



Status
Active

## Medical and Behavioral Health Policy

Section: Behavioral Health

Policy Number: III-02

Effective Date: 08/27/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## HYPNOTHERAPY

**Description:** Hypnosis is an artificially induced passive state in which there is increased amenability and responsiveness to suggestions and commands. Hypnotherapy involves the use of hypnosis in the treatment of disease.

**Policy:**

- I. Hypnotherapy may be considered **MEDICALLY NECESSARY** for the following indications when the primary treating clinician is a mental health professional<sup>1</sup> certified in clinical hypnotherapy:
  - A. To control chronic pain as part of a comprehensive pain management treatment plan; OR
  - B. As an adjunct treatment for anxiety, somatoform, and adjustment disorders; OR
  - C. As a stand-alone treatment for children, adolescents, and adults for pre-procedural anxiety.
- II. The use of hypnotherapy for anesthesia is considered **INVESTIGATIVE**. Individual consideration will be taken in cases presenting an unacceptable medical risk from the use of standard anesthesia.
- III. All other applications of hypnotherapy are considered **INVESTIGATIVE** including, but not limited to the treatment of smoking, nicotine-related disorders, and obesity.

**Coverage:** Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional

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<sup>1</sup> Mental Health Professional is defined by Minn.Stat. §245.462, subd.18 and Minn.Stat. §245.4871, subd.27.

policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:** *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**  
90880 Hypnotherapy

**ICD-9 Procedure:**  
94.32 Hypnotherapy

**ICD-10 Procedure:**  
GZFZZZ Hypnosis

**Policy History:** **Developed September 27, 1985**

**Most recent history:**  
Reviewed September 14, 2011  
Revised September 12, 2012  
Reviewed September 11, 2013  
Reviewed August 13, 2014

**Cross Reference:** Tobacco Cessation Treatments, X-21

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