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# Program Memorandum Intermediaries/Carriers

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

Transmittal AB-03-003

Date: JANUARY 10, 2003

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CHANGE REQUEST 2499

**SUBJECT: Noncoverage of Multiple Electroconvulsive Therapy (MECT)**

## **Introduction**

This program memorandum is to notify you that for services performed on or after April 1, 2003, MECT will be non-covered by Medicare.

## **Background**

Per § 35-103 of the Medicare Coverage Issuances Manual, the clinical effectiveness of multiple-seizure electroconvulsive therapy has not been verified by scientifically controlled studies. In addition, studies have demonstrated an increased risk of adverse effect with multiple seizures. Accordingly, MECT cannot be considered reasonable and necessary and is non-covered.

## **General Claims Processing Instructions**

The changes made by the program memorandum will be made via the quarterly Medicare Physician Fee Schedule Database (MPFSDB) and the quarterly Outpatient Code Editor (OCE) update process.

## **Carrier and Intermediary Billings/Claims Processing Instructions**

Effective for dates of service **on or after April 1, 2003**, contractors are advised not to pay for this therapy in any setting or under any code. The following HCPCS code will be non-covered effective April 1, 2003.

- **90871** - Electroconvulsive therapy (includes necessary monitoring); multiple seizures, per day

## **Provider Education/Notification**

Contractors should notify providers of this new national coverage on their websites within two weeks, in their next regularly published bulletins and in routinely scheduled training sessions.

**The effective date for this PM is April 1, 2003.**

**The implementation date for this PM is April 1, 2003.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after April 1, 2004.**

**If you have any questions, contact the appropriate regional office. Providers and other interested parties should contact the appropriate carrier or intermediary.**

