage for mental health services are only allowed if the same limitations or requirements are imposed on coverage for medical and surgical services; and

- (b) Prescription drugs intended to treat any of the disorders covered in subsection (1) of this section to the same extent, and under the same terms and conditions, as other prescription drugs covered by the health benefit plan.
- (3) This section does not prohibit a requirement that mental health services be medically necessary, if a comparable requirement is applicable to medical and surgical services.
- (4) Nothing in this section shall be construed to prevent the management of mental health services if a comparable requirement is applicable to medical and surgical services.

[[2020 c 228 § 5](#); [2007 c 8 § 3](#); [2006 c 74 § 2](#); [2005 c 6 § 4](#).]

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

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

- 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 developmental 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.
- Specific therapies for the treatment of suspected complex developmental and/or behavioral problems, including speech therapy.
- Covered services may also include non-crisis mental health counseling, psychoanalysis, and non-crisis family counseling. Refer to the member's EOC for terms and conditions of coverage.
- Behavioral modification programs may be covered. Refer to the member's EOC for terms and conditions of coverage.

Refer to the Benefit Interpretation Policies titled *Pervasive Developmental Disorder and Autism Spectrum Disorder* ([OK Members](#), [TX Members](#), [WA Members](#)), *Autism Spectrum Disorder* ([OR Members](#)), *Developmental Delay and Learning Disabilities*, *Inpatient and Outpatient Mental Health*, and *Rehabilitation Services (Physical, Occupational, and Speech Therapy)*.

Not Covered

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

Definitions

Attention Deficit Hyperactivity Disorder (ADHD): Is marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. People with ADHD experience an ongoing pattern of the symptoms such as inattention, hyperactivity, and impulsivity.

References

Attention-Deficit/Hyperactivity Disorder. (n.d.). National Institute of Mental Health (NIMH).
<https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd>. Accessed March 28, 2025.

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
05/01/2025	All states	<ul style="list-style-type: none">• Routine review; no change to coverage guidelines• Archived previous policy version BIP010.K

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.