HYMNOSIS
MED201.001
BlueReview POSTED DATE: 3/23/2004
EFFECTIVE DATE: 7/1/2004

COVERAGE:

Hypnosis may be considered medically necessary when used:
• To assist in the control of acute or chronic pain, OR
• As an adjunct to psychotherapy, OR
• To control pain for the extensive burn patient during dressing changes.

Hypnosis is considered investigational or experimental when used for anesthesia.

Note: When used for weight management or smoking cessation, refer to specific contract language.

Refer to Autocoder for Coding English Text.

<table>
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<tr>
<th>CPT/HCPCS CODES</th>
<th>CORRESPONDING ICD-9 DX CODES</th>
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ICD9 PROEDURE CODE: 94.32

TOS for TX Pricer: Psychiatric (C)

TOS for IL, NM BlueChip: Medical

POS: Inpatient (1); Outpatient (2); Office, Clinic, Lab (3)

DESCRIPTION:

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

RATIONALE:

In additional studies (2001-2002) analgesia through hypnosis is still recognized as a successful adjutant to pain and anxiety relief. Additional studies also recommend that psychotherapy be included with hypnosis.

The current literature does not recommend using hypnosis solely for anesthesia, since there was not a consensus among the participants in
their response to pain under hypnosis.

PRICING:

None

REFERENCES:

- “BCBSA Consortium Health Plan Medical Policy Reference Manual,” Hypnosis, Medicine, 12/1/95, policy number 2.01.06.

DISCLAIMER:

State and federal law, as well as contract language, including
definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.