

Eye Movement Desensitization and Reprocessing for Trauma

Also known as	1. EMDR				
Description	Eye movement desensitization and reprocessing (EMDR) is a form of psychotherapy used mainly in treating post-traumatic stress disorder (PTSD). It involves reprocessing distressing memories while engaging in guided eye movement.				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Mental Health and Substance Abuse Services - Services related to the diagnosis and treatment of mental health (MH) disorders and substance abuse (SA) disorders.Mental Health and Substance Abuse Navigator - Some segments quote MH/SA benefits here at Medica. This supplies levels of care, therapy types, and provider types.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)MHPS				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.13.23</td><td>BIC re-review.</td></tr></table>	Date	Description	2.13.23	BIC re-review.
Date	Description				
2.13.23	BIC re-review.				

Commercial

Introduction	This section applies to all Commercial members.				
Benefits	<p>A Coverage Policy, <i>Eye Movement and Desensitization and Reprocessing for Trauma</i>, is on medica.com.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, covered under mental health benefits. Refer to Mental Health and Substance Abuse Services.• For investigative indications, not covered.				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.13.23</td><td>BIC re-review.</td></tr></table>	Date	Description	2.13.23	BIC re-review.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Covered under mental health benefits. Refer to Mental Health and Substance Abuse Services.Medicare is the primary payer.Follows Medicare guidelines.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.				
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<p>A Coverage Policy, <i>Eye Movement and Desensitization and Reprocessing for Trauma</i>, is on medica.com.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, covered under mental health benefits. Refer to Mental Health and Substance Abuse Services.For investigative indications, not covered.Medica is the only payer.				
Advantage	<p>A Coverage Policy, <i>Eye Movement and Desensitization and Reprocessing for Trauma</i>, is on medica.com.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, covered under mental health benefits. Refer to Mental Health and Substance Abuse Services.For investigative indications, not covered.Medica is the only payer.				
Advantage PartnerCare (I-SNP)	<p>A Coverage Policy, <i>Eye Movement and Desensitization and Reprocessing for Trauma</i>, is on medica.com.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, covered under mental health benefits. Refer to Mental Health and Substance Abuse Services.For investigative indications, not covered.Medica is the only payer.				
Medicaid (SPP)	<p>A Coverage Policy, <i>Eye Movement and Desensitization and Reprocessing for Trauma</i>, is on medica.com.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, covered under mental health benefits. Refer to Mental Health and Substance Abuse Services.For investigative indications, not covered.				
Prime	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Eye Movement and Desensitization and Reprocessing for Trauma</i>, on medica.com applies.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, covered under mental health benefits. Refer to Mental Health and Substance Abuse Services.For investigative indications, not covered.Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.				
Select,	Covered under mental health benefits. Refer to Mental Health and Substance Abuse Services .				
Signature	<ul style="list-style-type: none">Medicare supplement. Medicare is the primary payer.Follows Medicare guidelines.				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.13.23</td><td>BIC re-review.</td></tr></table>	Date	Description	2.13.23	BIC re-review.
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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members.				
Benefits	<p>A Coverage Policy, <i>Eye Movement and Desensitization and Reprocessing for Trauma</i>, is on medica.com.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, covered under mental health benefits. Refer to Mental Health and Substance Abuse Services.• Note: If plan does not offer mental health benefits, not covered.• For investigative indications, not covered.				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.13.23</td><td>BIC re-review.</td></tr></table>	Date	Description	2.13.23	BIC re-review.
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Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

A Coverage Policy, *Eye Movement and Desensitization and Reprocessing for Trauma*, is on [medica.com](#).

Covered indications are listed under *Coverage Policy*.

Important: Check policy for limits or exclusions.

Covered indications are listed under *Coverage Policy*.

– Important: Check policy for limits or exclusions.

If eligible, covered under mental health benefits. Refer to [Mental Health and Substance Abuse Services](#).

For investigative indications, not covered.

All others

A Coverage Policy, *Eye Movement and Desensitization and Reprocessing for Trauma*, is on [medica.com](#).

Covered indications are listed under *Coverage Policy*.

Important: Check policy for limits or exclusions.

Covered indications are listed under *Coverage Policy*.

– Important: Check policy for limits or exclusions.

If eligible, covered under mental health benefits. Refer to [Mental Health and Substance Abuse Services](#).

For investigative indications, not covered.

Document history

The document history for the past 12 months is outlined below.

Date	Description
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Applicability

The applicability is outlined below.

Business Segments		
<div><div><div></div></div>All<div><div></div></div>COM - (All)<div><div></div></div>GOVT - (All)<div><div></div></div>IFB<div><div></div></div>MHPS<div><div></div></div>PSC</div>		
Specific Clients/Products		
<div><div><div></div></div>All<div><div></div></div>Other:</div>		
Platform or System		
<div><div><div></div></div>All<div><div></div></div>N/ADiv><div><div></div></div>Other:</div>		
Departments		
<div><div><div></div></div>Call Center<div><div></div></div>Multiple:<div><div></div></div>Other:</div>		
Approved By	Document Owner	Date
A-Z Review Team	KN Technical Writers	2.13.23