



MENTAL HEALTH SERVICES

PSY301.000

BlueReview POSTED DATE: 11/17/2003

EFFECTIVE DATE: 10/24/2003

COVERAGE:

Modalities used for the treatment of mental health conditions must be appropriate to the specific mental health disorder(s) of the patient being treated. The degree of impairment should be a factor in determining frequency and duration of therapeutic services.

The following treatment modalities are eligible for coverage when they are determined to be **medically necessary**.

- Individual psychotherapy;
- Group therapy;
- Family Counseling;
- Pharmacotherapy;
- Electroconvulsive therapy - For criteria see Medical Policy on Electroconvulsive Therapy.

Benefits should be provided on a single provider basis when rendered by co-therapists.

The following services are **not medically necessary**:

- Services directed toward enhancing one's personality;
- Consciousness raising;
- Vocational or religious counseling;
- Group socialization;
- Activities primarily of an educational nature;
- Behavioral modification for lifestyle enhancement;
- Primal therapy (psychotherapy in which the patient is encouraged to relive his/her early traumatic experiences);
- Obesity control therapy;
- Rolfing or structural integration - a system of soft tissue manipulation and movement education that theorizes there is a correlation between muscular tension and pent up emotions;
- Bioenergetic therapy;



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- Sleep therapy (narcosis) - a non-specific and reversible depression of function of the central nervous system marked by stupor or insensibility produced by drugs;
- Carbon dioxide therapy - a form of rarely used shock therapy employed for the treatment of withdrawn psychotic patients, in which unconsciousness is induced by the administration of carbon dioxide gas by inhalation);
- Dance therapy;
- Music therapy;
- Phone therapy - counseling or psychotherapy given over the telephone;
- Services for psychotherapeutic services concurrently by more than one mental health provider; and
- Services credited toward earning a degree or furtherance of the education or training of the patient.

Transcranial magnetic stimulation of the brain is considered **experimental or investigational** as a treatment of depression and other psychiatric disorders.

DESCRIPTION:

Mental Health services are treatment methods directed toward identifying specific behavior patterns, factors determining such behavior and effective goal oriented therapies.

The therapies defined under this policy include:

- Individual psychotherapy: a form of therapy involving the therapist and a single patient dependent principally on verbal interchange, including crisis intervention, and insight oriented behavior modification.
- Group therapy: a form of treatment in which carefully selected patients are placed into a distinct group (minimum of 4/ maximum of 12), guided by a psychotherapist for the purpose of helping one another effect personality change. By using a variety of technical maneuvers and theoretical constructs, the psychotherapist uses the members' interaction to bring about this change.
- Family counseling (conjoint): involves two or more family members and is not intended to be treatment for the relatives but to promote understanding of the patient and more acceptable ways of family functioning.
- Pharmacotherapy: involves the prescription of medications, observation

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or response and regulation of dosage.

- Subconvulsive therapy: a type of electroconvulsive therapy which stimulates the brain with low amperage non-convulsive currents.
 - Transcranial magnetic stimulation: involves placement of a small coil over the scalp; a rapidly alternating current is passed through the coil wire, producing a magnetic field that passes unimpeded through the scalp to the brain. Interest in the use of transcranial magnetic stimulation as a treatment of depression was prompted by the development of a device that could deliver rapid, repetitive stimulation.
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RATIONALE:

While devices for transcranial magnetic stimulation (TMS) have received approval by the U.S. Food and Drug Administration (FDA) for diagnostic uses, at the present time, no device has received FDA approval for TMS of the brain as a therapeutic procedure. One device, NeoPulse (Neuronetic, Atlanta, GA) has received approval in Canada and Israel as a therapy for depression.

The role of TMS in the overall treatment of depression requires further study.

The clinical effectiveness of multiple-seizure ECT has not been verified by scientifically controlled studies. In addition, studies have demonstrated an increased risk of adverse effect with multiple seizures.

PRICING:

Electroconvulsive and psychotherapy should not be allowed on the same date of service.

REFERENCES:

- National Institute of Health Consensus Development Conference Statement, "Electroconvulsive Therapy." June 10-12, 1985.
- BCBSA Medical Policy Reference Manual "Mental Health Introduction" 12/1/95; 3.01
- "Practice Guideline for the treatment of patients with bipolar disorder." *American Psychiatric Association* (1994)151 (12 Suppl):1-36.
- Pascual-Leone A, Rubio B, et al. "Rapid-rate transcranial magnetic stimulation of left dorsolateral prefrontal cortex in drug-resistant depression." *Lancet* (1996) 348 (9022):233-7.
- George MS, Wasserman EM, et al. "Mood improvement following daily left prefrontal repetitive transcranial magnetic stimulation in patients with depression; a placebo-controlled crossover trial." *American Journal of Psychiatry* (1997)154(12):1752-6.
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 - Loo C, Mitchell P, et al. "Double-blind controlled investigation of transcranial magnetic stimulation for the treatment of resistant major depression." *American Journal of Psychiatry* (1999)156(6):946-8.
 - BCBSA Medical Policy Reference Manual "Transcranial Magnetic Stimulation as a Treatment of Depression 11/20/01; 2.01.50
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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.