



MASSACHUSETTS

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Behavioral Health Policy: Outpatient Electroconvulsive Therapy

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Policy Number: 319

BCBSA Reference Number: N/A

Related Policies

None

Policy¹

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

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.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Outpatient ECT is covered for the following conditions:

- Severe depression that is unresponsive to pharmacological therapy, especially with acute suicide risk and/or extreme agitation,
- Intolerance to the side effects of antidepressant medication or to antidepressant or neuroleptic medications that pose a particular medical risk,
- When rapid resolution of depression is necessary, e.g., the patient is acutely suicidal, and the time factor to achieve maximal effectiveness of antidepressant or mood stabilizers places the patient at immediate risk of suicide,
- Inability to medically tolerate maintenance medication,
- Catatonia,
- Acute schizophrenia, or severe, life-threatening psychosis which have not responded to, or cannot be treated with short term, high-dose tranquilization, and
- Mania, when lithium and neuroleptics are ineffective as primary treatment, or severe mania and non-responsiveness to mood stabilizers.

Outpatient ECT is not covered for the following conditions: (See individual consideration guidelines below)

- Responsiveness to mood stabilizers,
- Ability to tolerate effective antidepressant or neuroleptic medications, and rapid resolution of depression is unnecessary because the patient is not at immediate risk of suicide,
- Life-threatening psychoses responsive to short-term, high-dose tranquilization,
- No evidence of ECT effectiveness in patients who have been treated previously,
- Maintenance ECT when pharmacotherapy was previously effective,
- Alcoholism as the primary diagnosis,
- To aid in developing conditioned aversions to the taste, smell, and sight of alcoholic beverages, and
- No evidence of catatonia, acute schizophrenia, mania, acute suicide risk, or extreme agitation.

Other Information

- All Plans process this service under the mental health benefit. ECT services do not count towards the members' outpatient visit limitation, and
- In accordance with local Medicare guidelines, administration of general anesthesia for electroconvulsive therapy by a psychiatrist cannot be billed separately.

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

Prior authorization is required.

Commercial Members: PPO, and Indemnity

Prior authorization is **NOT** required.

Medicare Members: HMO BlueSM

Prior authorization is required.

Medicare Members: PPO BlueSM

Prior authorization is **NOT** required.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. 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.

CPT Codes

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

ICD-9 Diagnosis Coding

ICD-9-CM diagnosis codes:	Code Description
295.03	Simple type schizophrenia, subchronic with acute exacerbation
295.13	Disorganized type schizophrenia, subchronic with acute exacerbation
295.14	Disorganized type schizophrenia, chronic with acute exacerbation
295.23	Catatonic type schizophrenia, subchronic with acute exacerbation
295.24	Catatonic type schizophrenia, chronic with acute exacerbation
295.33	Paranoid type schizophrenia, subchronic with acute exacerbation
295.34	Paranoid type schizophrenia, chronic with acute exacerbation
295.43	Schizophreniform disorder, subchronic with acute exacerbation
295.44	Schizophreniform disorder, chronic with acute exacerbation
295.53	Latent schizophrenia, subchronic with acute exacerbation
295.54	Latent schizophrenia, chronic with acute exacerbation
295.63	Schizophrenic disorders, residual type, subchronic with acute exacerbation
295.64	Schizophrenic disorders, residual type, chronic with acute exacerbation
295.73	Schizoaffective disorder, subchronic with acute exacerbation
295.74	Schizoaffective disorder, chronic with acute exacerbation
295.83	Other specified types of schizophrenia, subchronic with acute exacerbation
295.84	Other specified types of schizophrenia, chronic with acute exacerbation
295.93	Unspecified schizophrenia, subchronic with acute exacerbation
295.94	Unspecified schizophrenia, chronic with acute exacerbation
296.00	Bipolar I disorder, single manic episode, unspecified
296.01	Bipolar I disorder, single manic episode, mild
296.02	Bipolar I disorder, single manic episode, moderate
296.03	Bipolar I disorder, single manic episode, severe, without mention of psychotic behavior
296.04	Bipolar I disorder, single manic episode, severe, specified as with psychotic behavior
296.05	Bipolar I disorder, single manic episode, in partial or unspecified remission
296.06	Bipolar I disorder, single manic episode, in full remission
296.10	Manic affective disorder, recurrent episode, unspecified
296.11	Manic affective disorder, recurrent episode, mild
296.12	Manic affective disorder, recurrent episode, moderate
296.13	Manic affective disorder, recurrent episode, severe, without mention of psychotic behavior
296.14	Manic affective disorder, recurrent episode, severe, specified as with psychotic behavior
296.15	Manic affective disorder, recurrent episode, in partial or unspecified remission
296.16	Manic affective disorder, recurrent episode, in full remission
296.20	Major depressive affective disorder, single episode, unspecified
296.21	Major depressive affective disorder, single episode, mild
296.22	Major depressive affective disorder, single episode, moderate

