Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Virtual reality (VR) therapy for phobias is investigative and therefore NOT COVERED.

Note: This policy is no longer scheduled for routine review of the scientific literature.

Description
Virtual reality (VR) is also referred to as virtual reality exposure (VRE) therapy. It integrates interactive computer-generated images, sensory inputs, and physiologic monitoring to immerse an individual in a simulated or virtual environment (VE). Real objects can also be introduced into the therapy to enhance the sense of touch. The goal of VR therapy is to immerse the patient in the virtual environment to create the sensations and reactions experienced in the natural environment. Traditional treatment methods for phobia include cognitive behavioral therapy (CBT), exposure (EXP) to the stimulus for the patient's phobia, or a combination of CBT and EXP. Pharmacologic treatments are also used for specific phobias, particularly social phobia. Virtual reality treatment for phobias is most often performed in the outpatient setting.

FDA Approval
These devices are not subject to FDA approval.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Code:
90899 – unlisted psychiatric service or procedures

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