



- Category:** Utilization Management
- Code:** UM 2.0 Attach M ECT
- Subject:** Electroconvulsive Therapy (ECT) Level of Care Guidelines
- Purpose:** The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for ECT services.
- Policy:** BHP Care Management (CM) staff use the following level of care guidelines for ECT when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

DEFINITIONS:

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

ICD:

The most current edition of the International Statistical Classification of Diseases and Related Health Problems.

Electroconvulsive Therapy: Electroconvulsive Therapy (ECT) is a medical treatment performed under the direct supervision of a psychiatrist. ECT is a treatment in which [seizures](#) are electrically induced in anesthetized patients for therapeutic effect. It is most often recommended for use as a treatment for [severe depression](#) that has not responded to other treatment, and is also used in the treatment of [mania](#) and [catatonia](#).

BACKGROUND:

The criteria set is based on expert professional practice guidelines.

Criteria set generally applies to adults and adolescents.

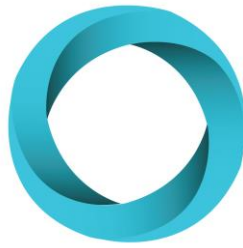
GUIDELINES:

Medical Necessity Review for ECT services is the responsibility of the Medical Director at BHP.

Medical Necessity Criteria – must have one of the following: I-II

I. Admission/Initiation of ECT:

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Patient must have one or more of the following

1. Severe signs and symptoms indicating profound impairments in function, such as severe depression, severe catatonia, or severe obsessive compulsive behavior, with symptoms that have not responded to other treatment modalities.
2. Significant risk of harm to self or others while waiting for a delayed effect from psychotropic medications.
3. Existence of active medical condition that cannot be treated due to a serious mental disorder (e.g. malnutrition).
4. A lack of therapeutic response to two antidepressants at adequate doses for an adequate duration and with good compliance, or prone to severe side effects from medications that could be potentially used to treat the patient's condition.
5. A history of positive response to ECT for previous episodes of the illness.
6. The attending physician determines other treatments pose more harm/risks than ECT.

ECT in an Inpatient Setting:

The patient's clinical assessment meets at least one of the above criteria, and also at least one of the following:

- A. The patient meets BHP criteria for inpatient hospitalization.
- B. The patient's living environment does not permit necessary observation or monitoring post-ECT.
- C. A co-morbid mental health or medical condition requiring treatment in an inpatient setting.

ECT in an Outpatient Setting:

The patient's clinical assessment meets the above criteria and meets all of the following:

- A. Patient is clinically assessed to be medically stable post-ECT.
- B. Prior to discharge from ECT site, the patient is assessed to be oriented and his/her condition does not require 24-hour medical/nursing supervision.
- C. The patient is assessed to have adequate supervision post-provision of home health care, attendance in a partial hospital program or day hospital, or return and observation at a structured living placement (e.g. nursing home or Rule 36 facility.)

II. Continued stay/treatment:

The patient's symptoms and functioning are documented to be improved.

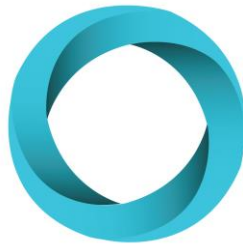
III. Discharge/discontinuation of ECT:

1. Patient is assessed as not responding to ECT after a reasonable number of treatments.
2. Patient is assessed as benefitting from ECT to the point that they are now appropriate for transition to continued non-ECT therapy, such as medication monitoring and adjunctive psychotherapy.

Regulatory / External References: NCQA UM 2.0, Chapter 62M.

Surgeon General (1999). [*Mental Health: A Report of the Surgeon General*](#), chapter 4

UK ECT Review Group (2003). "Efficacy and safety of electroconvulsive therapy in depressive disorders: a systematic review and meta-analysis". *The Lancet* 361 (9360): 799–808.



American Psychiatric Association: **Diagnostic and Statistical Manual of Mental Disorders, (DSM – V)**, Washington, D.C. American Psychiatric Association, 2014.

American Psychiatric Association: **The Practice of ECT: Recommendations for Treatment, Training, and Privileging**. Washington, DC: American Psychiatric Press Inc., 1990.

American Psychiatric Association: **Practice Guideline for Major Depressive Disorder In Adults**, Washington, D.C., American Psychiatric Association, 1993.

Gabbard, G., et al., **Treatment of Mental Disorders**, Washington, D.C., American Psychiatric Association, 1995.

Karasu, et all, **Treatment of Psychiatric Disorders**, Washington, D.C., American Psychiatric Association Press. 1989.

Internal References: Richard Sethre PsyD LP

Source: PreferredOne, BHP

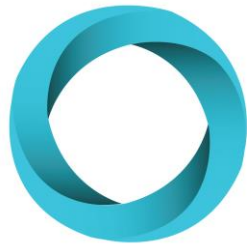
Date Effective: 03/01/2014

Date Revised: 03/01/2014

Date Evaluated by Clinical Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017

Revision Tracking

<u>Date Revised</u>	<u>Revision Type</u> List all applicable: <ul style="list-style-type: none">- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).- Change in process/procedure- Change in requirements- New attachments or forms added- Updated documentation to clarify policy- Other	<u>Details of Revision Made</u>



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