

Premera Blue Cross	Corporate Medical Policy
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Title	Hypnosis for Pain Management or as an Adjunct to Psychotherapy
Number	CP.MP.PR.2.01.508
Revision Date(s)	03/08/11; 02/09/10; 05/12/09; 08/12/08; 08/14/07; 08/08/06; 08/09/05; 09/14/04; 08/12/03; 07/01/02; 09/21/00; 01/97
Effective Date	March 8, 2011
Replaces	CP.MP.BC.2.01.06
Cross References	None

Description	Hypnosis may be an induced state in which there is an increased amenability and responsiveness to suggestions and commands.
Scope	Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations.
Policy	<p>Hypnosis may be considered medically necessary when used to control acute or chronic pain, or as an adjunct to psychotherapy in the treatment of anxiety disorders (including phobias and post traumatic stress disorder), dissociative disorders, sleep disorders, somatization disorder, and pain disorders.</p> <p>Hypnosis may be considered not medically necessary in the treatment of other psychiatric disorders, or when utilized for treatment of the psychiatric disorders noted above without concurrent psychotherapy.</p> <p>Hypnosis used as an anesthesia is considered investigational.</p>
Policy Guidelines	N/A
Benefit Application	<p>Hypnosis is considered an integral part of a <i>medical</i> episode of treatment or an episode of <i>psychotherapy</i>. It is not covered when used as the <i>sole</i> treatment modality during an episode of treatment.</p> <p>Hypnosis is not covered when conducted by providers who are not credentialed medical or mental health providers as defined in the member contract.</p>

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. **Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply.** CPT codes, descriptions and material are copyrighted by the American Medical Association.
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	This policy does not address hypnosis used for smoking cessation.
Rationale/ Source	References: <ol style="list-style-type: none"> 1. Maldonado J and Speigel D. Hypnosis. Psychiatry, 3rd Edition, Vol. 2., Tassman, Kay, Lieberman and First (eds). Wiley, 2008. 2. Policy reviewed by a practicing psychiatrist July 2007. 3. Policy reviewed by a practicing psychiatrist July 2008. 4. Policy reviewed by a practicing psychiatrist March 2009. 5. Policy reviewed by a practicing psychiatrist January 2010. 6. Policy reviewed by a practicing psychiatrist January 2011.

Codes	Number	Description
CPT	90880	Hypnotherapy
ICD-9 Procedure	94.32	Hypnosis (individual psychotherapy)
ICD-9 Diagnosis	Acute pain and chronic pain – see “pain” for part of body in ICD-09. Psychotherapy – see specific mental diagnosis in ICD-9.	
HCPCS		
Type of Service	Medical	
Place of Service	Outpatient	

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