Sentara Health Plans

Commercial

Prescription Digital Therapeutics and Devices, Medical 259

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Effective Date	7/1/2026
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Coverage Policy	Medical 259
Version	10

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details.

Description & Definitions:

Prescription Digital Therapeutics (PDTs) are software-based treatments accessible on smartphones, tablets, Head-Mounted Displays (HMDs) and other wearable devices prescribed by a licensed healthcare practitioner, designed to assist with managing or treating medical disorders or diseases.

Computerized Behavioral Therapy Device is a software-based mobile app downloaded onto a smartphone, that provides a computerized version of behavioral therapy to the patient.

Mobile-based health management includes mobile software application (MSA) and software-based technologies created with the intention of gathering useful health information through a mobile platform.

Actigraphy is a non-invasive way to observe an individual's sleep patterns of rest/activity cycles using a small device like a wristwatch.

XXXXX Please see plan documents for benefit coverage of software/digital therapeutics. When listed as not a covered benefit, the corresponding device/hardware is as well.

Refer to DME 10, Continuous Glucose Monitoring for CGM

Criteria:

Prescription Digital Therapeutics (PDTs), wearable devices, software and mobile applications are considered medically necessary when **1 or more of the following** criteria have been met:

- **Contraception based fertility awareness FDA approved or cleared mobile apps for** (e.g., Natural Cycles and federal preventive care mandates) are considered medically necessary when **ALL of the following** are met:
  - Mobile app is being used for contraception to prevent pregnancy
  - App has been prescribed by a treating provider

- Member has medical contraindication for hormonal based contraception

- **Amblyopia Digital Therapy - Initial Use** - (for a 3 month period) when **ALL of the following** are met:
  - Individual is age 4 through 13 years (at least 4 years 0 days and less than 14 years old);
  - The individual has tried and failed 6 months of conservative treatments (i.e., full-time wear glasses, patching, Bangerter filter, and/or atropine penalization) (or contraindication/allergy/intolerance to atropine);
  - The individual has passed a dedicated 10 minute in-clinic performance ability test to assure suitable eye tracking performance (validity of eye tracking data > 90% and successful calibration process);
  - There is no history of light induced seizures;
  - Devises (RevitalVision, CureSight or Luminopia)

- **Amblyopia Digital Therapy - Continued Use** - (for every additional 3 month period) when **ALL of the following** are met:
  - The clinical records document adherence to therapy; and
  - The amblyopic visual acuity demonstrates continued improvement (note: when amblyopic visual acuity does not improve over two successive measurements at least 3 months apart, this requirement is not met).

- **Prescription Digital Therapeutics (PDTs) devices, software or mobile applications not addressed above** and its appropriateness for the individual with ALL of the following:
  - The prescription digital therapeutic requires a prescription by a licensed healthcare practitioner; and
  - The prescription digital therapeutic has been approved by the Food and Drug Administration (FDA) and used in accordance with the FDA indications
  - There is documentation supporting that the prescription digital therapeutic device or application is required was ordered for a covered purpose such as preventing, evaluating, diagnosing, or treating an illness, injury or disease or its symptoms and in accordance with generally accepted standards of medical practice
  - The device or application has demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating the condition or sickness for which its use is proposed
  - Not primarily for the convenience of the patient, physician or other health care provider
  - The prescription digital therapeutic has been proven to improve the net health outcome or is considered as beneficial as another established alternative.

  ***Note:** Remote therapeutic monitoring is considered an integral part of prescription digital therapeutics and is not separately reimbursable.

  The following Prescription Digital Therapeutics (PDTs) devices, software or mobile applications which are considered investigational and the current role remains uncertain based on review of existing evidence. Therefore, the following are considered **not medically necessary** for any clinical indication to include, but are not limited to, the following: (this list may not be all inclusive)

- Actigraphy
- Canvas Dx autism diagnosis aid,
- DaylightRx
- Embrace2 Watch
- Emfit Movement Monitor
- EndeavorRx
- Freespira
- Low-Intensity Therapeutic Ultrasound (LITUS) Devices
- Mahana for irritable bowel syndrome
- MamaLift Plus
- MindMotion GO (MindMaze)
- Mobile app being used to promote fertility
- Nerivio

- NightWare
- Oura Ring
- Powered Exoskeletons (IE: IpsiHand, Motus Hand and Foot Robotic Assisted Devices)
- Prescription-based video games
- Regulora for irritable bowel syndrome
- Rejoyn
- RelieVRx
- Remote monitoring for any of the following
    - Home Cholesterol Monitoring
    - Ingestion Event Monitoring
    - Remote CPAP monitoring
- ReSet
- ReSet-O
- Sami Alert
- SleepioRx
- Smartwatches
- SmartMonitor SmartWatch Inspyre
- Somyrst

Document History:

Revised Dates:

