Medicare Coverage Issues Manual

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

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NEW/REVISED MATERIAL--*EFFECTIVE DATE:* April 1, 2003
***IMPLEMENTATION DATE:* April 1, 2003**

Section 35-103, Multiple-Seizure Electroconvulsive Therapy (MECT), is added to delineate the noncoverage policy for this treatment.

This section of the Coverage Issues Manual is the National Coverage Decision (NCD). NCDs are binding on all Medicare carriers, intermediaries, peer review organizations, Health Maintenance Organizations, Competitive Medical Plans, and Health Care Prepayment Plans. Under 42 CFR 422.256(b), an NCD that expands coverage is also binding on a Medicare+Choice Organization. In addition, an administrative law judge may not review an NCD. (See §1869 (f)(1)(A)(i) of the Social Security Act.)

These instructions should be implemented within your current operating budget.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

Supplies - Drugs

Diagnostic Services

The use of electrical stimulation for the treatment of wounds is considered an adjunctive therapy. Electrical stimulation will be covered only after appropriate standard wound therapy has been tried for at least 30-days and there are no measurable signs of healing. This 30-day period can begin while the wound is acute. Measurable signs of improved healing include a decrease in wound size, either surface area or volume, decrease in amount of exudates and decrease in amount of necrotic tissue. Standard wound care includes: optimization of nutritional status; debridement by any means to remove devitalized tissue; maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings; and necessary treatment to resolve any infection that may be present. Standard wound care based on the specific type of wound includes: frequent repositioning of a patient with pressure ulcers (usually every 2 hours); off-loading of pressure and good glucose control for diabetic ulcers; establishment of adequate circulation for arterial ulcers; and the use of a compression system for patients with venous ulcers.

Continued treatment with electrical stimulation is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment. Electrical stimulation must be discontinued when the wound demonstrates 100 per-cent epithelialzed wound bed.

Any form of electromagnetic therapy for the treatment of chronic wounds will not be covered.

This service can only be covered when performed by a physician, physical therapist, or incident to a physician service. Evaluation of the wound is an integral part of wound therapy. When a physician, physical therapist, or a clinician incident to a physician, performs electrical stimulation, that practitioner must evaluate the wound and contact the treating physician if the wound worsens. If electrical stimulation is being used, wounds must be evaluated at least monthly by the treating physician.

Unsupervised use of electrical stimulation for wound therapy will not be covered, as this use has not been found to be medically reasonable and necessary.

35-103 Multiple Electroconvulsive Therapy (MECT) (Effective for services provided on or after April 1, 2003.)

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