DESCRIPTION
Eye movement desensitization and reprocessing (EMDR) therapy is a complex method of psychotherapy that combines a range of therapeutic approaches with eye movements or other forms of rhythmical stimulation (eg, sound and touch) in ways that stimulate the brain's information processing system. Eye movement desensitization and reprocessing was introduced in 1989 as a treatment for post-traumatic stress disorder (PTSD). Since then, it has been proposed as a treatment of various psychiatric and behavioral disorders including phobias, panic and anxiety disorders, as well as eating disorders.
**POLICY**

A. EMDR is considered a valid therapy component when provided during a psychotherapy session for Acute Stress Disorder or Post Traumatic Stress Disorder.

B. EMDR is considered experimental / investigational as a stand alone service.

**CODING**

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90833</td>
<td>Psychotherapy, 30 minutes with patient and/o family member when performed with an evaluation and management service (List separately in addition to the code for primary procedures.)</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90836</td>
<td>Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management services (List separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90899</td>
<td>Unlisted psychiatric service or procedure</td>
</tr>
</tbody>
</table>

- CPT code 90834 should be used when EMDR is used as a therapy component provided during a psychotherapy session for Acute Stress Disorder or Post Traumatic Stress Disorder. When billed on a CMS-1500 claim form, if 90899 is billed with 90834 it will be considered content of service.
- CPT code 90899 should be used when EMDR is used as a stand alone service.

**ICD-10 Diagnoses**

These diagnoses are otherwise subject to medical policy as stated above.

- F43.0 Acute stress reaction
- F43.11 Post-traumatic stress disorder, acute
- F43.12 Post-traumatic stress disorder, chronic

**REVISIONS**

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>11-01-2007</td>
<td>Converted from an experimental / investigational policy to the web policy format due to coverage changes.</td>
</tr>
</tbody>
</table>
• Policy liberalized to reflect coverage for EMDR when provided during a psychotherapy session for Acute Stress Disorder or Post Traumatic Stress Disorder.
• References were updated.

01-15-2013 Added Medical Policy and Coding Disclaimers.
In the Coding section:
- Removed CPT code 90806 (Effective 12-31-2012)
- Added CPT code 90834 (Effective 01-01-2013)
- Revised Bullet #1 to incorporate the new CPT code 90834.
Updated Reference format.

05-07-2013 Policy reviewed.
Formatted policy language. No changes or intent were changed.

08-21-2013 In Coding section:
- Added CPT codes: 90832, 90833, 90836, 90837, 90838.
- Added ICD-10 Diagnosis codes (Effective October 1, 2014)

06-08-2016 Policy reviewed; no changes made.

05-10-2017 Policy reviewed.
Updated References section.

05-09-2018 In Coding section:
- Removed ICD-9 codes.
Remainder of policy reviewed; no changes made.

REFERENCES
1. Blue Cross and Blue Shield of Kansas Behavioral Health Liaison Committee, June 6, 2006; June 5, 2007; August 2016.
2. Blue Cross and Blue Shield of Kansas Medical Advisory Committee (MAC), August 2, 2006.
3. Blue Cross and Blue Shield of Kansas Medical Advisory Committee (MAC), August 2, 2007.

Other References
1. Blue Cross and Blue Shield of Kansas Blue Shield Report, MAC 02-06.