

# Multiple Electroconvulsive Therapy (MECT) (NCD 160.25)

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[Terms and Conditions](#)

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<p><b>Related Medicare Advantage Policy Guideline</b></p> <ul style="list-style-type: none"> <li><a href="#">Transcendental Meditation (NCD 30.5)</a></li> </ul>
<p><b>Related Medicare Advantage Coverage Summaries</b></p> <ul style="list-style-type: none"> <li><a href="#">Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation</a></li> <li><a href="#">Neurologic Services and Procedures</a></li> </ul>

## Policy Summary

[See Purpose](#)

### Overview

Electroconvulsive Therapy (ECT) is utilized as a primary treatment in severe major depression with psychotic features, mania with psychotic features, and catatonia due to its rapid response and efficacy in these conditions relative to other therapies.

### Guidelines

The clinical effectiveness of multiple-seizure electroconvulsive therapy has not been verified by controlled scientific studies. In addition, studies have demonstrated an increased risk of adverse effects with multiple seizures. Multiple Electroconvulsive Therapy (MECT) cannot be considered reasonable and necessary and is not covered by the Medicare program.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. 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 inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
90899	Unlisted psychiatric service or procedure

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## References

### CMS National Coverage Determinations (NCDs)

[NCD 160.25 Multiple Electroconvulsive Therapy \(MECT\)](#)

### CMS Benefit Policy Manual

[Chapter 2; § 30.2.3 Services Supervised and Evaluated by a Physician](#)

## CMS Claims Processing Manual

[Chapter 4: § 170 Hospital and CMHC Reporting Requirements for Services Performed on the Same Day](#)

### Other(s)

[Decision Memo for Multiple-Seizure Electroconvulsive Therapy \(CAG-00134N\)](#)

## 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.

Date	Summary of Changes
04/14/2021	<p><b>Policy Summary</b></p> <p><i>Overview</i></p> <ul style="list-style-type: none"><li>Revised language to indicate Electroconvulsive Therapy (ECT) is utilized as a primary treatment in severe major depression with psychotic features, mania with psychotic features, and catatonia due to its rapid response and efficacy in these conditions relative to other therapies</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG089.06</li></ul>

## 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 NCDs, LCDs, LCAs, 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.

## 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](#).