• If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.
• Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.
• Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.

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:

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<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tr>
<td>Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.</td>
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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.

CPT: 90880 Hypnotherapy

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HCPCS: No code

Psychotherapy See specific mental diagnosis in ICD-9

ICD10: Acute pain and chronic pain. See “pain for part of body in ICD-10.
Psychotherapy See specific mental diagnosis in ICD-10
REFERENCES:


CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for outpatient psychiatry services. Please refer to the following LCD website for Medicare Members: http://apps.ngsmedicare.com/lcd/LCD_L26895.htm