



## Evidence Based Guideline

# EMDR (Eye Movement Desensitization and Reprocessing)

**File Name:** emdr\_(eye\_movement\_desensitization\_and\_reprocessing)  
**Guideline Number:** EBGMHCD2010  
**Origination:** 2/1997  
**Last Review:** 8/2008  
**Next Review:** 8/2010

### Description of Procedure or Service

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Eye Movement Desensitization and Reprocessing (EMDR) is a non-drug, non-hypnosis [psychotherapy](#) procedure. It is used to treat post traumatic stress syndrome. It involves the patient moving the eyes rapidly back and forth while following the therapist's hands as they move side to side across the patient's visual field. During these eye movements, the therapist is guiding the patient to concentrate on a troubling memory or emotion. This rapid eye movement, which occurs naturally during dreaming, is thought to speed the patient's movement through a healing process.

### Evidence Based Guideline for EMDR (Eye Movement Desensitization and Reprocessing)

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EMDR (Eye Movement Desensitization and Reprocessing) may be appropriate for the treatment of post-traumatic stress disorder (PTSD).

### Medical Evidence regarding EMDR (Eye Movement Desensitization and Reprocessing) indicates it is not recommended in the following situations:

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For indications other than those listed above.

### Benefits Application

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Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: There is no specific code for EMDR.*

## Medical Term Definitions

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### Psychotherapy

treatment of mental disorders and behavioral disturbances using such psychological techniques as support, suggestion, persuasion, reeducation, reassurance, and insight in order to alter maladaptive patterns of coping and to encourage personality growth.

## Scientific Background and Reference Sources

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Plan Consultant - 1/97

Peer Reviewed Literature

Physician Advisory Group - 2/97

Muris P, Merckelbach H. Traumatic memories, eye movements, phobia, and panic: a critical note on the proliferation of EMDR. *J Anxiety Disord* 1999 Jan-Apr; 13(1-2):209-23

Devilley GJ, Spence SH. The relative efficacy and treatment distress of EMDR and a cognitive-behavior trauma treatment protocol in the amelioration of posttraumatic stress disorder. *J Anxiety Disord* 1999 Jan-Apr; 13(1-2):131-57. ("It was found that TTP was both statistically and clinically more effective in reducing pathology related to PTSD and that this superiority was maintained and, in fact, became more evident by 3-month follow-up.")

Cahill SP, Carrigan MH, Frueh BC. Does EMDR work? And if so, why?: a critical review of controlled outcome and dismantling research. *J Anxiety Disord* 1999 Jan-Apr; 13(1-2):5-33. ("our review of dismantling studies reveals there is no convincing evidence that eye movements significantly contribute to treatment outcome.")

Medical Policy Advisory Group Review - 3/99

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

Rabois D, Batten SV, Keane TM. Implications of biological findings for psychological treatments of posttraumatic stress disorder. *Psychiatric Clinics of North America*. Volume 25, Number 2, June 2002. W.B. Saunders Company.

Specialty Matched Consultant Advisory Panel - 9/2002.

Specialty Matched Consultant Advisory Panel - 8/2004

Specialty Matched Consultant Advisory Panel - 8/2006

United States Department of Veterans Affairs. (2007). National Center for PTSD, FactSheet. Retrieved 8/27/08 from [http://www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_treatmentforptsd.html](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_treatmentforptsd.html).

American Psychiatric Association. (2008) APA Practice Guidelines for the treatment of patients with acute stress disorder and posttraumatic stress disorder, Part A: Treatment recommendations. Retrieved 5/29/2008 from <http://www.psychiatryonline.com/popup.aspx?aID=52351&print=yes>

American Psychiatric Association. (2008) APA Practice Guidelines for the treatment of patients with acute stress disorder and posttraumatic stress disorder, Part B: Background information and review of available evidence. Retrieved 8/27/2008 from <http://www.psychiatryonline.com/popup.aspx?aID=52967&print=yes>

Specialty Matched Consultant Advisory Panel - 8/2008

## Policy: EMDR (Eye Movement Desensitization and Reprocessing)

### Policy Implementation/Update Information

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- 2/97 Original policy issued.
- 3/99 Reviewed by MPAG. Reaffirmed.
- 7/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.
- 10/00 Specialty Matched Consultant Advisory Panel review. No changes recommended in policy. System coding changes. Medical Policy Advisory Group review. No changes in policy. Approve.
- 11/01 Coding format change.
- 11/02 Specialty Matched Consultant Advisory Panel review 9/2002. No changes.
- 3/04 Benefits Application and Billing/Coding sections updated for consistency. CPT code 90844 removed from policy, no longer a valid code.
- 8/26/04 Specialty Matched Consultant Advisory Panel review 8/4/04. No changes to criteria. References updated.
- 8/28/06 Specialty Matched Consultant Advisory Panel review 8/1/2006. Medical Policy changed to Evidence Based Guideline. Added "EMDR (Eye Movement Desensitization and Reprocessing) may be appropriate for the treatment of post-traumatic stress disorder (PTSD)." under "Evidence Based Guideline" section. References added.
- 9/22/08 Specialty Matched Consultant Advisory Panel review 8/28/2008. No changed to policy statement. References added. (btw)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.