296.23	Major depressive affective disorder, single episode, severe, without mention of psychotic behavior
296.24	Major depressive affective disorder, single episode, severe, specified as with psychotic behavior
296.25	Major depressive affective disorder, single episode, in partial or unspecified remission
296.26	Major depressive affective disorder, single episode, in full remission
296.30	Major depressive affective disorder, recurrent episode, unspecified
296.31	Major depressive affective disorder, recurrent episode, mild
296.32	Major depressive affective disorder, recurrent episode, moderate
296.33	Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior
296.34	Major depressive affective disorder, recurrent episode, severe, specified as with psychotic behavior
296.35	Major depressive affective disorder, recurrent episode, in partial or unspecified remission
296.36	Major depressive affective disorder, recurrent episode, in full remission
296.40	Bipolar I disorder, most recent episode (or current) manic, unspecified
296.41	Bipolar I disorder, most recent episode (or current) manic, mild
296.42	Bipolar I disorder, most recent episode (or current) manic, moderate
296.43	Bipolar I disorder, most recent episode (or current) manic, severe, without mention of psychotic behavior
296.44	Bipolar I disorder, most recent episode (or current) manic, severe, specified as with psychotic behavior
296.45	Bipolar I disorder, most recent episode (or current) manic, in partial or unspecified remission
296.46	Bipolar I disorder, most recent episode (or current) manic, in full remission
296.50	Bipolar I disorder, most recent episode (or current) depressed, unspecified
296.51	Bipolar I disorder, most recent episode (or current) depressed, mild
296.52	Bipolar I disorder, most recent episode (or current) depressed, moderate
296.53	Bipolar I disorder, most recent episode (or current) depressed, severe, without mention of psychotic behavior
296.54	Bipolar I disorder, most recent episode (or current) depressed, severe, specified as with psychotic behavior
296.55	Bipolar I disorder, most recent episode (or current) depressed, in partial or unspecified remission
296.56	Bipolar I disorder, most recent episode (or current) depressed, in full remission
296.60	Bipolar I disorder, most recent episode (or current) mixed, unspecified
296.61	Bipolar I disorder, most recent episode (or current) mixed, mild
296.62	Bipolar I disorder, most recent episode (or current) mixed, moderate
296.63	Bipolar I disorder, most recent episode (or current) mixed, severe, without mention of psychotic behavior
296.64	Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior
296.65	Bipolar I disorder, most recent episode (or current) mixed, in partial or unspecified remission
296.66	Bipolar I disorder, most recent episode (or current) mixed, in full remission
296.7	Bipolar I disorder, most recent episode (or current) unspecified
296.80	Bipolar disorder, unspecified
296.81	Atypical manic disorder
296.82	Atypical depressive disorder
296.89	Other bipolar disorders
296.90	Unspecified episodic mood disorder
296.99	Other specified episodic mood disorder
297.0	Paranoid state, simple

297.1	Delusional disorder
297.2	Paraphrenia
297.3	Shared psychotic disorder
297.8	Other specified paranoid states
297.9	Unspecified paranoid state
298.0	Depressive type psychosis
298.1	Excitative type psychosis
298.2	Reactive confusion
298.3	Acute paranoid reaction
298.4	Psychogenic paranoid psychosis
298.8	Other and unspecified reactive psychosis
298.9	Unspecified psychosis
311	Depressive disorder, not elsewhere classified

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
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