ELECTRICAL AVERSION THERAPY FOR TREATMENT OF ALCOHOLISM (NCD 130.4)

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Related Medicare Advantage Policy Guidelines
- Chemical Aversion Therapy for Treatment of Alcoholism (NCD 130.3)
- Inpatient Hospital Stays for Treatment of Alcoholism (NCD 130.1)
- Outpatient Hospital Services for Treatment of Alcoholism (NCD 130.2)
- Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (NCD 210.8)
- Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (NCD 130.5)
- Treatment of Drug Abuse (Chemical Dependency) (NCD 130.6)
- Withdrawal Treatments for Narcotic Addictions (NCD 130.7)

Related Medicare Advantage Coverage Summary
- Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation

POLICY SUMMARY

Overview: Electroversion Therapy, Electro-Shock Therapy, Noxious Faradic Stimulation
Electrical aversion therapy is a behavior modification technique to foster abstinence from ingestion of alcoholic beverages by developing in a patient conditioned aversions to their taste, smell and sight through electric stimulation.

Guidelines
Electrical aversion therapy has not been shown to be safe and effective and therefore is excluded from coverage.

Cross Reference: See § 30.1 Biofeedback Therapy, § 130.1 Inpatient Hospital Stays for Treatment of Alcoholism, and § 130.3 Chemical Aversion Therapy for Treatment of Alcoholism of the NCD Manual.

PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:
- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline
Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 130.4 Electrical Aversion Therapy for Treatment of Alcoholism
Reference NCDs: NCD 30.1 Biofeedback Therapy, NCD 130.1 Inpatient Hospital Stays for Treatment of Alcoholism, NCD 130.3 Chemical Aversion Therapy for Treatment of Alcoholism

CMS Benefit Policy Manual
Chapter 2 Inpatient Psychiatric Hospital Services
Chapter 3; § 30 Inpatient Days Counting Toward Benefit Maximums
Chapter 4 Inpatient Psychiatric Benefit Days Reduction and Lifetime Limitation
Chapter 6; § 20 Outpatient Hospital Services, § 70 Outpatient Hospital Psychiatric Services, § 70.2 Coverage Criteria for Outpatient Hospital Psychiatric Services
Chapter 7; § 40.1.2.15 Psychiatric Evaluation, Therapy, and Teaching
Chapter 15; § 60.1 Incident To Physician’s Professional Services
Chapter 16; § 20 Services Not Reasonable and Necessary

CMS Claims Processing Manual
Chapter 12; § 10 General Physicians/Nonphysician Practitioners

Others
Medicare General Information, Eligibility, and Entitlement Manual; Chapter 3 Deductibles, Coinsurance Amounts, and Payment Limitations; § 30 Outpatient Mental Health Treatment Limitation, CMS Website

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>04/01/2019</td>
<td>• Reorganized policy template; relocated Terms and Conditions and Purpose section</td>
</tr>
<tr>
<td>10/10/2018</td>
<td>• Annual review</td>
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TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®),
Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.