

Eye Movement Desensitization and Reprocessing (EMDR)

MPM 5.8

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

The purpose of eye movement desensitization and reprocessing (EMDR) is to reduce or eliminate the symptoms of posttraumatic stress disorder or acute traumatic stress disorder. The mechanism of action of EMDR is unclear, but several theories have been put forward, including processing of emotions, conditioning processes and activation of brain structures involved in the modulation of emotions.¹

**Coverage Determination/
Clinical Indications**

Benefit Certification is not required. However, all claims are subject to retrospective review. There is no specific code for EMDR. Please see page 2 for appropriate codes to use for billing.

Eye movement desensitization and reprocessing (EMDR) is covered when the following criteria is met:

ONE of the following diagnoses:

- Acute traumatic stress disorder, as described in the DSM-IV-TR code 308.3; **or**
- Posttraumatic stress disorder, as described in the DMS-IV-TR code 309.81.

Definitions

Post-traumatic stress disorder (PTSD) and acute traumatic stress disorders (ATSD) are anxiety disorders that may develop in people who experience a terrifying or life-threatening event. The diagnosis of traumatic stress disorder is made when, for a period longer than a month after such an event, the patient experiences the following symptoms: persistent re-experiencing of the event, avoidance of factors associated with the event, a diminished general responsiveness and persistent symptoms of increased arousal. Traumatic events that might trigger ATSD or PTSD include combat trauma, rape, physical or sexual abuse or assault, transportation accidents, torture, acts of terrorism and natural or human-made disasters. PTSD can dominate a person's life and is associated with an increased risk of other mental health problems (e.g., drug abuse, depression, personality disorder).¹

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC120901]

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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian medical policies are available on the Internet at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

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