

PerformCARE®		Policy and Procedure
Name of Policy:	Requests for Initial, Continuation and Maintenance for Electroconvulsive Therapy	
Policy Number:	CM-045	
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management	
Related Stakeholder(s):	Member Services	
Applies to:	Associates	
Original Effective Date:	04/10/12	
Last Revision Date:	06/11/25	
Last Review Date:	06/11/25	
OMHSAS Approval Date:	07/25/24	
Next Review Date:	06/01/26	

Policy: Requests for Electroconvulsive Therapy (ECT) provided in both Mental Health Outpatient and Mental Health Inpatient settings require prior authorization.

Purpose: To outline the procedure for obtaining Prior Authorization for Electroconvulsive Therapy in an outpatient and inpatient setting.

Definitions: None

Acronyms: ECT: Electroconvulsive Therapy
 EMR: Electronic Medical Record
 CCM: Clinical Care Manager
 MH IP: Mental Health Impatient
 MN: Medical Necessity
 MNG: Medical Necessity Guidelines
 MSS: Member Service Specialist
 OP: Outpatient
 PA: Physician Advisor

Procedure: 1. Initial and re-authorization process for ECT in an outpatient setting.
 1.1. A Provider will verify that guidelines are met for service requests prior to submitting requests for ECT services.
 1.2. The Provider will submit *PerformCare's ECT Outpatient Prior Authorization Request Form (Attachment 1)* for medical necessity determination.

- 1.3. A PerformCare PA will review the request for MN using PerformCare MNG for ECT outpatient as indicated in *Attachment 2 PerformCare ECT MNG*.
- 1.4. MSS will generate an authorization for approval for up to 12 ECT treatments for 4 weeks.
- 1.5. All denials will follow *CM-013 Approval-Denial Process and Notification* in accordance with Appendix AA of the Department of Human Service Program Standard Requirements.
2. Initial and re-authorization process for ECT in an inpatient setting.
 - 2.1. A Provider will verify that guidelines are met for service requests prior to submitting requests for ECT services.
 - 2.2. The Provider will contact a PerformCare CCM telephonically as part of the MH IP process.
 - 2.3. The CCM will collect all clinical information in the member's EMR.
 - 2.4. A PerformCare PA will review the request for MN using PerformCare MNG for ECT inpatient as indicated in *Attachment 2 PerformCare ECT MNG*.
 - 2.5. The CCM will generate an authorization for approval for up to 6 units for 2 weeks.
 - 2.6. All denials will follow *CM-013 Approval-Denial Process and Notification* in accordance with Appendix AA of the Department of Human Service Program Standard Requirements.
3. Additional requirements for children and adolescents:
 - 3.1. The case has been reviewed by child/adolescent psychiatrist, as well as a psychiatrist whose scope of practice involves ECT.
 - 3.2. Acknowledgement that a child or adolescent's lack of response to medication or other treatment methods could be tied to unresolved/undiagnosed trauma and/or a lack of trauma specific therapy and was reviewed as part of the consideration in utilizing ECT.
 - 3.3. Acknowledgement that consent was obtained from the child or adolescent and Guardian. If the child and adolescent is under 14 or otherwise unable to consent, that the Provider documents in Provider EMR how the child or adolescent's rights and input will be respected in the process.
 - 3.4. The Provider is required to have a detailed written procedure on how the child or adolescent's rights and input will be respected as part of the consent process.

Related Policies: *CM-013 Approval-Denial Process and Notification*

Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: [Attachment 1 PerformCare ECT Outpatient Prior Authorization Request Form](#)
Attachment 2 PerformCare ECT MNG

Approved by:



Primary Stakeholder

CM-045 Requests for Initial, Continuation and Maintenance for Electroconvulsive Therapy.

Attachment 2 PerformCare Medical Necessity Guidelines for Electroconvulsive Therapy (ECT).

Outpatient Electroconvulsive Therapy Medical Necessity Guidelines.

Population: Generally, adults ages 18 and above. Children and adolescents should receive ECT only when it is evident that other viable treatment has been ineffective or if other treatments cannot be administered safely. (Refer to specific criteria for Children and adolescents).

