

# Geisinger Health Plan Policies and Procedure Manual

Policy: MP367

**Section: Medical Policy** 

**Subject: Prescription Digital Therapeutics** 

Applicable line of business:

Commercial	x	Medicaid	x
Medicare	x	ACA	x
CHIP	x		

I. Policy: Prescription Digital Therapeutics

II. Purpose/Objective: To provide a policy of coverage regarding Prescription Digital Therapeutics

# III. Responsibility:

A. Medical Directors

B. Medical Management

# IV. Required Definitions

- 1. Attachment a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
- 2. Exhibit a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
- 3. Devised the date the policy was implemented.
- 4. Revised the date of every revision to the policy, including typographical and grammatical changes.
- 5. Reviewed the date documenting the annual review if the policy has no revisions necessary.

## Commercial

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

## Medicare

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

#### CHIP

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

## Medicaid

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

# V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

# **Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking
  into account both the functional capacity of the Member and those functional capacities that are appropriate for
  Members of the same age.

### **DESCRIPTION:**

Prescription digital therapeutics (PDTs) are software applications that are prescribed by a licensed healthcare practitioner legally authorized to prescribe medications and devices. They are used on a mobile device such as a mobile phone, tablet, smartwatch, or laptop computer. The goal of prescription digital therapeutics is to evaluate, diagnose, manage symptoms, or treat an illness, injury, or disease.

## **MEDICAID BUSINESS SEGMENT**

The PA DHS has determined that reSet, reSet-o, and Somyst may be considered for coverage under narrow clinical circumstances through the Program Exception process. **Note:** reSet and reSet-o may have limited availability or be unavailable due to manufacturing circumstances beyond the control of Geisinger Health Plan and/or the PA Dept. of Human Services.

MCS-07-2022-003.pdf (pa.gov)

MCS-06-2021-005.pdf (pa.gov)

## **EXCLUSIONS:**

Unless otherwise specified, the Plan does **NOT** provide coverage for Prescription Digital Therapeutics, including but not limited to Freespira, reSET, reSET-o, Insulia, BlueStar, NightWare, CanvasDx, Somryst, d-NAV System, EndeavorRX, and Parallel to evaluate, diagnose, manage symptoms, or treat an illness, injury, or disease because this technology is considered **unproven**. The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of these digital applications on health outcomes when compared to established tests or technologies.

Direct to consumer non-prescription digital software applications (with the exception of FDA approved or cleared\* mobile apps for contraception based on fertility awareness covered per state or federal mandates) used on a mobile device such as a mobile phone, tablet, smartwatch, smart rings (eg, Oura Ring) or laptop computer are considered to be not medically necessary and are **NOT COVERED**. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of these digital applications on health outcomes when compared to established tests or technologies.

\*NOTE: Natural Cycles is currently the only FDA-cleared fertility app (A9293)

The Plan does **NOT** provide coverage for direct to consumer devices to monitor personal biometrics, including but not limited to smart rings (eg, the Oura Ring), smart watches, or the monthly fees associated with their use. These devices are considered to be **Unproven** and are **NOT COVERED**. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of these biometric collecting devices on health outcomes.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

# **Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

## **CODING ASSOCIATED WITH:**

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at <a href="https://www.cms.gov">www.cms.gov</a> or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

- 0687T Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session
- 0688T Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month
- 0702T Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
- 0703T Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month
- 99199 Unlisted special service, procedure or report [when specified as a digital health management software application]
- A9291 Prescription digital behavioral therapy, FDA cleared, per course of treatment
- A9292 Prescription digital visual therapy, software-only, FDA cleared, per course of treatment
- A9293 Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer)
- E1399 Durable medical equip
- T1505 Electronic medication compliance management device, includes all components and accessories, not otherwise classified

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

## **LINE OF BUSINESS:**

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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ECRI reSET Prescription Digital Therapeutic (Pear Therapeutics, Inc.) for Substance Use Disorder 7/2020

ECRI Somryst Prescription Digital Therapeutic (Pear Therapeutics, Inc.) for Treating Chronic Insomnia 10/2020

ECRI Freespira Digital Therapeutic (Palo Alto Health Sciences) for Treating Panic Disorder 11/2020

ECRI Insulia Digital Therapeutic (Voluntis SA) for Aiding Management of Type 2 Diabetes 9/2022

ECRI BlueStar Rx Digital Therapeutic (WellDoc, Inc.) for Aiding Diabetes Management 9/2022

ECRI EndeavorRx (Akili Interactive Labs, Inc.) Interactive Cognitive Training Software for Treating Attention-deficit/Hyperactivity Disorder in Children 7/2020

ECRI Mahana IBS (Mahana Therapeutics, Inc.) for Aiding Management of Irritable Bowel Syndrome 8/2022

PA Dept. of Human Services. Managed Care Operations MemorandumTechnology Assessment Group MCOPS MEMO # 07/2022-003

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This policy will be revised as necessary and reviewed no less than annually.

**Devised: 12/22** 

Revised: 12/23 (add exclusion for non-Rx digital apps); 12/24 (add smart ring exclusion)

Reviewed:

CMS UM Oversight Committee Approval: 12/23, 02/25

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies

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