MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Outpatient Electroconvulsive Therapy

Table of Contents

Policy Number: 319

BCBSA Reference Number: N/A
NCD/LCD: Local Coverage Determination (LCD): Psychiatry and Psychology Services (L33632)

Related Policies

- Transcranial Magnetic Stimulation as a Treatment of Depression, #297
- Deep Brain Stimulation, #473
- Vagus Nerve Stimulation, #474

Policy[1]

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity, Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

Outpatient ECT may be **MEDICALLY NECESSARY** when administered by a BCBSMA network-credentialed psychiatrist in a qualified acute care general hospital or contracted acute care psychiatric hospital, when ALL the following conditions are met:

- **Clinical Indications**: ECT has been found to be effective for major depression, bipolar depression and mania, and certain acute schizophrenic exacerbations. Most ECT is performed to treat depression. ECT is not typically a first-line treatment for depression, but exceptions include severe or psychotic subtypes or acute suicidality in major depression or severe geriatric depression. ECT may be appropriate for patients with recurrences who are prior ECT responders. ECT is also used for refractory depression, for patients with contraindications to medications. See below for Medicare HMO Blue and Medicare PPO Blue guidelines, AND
- **Informed consent** in writing from either the patient or legal guardian. The patient or legal guardian may withdraw consent at any time during treatment, AND
- **Outpatient status**: Patients receiving outpatient ECT should not require inpatient treatment for medical or psychiatric conditions, AND
- **Support**: Patients receiving outpatient ECT need to comply with pre- and post-treatments and have a responsible companion to provide transportation and assistance.

Children or adolescents (under 16) may receive ECT only when there is regulation and approval from the Department of Mental Health.

Note: Outpatient ECT is covered for up to 12 treatments. Documentation of medical necessity is required for treatments beyond the initial 12 sessions.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is **required**.
Commercial PPO and Indemnity	Prior authorization is **not required**.
Medicare HMO Blue℠	Prior authorization is **not required**.
Medicare PPO Blue℠	Prior authorization is **not required**.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
90870	Electroconvulsive therapy (includes necessary monitoring)

Description

Electroconvulsive Therapy (ECT) is a procedure which involves deliberately sending electric currents through the brain to an anesthetized patient to trigger a brief seizure that changes the brain chemistry and alleviates symptoms of certain mental illnesses. Treatments are typically administered by a psychiatrist and an anesthesiologist or anesthetist. ECT is usually administered in an inpatient setting, but can be administered in an outpatient facility with treatment and recovery rooms. ECT is usually administered two or three times a week, although ECT may be administered daily if tolerated.

Summary

ECT is effective for a narrow range of psychiatric disorders. It is effective for mood disorders both bipolar and unipolar. It can also be used to augment the treatment of schizoaffective disorder and schizophrenia. Most ECT is performed to treat depression and is not typically the first-line of treatment. However, ECT works more quickly than medications and should be considered as a first line treatment in life threatening catatonia or someone who is extremely suicidal. Research shows that ECT may be appropriate for patients with recurrences who were prior ECT responders and for refractory depression in patients with contraindications to medications or who are unwilling to take medications. When ECT is prescribed it should be part of a treatment plan overseen by a board certified psychiatrist in conjunction with other therapies when indicated.

Policy History

Date	Action
3/22/19	Prior authorization requirement for Medicare HMO Blue clarified. Effective 1/1/19.
8/2015	Clarified coding information.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
3/17/2012	BCBSA National medical policy review. Changes to policy statements.
2/2012	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/1/2012	BCBSA National medical policy review. No changes to policy statements.
2/2011	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/1/2011	BCBSA National medical policy review. No changes to policy statements.
2/2010	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
2/2010	BCBSA National medical policy review. No changes to policy statements.
6/2009	BCBSA National medical policy review. No changes to policy statements.
5/2009	BCBSA National medical policy review. No changes to policy statements.
3/2009	BCBSA National medical policy review. No changes to policy statements.
2/2009	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
2/2008	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
2/2008	BCBSA National medical policy review. No changes to policy statements.
2/2007	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. Changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References

1. Report of the Task Force on Ambulatory Electroconvulsive Therapy of the Association of Convulsive Therapy *Convulsive Therapy* (in press, 1996);
2. The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging. American Psychiatric Association Task Force on ECT. Washington DC: American Psychiatric Association Press, 1990;
3. *Practice Guidelines for Major Depression in Adults.* Washington DC: American Psychiatric Association Press, 1996;
4. Guidelines on the Administration of ECT, Department of Mental Health, 104 CMR-58, 12/1/93, Commonwealth of Massachusetts. Policy prepared by the Subcommittee on Outpatient ECT, Medical Policy Committee, Mental Health Unit, Blue Cross Blue Shield of Massachusetts

Endnotes

[1] Based on expert opinion