

## Medical Coverage Policy | Digital Health Therapies for Attention Deficit/Hyperactivity Disorder



**EFFECTIVE DATE:** 01 | 01 | 2022

**POLICY LAST UPDATED:** 08 | 03 | 2022

### OVERVIEW

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.

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### Medicare Advantage Plans

Prescription digital therapy for the treatment of attention-deficit/hyperactivity disorder is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

#### Commercial Products

Prescription digital therapy for the treatment of attention-deficit/hyperactivity disorder is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

### BACKGROUND

#### 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.

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.

- 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.

### **Regulatory Status**

In April 2020, EndeavorRx (Akili Interactive Labs) received marketing clearance by the U.S. Food and Drug Administration (FDA) through the De Novo premarket review process (DEN200026). EndeavorRx is a prescription device that is indicated to “improve attention function as measured by computer-based testing in children ages 8-12 years old with primarily inattentive or combined type ADHD, who have a demonstrated attention issue. Patients who engage with EndeavorRx demonstrate improvements in a digitally assessed measure Test of Variables of Attention (TOVA) of sustained and selective attention and may not display benefits in typical behavioral symptoms, such as hyperactivity.” EndeavorRx is intended to be used as part of a therapeutic program that may include clinician-directed therapy, medication, and/or educational programs.

### **CODING**

There is no specific code for this non-covered service.

### **RELATED POLICIES**

Prescription Digital Therapeutics for Substance Abuse

### **PUBLISHED**

Provider Update, October 2022

Provider Update, November 2021

### **REFERENCES:**

1. Wolraich ML, Hagan JF, Allan C, et al. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. Oct 2019; 144(4). PMID 31570648
2. Anguera JA, Boccanfuso J, Rintoul JL, et al. Video game training enhances cognitive control in older adults. *Nature*. Sep 05 2013; 501(7465): 97-101. PMID 24005416
3. DuPaul GJ. Parent and teacher ratings of ADHD symptoms: Psychometric properties in a community based sample. *J Clin Child Psychol* 1991; 20:242.
4. Guy W, editor. ECDEU Assessment Manual for Psychopharmacology. Rockville, MD: US Department of Health, Education, and Welfare Public Health Service Alcohol, Drug Abuse, and Mental Health Administration; 1976.
5. Conners CK. Conners 3rd Edition. Toronto, Multi-Health Systems, Inc., 2008.
6. Wolraich ML, Feurer ID, Hannah JN, et al. Obtaining systematic teacher reports of disruptive behavior disorders utilizing DSM-IV. *J Abnorm Child Psychol*. Apr 1998; 26(2): 141-52. PMID 9634136
7. Wolraich ML, Lambert W, Doffing MA, et al. Psychometric properties of the Vanderbilt ADHD diagnostic parent rating scale in a referred population. *J Pediatr Psychol*. Dec 2003; 28(8): 559-67. PMID 14602846

8. Forbes GB. Clinical utility of the Test of Variables of Attention (TOVA) in the diagnosis of attention-deficit/hyperactivity disorder. *J Clin Psychol.* Jun 1998; 54(4): 461-76. PMID 9623751
9. Kollins SH, DeLoss DJ, Canadas E, et al. A novel digital intervention for actively reducing severity of paediatricADHD (STARS-ADHD): a randomised controlled trial. *Lancet Digit Health.* Apr 2020; 2(4): e168-e178. PMID33334505
10. Barbaresi WJ, Campbell L, Diekroger EA, et al. Society for Developmental and Behavioral Pediatrics ClinicalPractice Guideline for the Assessment and Treatment of Children and Adolescents with Complex Attention-Deficit/Hyperactivity Disorder. *J Dev Behav Pediatr.* Feb/Mar 2020; 41 Suppl 2S: S35-S57. PMID 31996577

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

