



**Electroconvulsive Therapy Reimbursement Policy**

<b>Policy Number</b>	2017RP510A	<b>Annual Approval Date</b>	6/27/2017	<b>Approved By</b>	Optum Behavioral Reimbursement Committee
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**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.*

*Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

*Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.*

*\*CPT® is a registered trademark of the American Medical Association*

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**Applicability**

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

The purpose of this reimbursement policy is to ensure accurate and appropriate claims processing in accordance with industry standards. Electroconvulsive Therapy (ECT) is a brief electrical stimulation of the brain while the patient is under anesthesia.

**Reimbursement Guidelines**

All of the below criteria must be met for Electroconvulsive Therapy (ECT) services to be considered for reimbursement:

- Prior authorization or pre-service notification based on member specific benefit plan
- Claim submitted with revenue code 901 for inpatient services
- Claim submitted with CPT code 90870 for ECT rendered in an inpatient or outpatient setting



- CPT code 00104 submitted together with the inpatient service

Consistent with CMS guidelines, Optum will not separately reimburse for services considered as an integral part of another service. For ECT services billed with revenue code 901 or CPT code 90870, the anesthesia services are considered part of the bundled rate. Claims submitted separately for the anesthesia services, including anesthesiologist, will be considered part of the ECT service and not reimbursed separately.

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 policy does not imply that the service described by the code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

**Codes (Note: The following list of codes is provided for reference purposes only and may not be all inclusive)**

Revenue/CPT Codes	Description
0901*	Electroconvulsive Treatment
00104	Anesthesia for electroconvulsive therapy
90870	Electroconvulsive therapy (includes necessary monitoring)

\*Revenue code should be billed as 0901

**Resources**

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services  
 Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
 American Psychiatric Association

**History / Updates**

March, 2019	Annual review
April, 2018	Annual review
June, 2017	New

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