

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 18.8
TITLE: ATTENTION DEFICIT/HYPERACTIVITY DISORDER

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(4)(6)

RELATED AUTHORITY: 32 CFR 199.4(c)(3)(ix)

I. EFFECTIVE DATE

November 13, 1984

II. DESCRIPTION

The current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) indicates that the essential feature of Attention Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. Other terms used to describe this condition include: hyperkinetic reaction of childhood, hyperkinetic syndrome, hyperactive child syndrome, minimal brain damage or dysfunction, minimal cerebral dysfunction, and minor cerebral dysfunction.

III. POLICY

Otherwise covered services that are medically or psychologically necessary to diagnose or treat attention deficit/hyperactivity disorder are covered when provided by authorized providers.

IV. POLICY CONSIDERATIONS

A. Because attention deficit/hyperactivity is considered a mental disorder, claims will be handled according to the procedures for professional review of other such claims, regardless of the type of provider rendering the care.

B. In general, the services that would be covered for patients with a diagnosis of attention deficit/ hyperactivity disorder include:

1. diagnostic testing and assessment, including neurological evaluation,
2. medication, and
3. psychotherapy, particularly behavior therapy and family therapy.

V. EXCLUSIONS

Services and supplies related to general or special education.

END OF POLICY