1. Criteria for Initial Outpatient ECT Authorization:

Guidelines A, B, C, and D, must be met to satisfy the criteria for severity of need.

A. Must meet both of the following:

- 1) The clinical evaluation indicates that the member has a DSM-5 (or most current edition of DSM) diagnosis or condition that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate ECT. Such diagnoses and conditions include major depressive disorder in moderate to severe depressive episode, bipolar disorder in depressed or manic or mixed state, mood disorder with psychotic features, catatonia, schizoaffective disorder bipolar or depressive types, schizophrenia, and/or psychiatric syndromes associated with medical conditions and medical disorders.
- 2) The member does not meet criteria for admission to a mental health inpatient unit or other more restrictive level of care, or does meet guidelines criteria and does not give consent and is not being admitted involuntarily

B. Must meet one of the following:

- 1) The member has a history of inadequate response to adequate trial(s) of medications and/or combination treatments, including polypharmacy when indicated, for the diagnosis (es) and condition(s); or
- 2) The member is unable or unwilling to comply with or tolerate side effects of available medications, or has a co-morbid medical condition that prevents the use of available medications, such that efficacious treatment with medications is unlikely; or
- 3) The member has a history of good response to ECT during an earlier episode of the illness, is diagnosed with a recurrent episode, and prefers ECT to pharmacologic treatment, or

4) The member is pregnant and the risks of providing no treatment or treatment with psychopharmacologic agents outweigh the risks of providing ECT, or

5) the type and severity of the behavioral health symptoms are such that a rapid response is required, including but not limited to, high suicide or homicide risk, extreme agitation, life-threatening inanition, catatonia unresponsive to pharmacologic treatment, severe psychosis, severe psychiatric illness resulting in food or fluid refusal, and/or severe mania resulting in behaviors that put the individual or others at significant risk of harm (including those resulting from exhaustion) but the member cannot be admitted for inpatient treatment.

C. The member's status and/or co-morbid medical conditions do not indicate an unfavorable risk/benefit for ECT. Relative contraindications to consider include: anesthetic risk rated as American Society of Anesthesiologists level 4 or 5, unstable or severe cardiovascular disease, recent myocardial infarction, congestive heart failure, severe valvular disease, intracerebral bleeding, aneurysm or vascular malformation or other space-occupying lesions of the brain, severe hypertension, pheochromocytoma, increased intracranial pressure, cerebral infarction, cerebral lesions, pulmonary conditions such as severe chronic obstructive pulmonary disease or asthma or pneumonia, musculoskeletal injuries or abnormalities (e.g., spinal injury), severe osteoporosis, glaucoma, retinal detachment, and/or medical status rated as severe.

D. The patient and/or a legally authorized representative is able to understand the purpose, risks and benefits of ECT, and provides consent.

2. Criteria for Outpatient ECT Continuation (continuation of treatment up to 6 months after initial treatment episode completed and for 6 months at intervals of 1 week or longer)

Guidelines A, B, C, D, and E must be met to satisfy the criteria for severity of need.

A. The individual has responded well to ECT.

B. Interval psychiatric and medical evaluations are completed prior to each treatment.

C. Frequency of sessions is at the minimum which sustains remission.

D. Continued need for Continuation ECT is reassessed every month.

E. Clinical treatment plans and consents are updated every month.

3. Criteria for Outpatient ECT Maintenance (maintenance continuation of treatment after continuation episode for longer than 6 months at intervals of 2 weeks or longer).

Guidelines A, B, C, D, and E must be met to satisfy the criteria for severity of need.

- A.** The individual has responded well to ECT.
- B.** Interval psychiatric and medical evaluations are completed prior to each treatment.
- C.** Frequency of sessions is at the minimum which sustains remission.
- D.** Continued need for Maintenance ECT is reassessed every six months.
- E.** Clinical treatment plans and consents are updated every six months.

Inpatient Electroconvulsive Therapy Medical Necessity Guidelines

Population: Generally adults ages 18 and above. Children and adolescents should receive ECT only when it is evident that other viable treatments have been ineffective or if other treatments cannot be administered safely.

