

Evidence Based Guideline

Psychoanalysis

File Name:	psychoanalysis
Origination:	9/2008
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Description of Procedure or Service

Sigmund Freud was the first to introduce the theory of psychoanalysis as a method to discover the mental process that determines a person's thoughts, feelings, and behavior. Psychoanalysis is a theory on human development, that our present is formed by our past. Freud speculated that various defense mechanisms such as repression, reaction-formation, regression, displacement, and rationalization are caused by the mind protecting itself from a situation that in reality may be difficult to accept consciously.

Psychoanalysis is a therapy aimed at increasing self awareness and understanding of factors that create unhappiness. The patient and analyst work closely together for a lengthy period of time usually meeting on a regular basis 3-5 times a week for 45 - 50 minute sessions. The patient frequently lies on a couch with the analyst out of sight. The patient is encouraged to talk about whatever comes to mind with little input from the analyst. These sessions become a safe place for the patient to verbalize any thoughts or feelings. It is thought that over time the patient develops an intense relationship with the analyst and together they explore the underlying meanings of the person's thoughts. Repetitive behaviors, topics or events that are difficult to verbalize, dreams, and daydreams are just a few sources of understanding the unconscious mind. Psychoanalysis can continue for hundreds of hours over a period of years, searching for understanding of how a person's emotional life develops.

The person best suited for psychoanalysis is one who is generally successful in most aspects of his/her life but is still unhappy. Psychoanalytic therapy is said to be beneficial for those with troubled relationships, poor self-esteem, anxiety, chronic irritability, unresolved grief, phobias, and many other conditions where they want to understand themselves and see how their own thoughts and behaviors contribute to their difficulties. Psychoanalysis is thought to promote self discovery, personal growth and development.

Psychoanalysts typically have experience in the mental health field and have continued their training to include psychoanalytic theory and technique. This training takes an additional 5 to 10 years of closely supervised education and several more years of clinical seminars. A certified psychoanalyst should be trained through an accredited psychoanalytic institution that is recognized by the American Psychoanalytic Association.

*****Note: This Evidence Based Guideline is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Evidence Based Guideline for Psychoanalysis

- A) Psychoanalysis may be appropriate when other treatment modalities have failed and the patient meets all of the criteria listed below:
1. There is a DSM Axis I diagnosis,
AND
 2. There are presenting behavioral, psychological, and/or biological dysfunctions that

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correspond with the psychiatric/substance-related disorders on Axis I,
AND

3. The patient has at least one of the following:
 - a) at minimum, mild symptomatic distress and/or impairment in function due to symptoms and/or behavior in one of the following that relate to either the Axis I or Axis II disorder and demonstrated by the clinical description of symptoms and/or impairment consistent with a GAF (Global Assessment of Function) score of equal to or less than 70;
 - i) occupational, or
 - ii) scholastic, or
 - iii) social. or
 - b) the patient has an ongoing DSM- IV condition that requires behavioral assessment to maintain symptom relief and/or function. or
 - c) additional treatment sessions are needed (documented by clinical evidence) to prepare for termination of therapy consisting of a clear treatment plan with well defined goals, methods and time frames to support discharge from therapy,
AND

4. The patient does not require the 24 hour medical/nursing monitoring provided in an inpatient setting,
AND

B) All of the following criteria are met;

1. There is documentation of DSM Axis I diagnosis, AND
2. There is a medically necessary and documented treatment plan or updated plan individualized for the patient with at least one of the following outcomes;
 - a) focuses on alleviating the patient's distress and/or dysfunction in a timely manner, or
 - b) pursues achieving maintenance goals for ongoing conditions, or
 - c) focuses on discharge from therapy, AND
3. The individualized treatment plan includes all of the following:
 - a) the status of the patient's dysfunctions being treated and documentation shows progression toward the treatment goals, and
 - b) the current treatment is focused on each psychiatric symptom, and
 - c) treatment framework, and
 - d) modality of treatment, and
 - e) frequency, and
 - f) estimated length of treatment, and
 - g) the status of the involved family or friends in support of the patient, and
 - h) the status of any necessary community resources, and
 - i) an alternative plan if the patient does not make sufficient progress in the time frame specified, AND
4. The treatment must be rendered by a "certified psychoanalyst" from a nationally recognized institute for psychoanalysis.

C) Continued Treatment may be appropriate when the patient continues to meet A and B above.

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Medical Evidence regarding Psychoanalysis indicates it is not recommended in the following situations

Psychoanalysis is not recommended for the following:

- When the criteria stated above are not met.
- When the patient is suicidal or homicidal.
- For treatment focused on increasing self awareness, self discovery, or personal growth.
- When the patient is not participating in the psychoanalytic therapy.
- When the patient has increased emotional distress.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

A Certified Psychoanalyst is one who has completed training from an accredited psychoanalytic institution that is recognized by the American Psychoanalytic Association.

Billing/Coding/Physician Documentation Information

This guideline 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. They are listed in the Category Search on the Medical Policy search page.

Applicable codes:90845

Medical Term Definitions

Axis I

is a part of the multiaxial assessment system that focuses on the clinical disorder or what the clinician thinks the person's diagnosis is.

Axis II

assesses the person for any personality disorder and developmental disorder.

Axis III

assesses the person's general medical condition.

Axis IV

assesses the person's psychosocial and environmental problems that can impact the diagnosis.

Axis V

assesses the person's GAF or highest level of function currently and in the past year.

Axis VI

is the abbreviation for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. This manual explains specific diagnosis criteria using a multiaxial assessment system. It is used by

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clinicians to diagnose mental and chemical dependency disorders. DSM IV is published by the American Psychiatric Association.

GAF

GAF is the standard abbreviation for Global Assessment of Functioning. The GAF scale is a standard diagnostic tool in diagnosing psychiatric disorders. The scale runs from 0 to 100 with higher scores representing a better level of function. Scores of 91-100 are indicative of optimal mental health. Mild mental health disorders display a score of 71-90. Severe disorders fall into a GAF scale of 21-30. Persons who are and 1-10 range is indicative of unremitting suicidal behavior or those who are unable to care for themselves due to their disorder including hygiene.

Scientific Background and Reference Sources

NC Psychoanalytic Foundation, Inc. Psychoanalysis in North Carolina: About psychoanalysis. Retrieved 5/9/2008 from <http://ncpsychoanalysis.org/about.htm>

American Psychoanalytic Association. (2007). Principles and standards for education in psychoanalysis. Retrieved 5/9/2008 from http://www.apsa.org/Portals/1/docs/Training/Standards_rv_06_08.pdf

Dewey R. (2007). Psychoanalysis. Retrieved 7/10/2008 from http://www.intropsych.com/ch13_therapies/psychoanalysis.html.

Policy Implementation/Update Information

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| 9/22/08 | New evidence based guideline. Reviewed with Senior Medical Director on 8/28/08. (btw). |
| 6/22/10 | Policy Guideline Number(s) removed (amw) |
| 10/26/10 | Specialty Matched Consultant Advisory Panel review 9/30/10. Minor wording changes to guideline statements, but intent of EBG is unchanged. EBG approved as written. (adn) |
| 8/16/11 | Specialty Matched Consultant Advisory Panel review 7/27/11. No changes to Guideline. (adn) |

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.