

# MEDICAL POLICY

<b>SUBJECT: HYPNOSIS</b>	<b>EFFECTIVE DATE: 10/18/01</b> <b>ARCHIVED DATE: 10/18/01</b> <b>EDITED DATE: 11/10/05, 11/16/06, 11/15/07, 11/20/08, 10/29/09, 10/28/10, 09/15/11, 09/20/12, 09/19/13, 09/18/14, 09/17/15, 09/15/16, 09/21/17, 09/20/18</b>
<b>POLICY NUMBER: 2.01.26</b> <b>CATEGORY: Technology Assessment</b>	<b>PAGE: 1 OF: 2</b>
<ul style="list-style-type: none"><li>• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li><li>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i></li><li>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i></li></ul>	

## POLICY STATEMENT:

- I. Based upon our criteria and assessment of peer-reviewed literature, hypnosis is **medically appropriate** when used for the following indications:
  - A. To control acute or chronic pain;
  - B. As an adjunct to psychotherapy.
- II. Based upon our criteria and assessment of peer-reviewed literature, all other indications for hypnosis are considered **investigational**.

## POLICY GUIDELINES:

- I. Hypnosis is an integral part of a medical visit at the level of care rendered (e.g. brief, intermediate) or as an integral part of psychotherapy. It is not a separate benefit.
- II. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

*Refer to Corporate Medical Policy # 11.01.03 regarding Experimental and Investigational Services.*

## DESCRIPTION:

Hypnosis is an induced state in which there is an increased amenability and responsiveness to suggestions and commands.

## CODES:      Number      Description

*Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*

**CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

**CPT:**            90880            Hypnotherapy

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**HCPCS:**        No code

**ICD10:**        Acute pain and    See "pain for part of body in ICD-10.  
                      chronic pain

                      Psychotherapy    See specific mental diagnosis in ICD-10

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**REFERENCES:**

\*BlueCross BlueShield Association. Hypnosis. Medical Policy Reference Manual Policy #2.01.06. 2003 Apr 29 (archived 7/09).

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## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

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There is currently a Local Coverage Determination (LCD) for psychiatry and psychology services. Please refer to the following LCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ContrId=298&ver=36&ContrVer=1&CntrctrSelected=298\\*1&Cntrctr=298&name=National+Government+Services%2c+Inc.+\(13201%2c+A+and+B+and+HHH+MAC%2c+J+-+K\)&s=All&DocType=Active&bc=AggAAAQAAAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ContrId=298&ver=36&ContrVer=1&CntrctrSelected=298*1&Cntrctr=298&name=National+Government+Services%2c+Inc.+(13201%2c+A+and+B+and+HHH+MAC%2c+J+-+K)&s=All&DocType=Active&bc=AggAAAQAAAAAAAA%3d%3d&)