



**TO: Physicians and Advanced Practice Registered Nurses (APRNs)**

**RE: Electroconvulsive Therapy Prior Authorization Changes**

---

The purpose of this bulletin is to inform psychiatrists, psychiatric APRNs and doctors of osteopathy of changes to the authorization requirements for CPT code 90870, electroconvulsive therapy, when the service is performed in an inpatient or emergency room setting.

Effective for dates of service January 1, 2013 and until otherwise notified by the Department of Social Services (DSS), prior authorization will be suspended for electroconvulsive therapy (ECT) when provided for Husky C and Husky D client populations by independent psychiatrists, psychiatric APRNs and doctors of osteopathy and the reported place of service is an inpatient hospital or an emergency room. Prior authorization has not been required for these services for Husky A, Husky B or Charter Oak clients in inpatient or emergency room settings. This policy continues without change.

Authorization has been, and continues to be, required for both the facility component and the professional component of this service when rendered in an outpatient setting for all clients.

For more information about prior authorization for this or any behavioral health/psychotherapy services providers should contact CTBHP at 1-877-552-8247.