- 2026: Include this with next full review – Implementation date of July 1, 2026. Added A9279 to NMN coding section. Updated exclusion.
- 2025: December – Implementation date of April 1, 2026. New criteria, exceptions, devices, coding, references updated. Name Change.
- 2025: May – Implementation date of August 1, 2025. Coding updated, references updated.
- 2025: March – Archived DME 55, criteria added to this policy. Updated codes.
- 2025: February – No criteria changes. Updated policy name. Updated to new format.
- 2020: January
- 2015: February, October
- 2014: March, May, September
- 2013: September
- 2012: July
- 2010: January, December

Reviewed Dates:

- 2024: February
- 2023: February
- 2022: February
- 2021: February
- 2020: February
- 2018: March, November
- 2017: August, September
- 2016: November
- 2015: November
- 2011: August

Origination Date: January 2011

Coding:

Medically necessary with criteria:

Coding	Description

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
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month
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)

Considered Not Medically Necessary:

Coding	Description
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm (replaced K1023)
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
A9291	Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment
A9999	Miscellaneous DME supply or accessory, not otherwise specified
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories (IpsiHand™ Upper Extremity Rehabilitation System)
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors
E1399	Durable medical equipment, miscellaneous

E1905	Virtual reality cognitive behavioral therapy device (CBT), including pre-programmed therapy software
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the DMHT device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month (add on Code)
K1004	Low frequency ultrasonic diathermy treatment device for home use
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) 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 of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
    - Commercial
        - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
        - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered

Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Symplr Evidence Analysis. Formally Hayes Rating. Retrieved 2.18.2026. https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522A9279%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2522*%2522%255D,%2522sorts%2522:%255B%257B%2522field%2522:%2522_score%2522,%2522direction%2522:%2522desc%2522%257D%255D,%2522filters%2522:%255B%255D%257D

Centers for Medicare and Medicaid Services. CMS.gov. Billing Policy Article: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article. 8/8/2021, Retrieved 2.18.2026. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52467

Centers for Medicare and Medicaid Services. CMS.gov. NCD Closed-Loop Blood Glucose Control Device (CBGCD) (40.3) Version 1. NCD: N403v1 (MCR). 7.1.1983. Retrieved 2.18.2026. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=92&NCDver=1

Centers for Medicare and Medicaid Services. CMS.gov. Local Coverage Determination (LCD). Glucose Monitors. L33822. 10.1.2024. Retrieved 2.18.2026. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822

MCG Informed Care Strategies. 29th Edition. Retrieved 2.18.2026. https://careweb.careguidelines.com/ed29/index.html

Commonwealth of Virginia. Department of Medical Assistance Services. Coverage of Remote Patient Monitoring/Update to Telehealth Services Supplement. 3.10.2022. Retrieved 2.18.2026. https://vamedicaid.dmas.virginia.gov/bulletin/coverage-remote-patient-monitoringupdate-telehealth-services-supplement

Commonwealth of Virginia. Department of Medical Assistance Services. VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERIVCES (DMAS) REMOTE PATIENT MONITORING (RPM) DMAS SERVICE AUTHORIZATION CRITERIA (Form DMAS-P268). 2022. Retrieved 2.18.2026. https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-04/DMAS%20RPM%20SA%20Form%20DMAS-P268_3.4.22_FINAL.pdf

Commonwealth of Virginia. Department of Medical Assistance Services. Virginia Medicaid Procedure Fee Files & CPT Codes. 2026. Retrieved 2.18.2026. https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT

American Academy of Sleep Medicine. Remote Monitoring Services. Implementation Guide. 4.2022. Retrieved 2.18.2026. https://aasm.org/wp-content/uploads/2024/02/Remote-Monitoring-Services-Implementation-Guide.pdf

Alliance for Connected Care. Remote Patient Monitoring. 2026.Retrieved 2.18.2026. https://connectwithcare.org/remote-patient-monitoring/

Brennan, V., Mulvey, C., & Costello, R. W. (2021). The clinical impact of adherence to therapy in airways disease. Breathe (Sheffield, England), 17(2), 210039. Retrieved 2.18.2026. https://doi.org/10.1183/20734735.0039-2021

Sarradon-Eck, A., Bouchez, T., Auroy, L., Schuers, M., & Darmon, D. (2021). Attitudes of General Practitioners Toward Prescription of Mobile Health Apps: Qualitative Study. JMIR mHealth and uHealth, 9(3), e21795. Retrieved 2.18.2026. https://doi.org/10.2196/21795

American Medical Association. Remote Patient Monitoring Implementation Playbook. 2026. Retrieved 2.18.2026. https://www.ama-assn.org/system/files/ama-remote-patient-monitoring-playbook.pdf

Keywords:

Low-Intensity Therapeutic Ultrasound, LITUS, ZetrOZ System, Sustained Acoustic Medicine (SAM) and SAM PRO 2.0, Sam Sport, Ultrasonic therapy, Ultrasonic diathermy, PainShield, low-intensity continuous ultrasound (LICUS), low-intensity pulsed US (LIPUS), portable ultrasound, low frequency diathermy treatment devices. Actigraphy.