Medical Policy
Digital Health Therapies for Attention Deficit /Hyperactivity Disorder

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Policy Number: 947
BCBSA Reference Number: 3.03.03 (For Plan internal use only)
NCD/LCD: N/A

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Prescription digital therapy is considered INVESTIGATIONAL for the treatment of attention-deficit/hyperactivity disorder.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
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<tr>
<th>Outpatient</th>
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<tr>
<td>Commercial Managed Care (HMO and POS)</td>
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<td>Commercial PPO and Indemnity</td>
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<td>Medicare HMO BlueSM</td>
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<td>Medicare PPO BlueSM</td>
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CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There are not any specific codes for this service.

Description
Attention-Deficit/Hyperactivity Disorder
Attention-deficit/hyperactivity disorder (ADHD) is a chronic condition characterized by core symptoms of hyperactivity, impulsivity, and inattention, which are considered excessive for the person's age. Both the International Classification of Mental and Behavioral Disorders 10th edition (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) require that the symptoms are reported or observed in several settings and that the symptoms of ADHD affect psychological, social, and/or educational/occupational functioning. Prevalence estimates for ADHD vary from 7.2% to 15.5% of children.1

For children younger than 17 years of age, the DSM-5 requires at least 6 symptoms of hyperactivity-impulsivity or at least 6 symptoms of inattention. The combined type requires a minimum of 6 symptoms of hyperactivity-impulsivity plus at least 6 symptoms of inattention. The symptoms must 1) occur often, 2) be present in more than 1 setting, 3) persist for at least 6 months, 4) be present before 12 years of age, 5) impair function in academic, social, or occupational activities, and 6) be excessive for the developmental level of the child.

Treatment
Established treatments for ADHD in children include educational, environmental, psychological, and behavioral interventions, and medication. Almost two-thirds of children with ADHD take medication, and about one half receive behavioral treatment.1

- Educational intervention involves discussion with parents about symptoms and access to services, environmental modifications such as seating arrangements, changes to lighting and noise, reducing distractions, and the benefit of having movement breaks and teaching assistants at school.
- Parent-child behavioral therapy teaches parenting techniques within the principles of behavior therapy. The therapy programs typically last 2 to 3 months and includes rewarding positive behavior, identifying unintentional reinforcement of negative behaviors, limiting choices, and using calm discipline.
- Medication with stimulants, such as methylphenidate, are considered first-line therapy for ADHD in school-age children. However, adverse effects of stimulants may include sleep disturbance, decreased appetite, and weight changes. Combination therapy with medication and behavioral interventions can improve both core ADHD symptoms and non-ADHD symptoms such as social skills and parent-child relations.

Summary
Attention-deficit/hyperactivity disorder (ADHD) is characterized by symptoms of hyperactivity, impulsivity, and inattention, which are considered excessive for the person's age. Established treatments for ADHD in children include educational, environmental, psychological, and behavioral interventions, and medication. This review will assess whether a digital therapy in the form of a computer game can improve attention in children with ADHD.

Summary of Evidence
For individuals with ADHD who receive a prescription digital therapy, the evidence includes an randomized controlled trial (RCT). Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The single RCT that has been identified compared outcomes of the predecessor of the FDA-cleared EndeavorRx® (AKL-T01) with a word game that targeted different cognitive abilities. Although the experimental treatment group had significantly greater improvement on a computerized test of attention, both the experimental and control groups improved to a similar extent on parent and clinician assessments. The clinical significance of an improvement in a computerized test of
attention without a detectable improvement in behavior by parents and clinicians is uncertain. A number of questions remain concerning the efficacy of this treatment, and additional studies to assess the effect of the digital therapy in adolescents and in children on stimulant medication are ongoing or have recently been completed. At this time, the digital therapy cannot be recommended as an alternative or adjunct to established treatments. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

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<th>Date</th>
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<tr>
<td>9/2022</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References