Attention Deficit/Hyperactivity Disorder (ADHD) Treatment

Origination: 01/24/08	**Revised:** 08/02/17	**Annual Review:** 11/02/17

Purpose:

To provide the Medical Department staff with guidelines when making benefit determinations for Attention Deficit/Hyperactivity Disorder (ADHD).

Additional Information

Attention Deficit/Hyperactivity Disorder (ADHD) is a disorder that is characterized by symptoms of inattention and/or hyperactivity/impulsivity. The symptoms need to have persisted for at least six (6) months and caused impairment in at least two (2) settings, such as home and school. Symptoms are usually present before age seven (7), but other causes of the symptoms, such as Schizophrenia, Mood Disorders, and Anxiety Disorders should be ruled out.

There is no specific test for ADHD, and the diagnosis is a clinical one (1). A parent/child interview, medical evaluation with a physical exam, blood lead levels, EEG, and/or a Neurology consultation could all be helpful in certain situations in making a diagnosis. Specific diagnostic criteria are listed in the DSM-IV under sections 314.00, 314.01, 314.02.

The American Academy of Pediatrics developed a clinical practice guideline in 2000 about the diagnosis and evaluation of patients with suspected ADHD, and included the following recommendations:

1.) Use of DSM-IV criteria for diagnosis
2.) Obtain information about symptoms in more than one (1) setting
3.) Search for coexisting conditions that may complicate treatment planning
4.) Regular screening for high lead levels does not aid in diagnosis
5.) Routine use of EEG is not supported in the current literature
6.) Routine screening of thyroid function is not supported in the current literature
7.) Neuroimaging studies should not be used as a screening or diagnostic tool
8.) Continuous performance testing is not supported in the current literature

ADHD might also affect up to 3% of the adult population, but it is not an acquired disease of adulthood. Adults who were never diagnosed in childhood may present with many of the same symptoms as children, but usually lack the full symptom complex, especially hyperactivity.

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The most widely utilized treatment for ADHD is pharmacotherapy, and that includes the use of psychostimulants. The same medications used for children are also effective in adult Members. There are also a wide variety of non-pharmacological therapies that have not been shown to be effective in the current literature.

Coverage Guidelines

- Services provided by behavioral health professionals are subject to the provisions of the Member's applicable behavioral health benefit.

- Services that are primarily educational or training in nature are not covered under most AvMed Health Plans benefits.

- Coverage of medications is subject to the Member's applicable pharmacy benefit.

Exclusion Criteria

The following services are not covered as they are considered investigational or experimental in the treatment of ADHD based upon current scientific evidence in the English-language Peer-reviewed literature **and** this list is not all-inclusive:

- Actometer /Actigraph
- Anti-Candida Albicans /Anti-fungal treatments and medications
- Auditory Integration Therapy
- Chiropractic Manipulation
- Cognitive Rehabilitation
- Computerized Training on Working Memory (Cogmed, RoboMemo, etc.)
- Dietary Treatments
- Dore Program / Dyslexia Dyspraxia Attention Treatment (DDAT)
- EEG Biofeedback
- Herbal Remedies
- Homeopathy
- Megavitamin therapy
- Metronome Training / Music Therapy
- Movement Therapy / Therapeutic Eurhythmy
- Sensory Integration Therapy
- Transcranial Magnetic Stimulation (TMS or rTMS) / Cranial Electrical Stimulation
- Vision Therapy
- Yoga

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Excluded coverage codes:

90901	92065	95930	95957	95961	96020	96111	96116	96118	96119
96120	97112	97532	97533	0089T	0160T	0161T	P2031	S8035	S8040

References:

1. American Academy of Pediatrics. Clinical Practice Guideline: Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. Pediatrics. 2000 May;105(5).

2. American Psychiatric Association. DSM-IV-TR 4th ed. 2000.

3. Canadian Coordinating Office for Health Technology Assessment (CCOHTA). Review of therapies for ADHD. Ottawa, ON. 1998

4. Hayes, Inc. Dore Program for the treatment of ADD. Reveiwed Feb. 2007.

5. National Institute of Health. Consensus Statement: Attention deficit hyperactivity disorder. 1998. Updated 8/2007.

6. National Institute of Health and Clinical Excellence (NICE). Review of Methylphenidate, Atomoxetine, and Dexamfetamine for ADHD. Technology Appraisal 13 and 98. London, UK 2006.

7. National Resource Center on AD/HD. A Program of Children and Adults with Attention-Deficit hyperactivity disorder (CHADD). Updated July 2007.

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Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.