1. Criteria for Initial Inpatient ECT Authorization:

Guidelines A, B, C, and D, must be met to satisfy the criteria for severity of need.

A. The clinical evaluation indicates that the patient has a DSM-5 (or most current edition of DSM) diagnosis or condition that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate ECT. Such diagnoses and conditions include major depressive disorder in moderate to severe depressive episode, bipolar disorder in depressed or manic or mixed state, mood disorder with psychotic features, catatonia, schizoaffective disorder bipolar or depressive types, schizophrenia, and/or psychiatric syndromes associated with medical conditions and medical disorders. In addition, member must meet Medical Necessity for mental health inpatient care as per Appendix T.

B. Must meet one of the following:

1) The member has a history of inadequate response to adequate trial(s) of medications and/or combination treatments, including polypharmacy when indicated, for the diagnosis (es) and condition(s); or

2) The member is unable tolerate side effects or unwilling to adhere to available medications, or has a co-morbid medical condition that prevents the use of available medications, such that efficacious treatment with medications is unlikely; or

3) The member has a history of good response to ECT during an earlier episode of the illness, is diagnosed with a recurrent episode, and prefers ECT to pharmacologic treatment, or

4) The member is pregnant and is manic or in a moderate to severe depressive episode, and the risks of providing no treatment or treatment with psychopharmacologic agents outweigh the risks of providing ECT, or

5) the type and severity of the behavioral health symptoms are such that a rapid response is required, including but not limited to, high suicide or homicide risk, extreme agitation, life-threatening inanition, catatonia unresponsive to pharmacologic treatment, severe psychosis, severe psychiatric illness resulting in food or fluid refusal, and/or severe mania resulting in behaviors that put the individual or others at significant risk of harm (including those resulting from exhaustion).

C. The member's status and/or co-morbid medical conditions do not indicate an unfavorable risk/benefit for ECT. Relative contraindications to consider include: anesthetic risk rated as American Society of Anesthesiologists level 4 or 5, unstable or severe cardiovascular disease, recent MI, CHF, severe valvular disease, intracerebral bleeding, aneurysm or vascular malformation or other space-occupying lesions of the brain, severe hypertension, pheochromocytoma, increased intracranial pressure, cerebral infarction, cerebral lesions, pulmonary conditions such as severe chronic obstructive pulmonary disease or asthma or pneumonia, musculoskeletal injuries or abnormalities (e.g., spinal injury), severe osteoporosis, glaucoma, retinal detachment, and/or medical status rated as severe.

D. Must meet one of the following:

1) The member is currently on a mental health inpatient unit. or

2) The member does not have access to a suitable environment and professional and/or social supports after recovery from the procedure, e.g., one or more responsible caregivers to drive the patient home after the procedure and provide post procedural care and monitoring, especially during the index ECT course.

E. The member and/or a legally authorized representative is able to understand the purpose, risks and benefits of ECT, and provides consent.

2. Criteria for Inpatient ECT Continuation Authorization:

A. Must meet one of the following to satisfy the criteria for severity of need, (despite reasonable therapeutic efforts and clinical findings):

- 1) The persistence of problems that meet the inpatient electroconvulsive treatment Severity of Need criteria as outlined in 1. Criteria for Initial Inpatient ECT Authorization.; or
- 2) The emergence of additional problems that meet the inpatient electroconvulsive treatment Severity of Need criteria as outlined in 1. Criteria for Initial Inpatient ECT Authorization; or
- 3) The member is currently on a mental health inpatient unit.

Additional Criteria for children and adolescents

Required for all Initial, Re-Authorization and Maintenance authorizations.

A. The case has been reviewed by child/adolescent psychiatrist, as well as a psychiatrist who's scope of practice involves ECT.

B. Acknowledgement that a child or adolescent's lack of response to medication or other treatment methods could be tied to unresolved/undiagnosed trauma and/or a lack of trauma specific therapy and was reviewed as part of the consideration in utilizing ECT.

C. Acknowledgement that consent was obtained from the child or adolescent and Guardian. If the child and adolescent is under 14 or otherwise unable to consent, that the Provider documents in Provider EMR how the child or adolescent's rights and input will be respected in the process.