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.

<table>
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<th>CODES</th>
<th>Number</th>
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<tbody>
<tr>
<td>CPT</td>
<td>90880</td>
<td>Hypnotherapy</td>
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<tr>
<td>ICD9</td>
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<td>ICD10</td>
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Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Proprietary Information of Excellus Health Plan, Inc.
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REFERENCES:


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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&ContrId=298&ver=36&ContrVer=1&CntrcrSelected=298*1&Cntrcr=298&name=Nation+Government+Services%2c+Inc.+(13201%2c+A+and+B+and+HHH+MAC%2c+J+K)&s=All&DocType=Active&bc=AggAAQAQAQAAAAA%3d%3d&