Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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Category: Medicine
***Current Policy Effective Date: 9/1/09**

Title: Cognitive Behavioral Therapy for Insomnia

****Procedure Code(s): 90899**

Description / Background

Insomnia is a common condition involving complaints of disturbed sleep in the presence of adequate opportunity and circumstance for sleep. The disturbance may consist of one or more of three features:

- Difficulty; in initiating sleep
- Difficulty in maintaining sleep
- Waking up too early

Another characteristic of insomnia is nonrestorative or poor-quality sleep. There is controversy about whether these individuals share similar pathophysiologic mechanisms with the others. The National Institute of Mental Health (NIMH) convened a state of the science conference in 2005 that offered the following:

> "While some (sources) have utilized six-month duration of the above symptoms to define chronicity, there is evidence to suggest that as few at 30 days of symptoms are clinically important. Accordingly, for the purposes of literature review, (they) define chronic insomnia as 30 days or more of they symptoms described above."

Chronic insomnia is associated with a reduced quality of life, impaired daytime functioning, increased loss of time from work and higher health costs. Chronic insomnia is also associated with an increased risk of depression and chronic use of hypnotic medication.

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Cognitive behavioral therapy (CBT) combines two types of psychotherapy: cognitive therapy and behavioral therapy. Cognitive therapy is aimed at reducing worry and changing faulty beliefs and misconceptions about sleep and insomnia. Behavioral therapy attempts to change habitual behavior patterns into desirable reactions and feelings. The behavioral component may include therapies such as stimulus control therapy, sleep restriction or relaxation training. The therapy provider should be a physician or a fully licensed psychologist who has specialized training in cognitive behavioral therapy for insomnia.

Cognitive behavioral therapy assists patients in re-educating themselves through techniques that make their pattern of thinking positive and appropriate. These changes involve thoughts, perceptions, beliefs and reaction to events. After making these changes, the patient may replace distorted or false thinking with a more realistic approach to sleep behavior.

CPT / HCPCS Level II Codes and Description *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

90899 Unlisted psychiatric service or procedure

Other codes (investigational, not medically necessary, etc.):

N/A

Diagnoses / Medical Conditions

Chronic insomnia

Medical Policy Statement

The safety and effectiveness of cognitive behavioral therapy for chronic insomnia have been established. It may be considered a useful therapeutic option when indicated.

Rationale

Silverstein, et al., conducted a randomized, double-blinded, placebo-controlled trial of 46 adults with chronic primary insomnia between January 2004 and December 2005. The exclusion criteria included the use of hypnotic, antidepressive or antipsychotic medications, signs of dementia, severe mental disorder, serious cognitive impairment, sleep apnea, working night shifts, serious somatic conditions and unwillingness to stop taking sleep medications. Participants receiving cognitive behavioral therapy attended six weekly Individual treatment sessions. The CBT group spent much more time in slow-wave sleep compared to other groups and spent less time awake during the night. The study

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contained only participants with chronic primary insomnia. Patients whose sleep problems were secondary to psychiatric or medical conditions were not included.

Charles M. Morin, PhD, et al., in a randomized clinical trial of cognitive behavior therapy and supervised tapering to facilitate benzodiazepine discontinuation in older adults with chronic insomnia found significant reductions in benzodiazepine use. The interventions consisted of a supervised benzodiazepine withdrawal program, cognitive behavior therapy for insomnia or supervised withdrawal plus cognitive behavior therapy. Follow-up assessments were conducted at three and twelve months. The main outcome measures were benzodiazepine use, sleep parameters, anxiety and depressive symptoms. The results produced significant reductions in both quantity and frequency of benzodiazepine use and 63% of patients were drug-free within an average of seven weeks. From multiple studies involving 2,029 patients over a six-year period, Dr. Morin has summarized the progress that has been made in developing and validating therapeutic approaches for the management of chronic insomnia. The data demonstrated that behavioral interventions are effective and suggest that the techniques have a place as a first-lint treatment for chronic insomnia.

In a randomized, double-blinded, placebo-controlled clinical trial conducted in a single academic medical center, Edinger, et al., determined cognitive behavioral therapy treatment leads to clinical sleep improvements within six weeks. These improvements appear to endure through six months of follow-up.

The American Psychological Association states that cognitive behavioral therapy is becoming the “treatment of choice" for many people with insomnia. This therapy helps patients re-educate themselves through a variety of techniques facilitating changes in thoughts, perceptions, beliefs and reactions to events.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

Difficulty sleeping or awakening during sleep may be caused by physical and/or emotional disorders. Cognitive behavioral therapy is used to treat this condition without the use of drugs. This therapy reduces false beliefs about sleep, identifies behaviors preventing sleep and suggests what to do when you are lying in bed and cannot fall asleep. After therapy, the patient may be able to increase the total sleep time and sleep through the night.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Inclusions:

- Chronic insomnia

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Exclusions:

- Severe mental disorders
- Serious cognitive impairment
- Signs of dementia
- Serious somatic conditions
- Patients unwilling to stop taking sleep medications
- Acute insomnia

Related Policies

Health Behavior Assessment and Intervention

Medicare Information

CMS has no policy specific to Cognitive Behavioral Therapy for Insomnia. The following is a general statement regarding mental health services from WPS medical policy #PSYCH-014.

PSYCH-014:
Indications and limitations of coverage and/or medical necessity:
Psychiatry and Psychology are specialized fields for the diagnosis and treatment of various mental health disorders and/or diseases. Defined as the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development or support current evaluation of functioning. Maintenance may be covered on a case-by-case basis.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicaid Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

References

- Currie, Shawn R., et al., "Randomized Controlled Trial of Brief Cognitive-behavioral Interventions for Insomnia in Recovering Alcoholics," *Addiction*, Vol. 99, 2004, pp. 1121-1132.
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- Savard, Josee, et al., "Randomized Study on the Efficacy of Cognitive-Behavioral Therapy for Insomnia Secondary to Breast Cancer, Part I: Sleep and Psychological Effects," *Journal of Clinical Oncology,* Vol. 23, No. 25, September 2005, pp. 6083-6096.
- Siverstsen, Borge, PsyD, et al., "Cognitive Behavioral Therapy vs. Zopiclone for Treatment of Chronic Primary Insomnia in Older Adults," *Journal American Medical Association,* Vol. 295, No. 24, June 28, 2006, pp. 2851-2858.
- Smith, Michael T., PhD, et al., "Comparative Meta-Analysis of Pharmacotherapy and Behavior Therapy for Persistent Insomnia," *American Journal of Psychiatry,* Vol. 159, No. 1, January 2002, pp 5-11.
- Wisconsin Physicians Service (WPS), "Psychiatry and Psychology Services," *WPS Local Medical Review Policy,* PSYCH-014, original Michigan determination effective date 06/15/1997, most recent Michigan revision date, 11/01/2006.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 05/07/09, the date the research was completed.

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Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
3/1/08	2/6/08	1/26/08	Joint policy established
9/1/09	6/16/09	6/16/09	Maintenance review; policy retired.

Next Review Date: This policy is established and no longer subject to periodic review.

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN: N/A	Revised: N/A
BCBSM: N/A	Revised: N/A

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