

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	HYPNOSIS
Policy Number	2.01.26
Category	Technology Assessment
Effective Date	10/18/01
Archived Date	10/18/01
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Product Disclaimer	<ul style="list-style-type: none"> If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. 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.

POLICY STATEMENT

- I. Based upon our criteria and assessment of peer-reviewed literature, hypnosis is **medically appropriate** when used for either of the following indications:
 - A. To control acute or chronic pain; or
 - 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 or Investigational Services.

DESCRIPTION

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

RATIONALE

Although some studies have reported improved outcomes with hypnosis, studies have been limited by small patient population, short-term follow-ups, and heterogeneity of treatment regimens and controls. The National Institute of Health Technology Assessment Panel (1995) found strong support for the use of hypnosis for the reduction of pain associated with cancer.

CODES

- 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.

Proprietary Information of Univera Healthcare.

Medical Policy: HYPNOSIS**Policy Number: 2.01.26****Page: 2 of 2****CPT Codes**

Code	Description
90880	Hypnotherapy

*Copyright © 2019 American Medical Association, Chicago, IL***HCPCS Codes**

Code	Description
No codes	

ICD10 Codes

Code	Description
Numerous	

REFERENCES

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

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Galovski T, et al. The treatment of irritable bowel syndrome. Applied Psychother Biofeedback. 1998; 23(4).

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*Key Article

KEY WORDS

Hypnotherapy

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

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&ver=65&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=41&KeyWord=hypnotherapy&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAA&>