



Marketplace National Regional Benefit Interpretation Document

Benefit Name	ATTENTION DEFICIT HYDERACTIVITY DISORDER (ADHD)					
benefit Name	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)					
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New					
	Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin					
- C - C - L						
Benefit Definition	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.					
	coexistent medical conditions, behavior modification, and family counseling.					
	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.					
	govern.					
	A. FEDERAL/STATE MANDATED REGULATIONS					
	Note: The most current federal/state mandated regulations for each state can					
	be found in the links below.					
	CALIFORNIA:					
	California Health and Safety Code Section 1374.72: Mental Health					
	Parity Law					
	FLORIDA:					
	Fla. Stat. § 641.31085: Disclosures to subscribers; coverage of behavioral health care services.					
	bendvioral fleditif care services.					
	KENTUCKY:					
	Ky. Rev. Stat. § 304.17A-661: Treatment of mental health conditions to					
	be covered under terms or conditions that are no more restrictive than					
	terms or conditions for treatment of physical health conditions Parity coverage for nonquantitative treatment limitations and medical					
	necessity criteria					
	OHIO:					





Ohio Rev. Code § 3902.3: Compliance with federal mental health and addiction parity laws

WASHINGTON:

<u>RCW 48.46.291:</u> Mental health services—Health plans—Definition—Coverage required

<u>WAC 284-43-7000:</u> Scope and intent—Parity in mental health and substance use disorder benefits

<u>RCW 48.44.341:</u> Mental health Services—Health plans—Definition—Coverage required

B. STATE MARKET PLAN ENHANCEMENTS

The member may have additional mental health coverage as required by State Mental Health Parity law through Molina Healthcare. Refer to the <u>Benefit</u> Interpretation Policy titled Mental Health (Inpatient and Outpatient).

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.

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 under lying 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 Benefit (SOB) to determine coverage eligibility.				
	E. DEFINITIONS				
	See Glossary				
	F. POLICY HISTORY/REVISION INFORMATION				
	Data	Asking /December 1			
	Date 7/1/2023	Action/Description Added NV 2024 FOC			
	7/1/2023	Language			
Codification	Marketplace Benefit Interpretation Policies Codification				
Prior Authorization	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: a. Covered and No PA Required b. Not Covered				
	You cannot use the MHI PA Matrix to make coverage determinations. PA Lookup Tool				

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Departments	Product	CIM	Clinical
			Management
Date	10/12/2021	2/24/2022	10/20/2021
Revised (for	10/20/2022	3/17/2023	10/20/2022
1/1/2023)			
Revised (for	10/19/2023	4/1/2024	12/8/2023
1/1/2024)			
Revised (for	10/24/2024	-	10/24/2024
1/1/2025)			