

**ELECTRO-CONVULSIVE THERAPY (ECT)**

Effective Date: December 11, 2017

Review Dates: 10/08, 10/09, 10/10, 10/11, 10/12,  
10/13, 11/14, 11/15, 11/16, 11/17, 11/18

Date Of Origin: September 17, 2008

Status: Current

**I. POLICY/CRITERIA****A. Medical Necessity Criteria**

All of the following are required to consider administration of ECT to patients 18 years and older.

1. The patient must have been diagnosed with a psychiatric illness by a licensed psychiatrist, based on a face-to-face evaluation of the patient by that psychiatrist.
2. Symptoms of this illness must accord with those described in the Diagnostic and Statistical Manual of Mental Disorders, Edition 5 (DSM-5) and must be amenable to ECT.
3. If the referring psychiatrist has credentials to provide ECT at a facility licensed to perform ECT, only one psychiatric evaluation is required.
4. If the referring psychiatrist does not have ECT credentials at a licensed treatment facility, a second psychiatrist who does have ECT credentials will evaluate the patient and document the appropriateness of ECT.
5. In cases involving a guardian/Durable Power of Attorney for healthcare (DPOA-HC), with specific authority to sign for ECT, 2 face-to-face psychiatric evaluations of the patient documenting the appropriateness of ECT are always required. At least one of the evaluating psychiatrists must be credentialed to perform ECT at a licensed facility.
6. In cases involving a patient with a court order for treatment, 2 face-to-face psychiatric evaluations of the patient documenting the appropriateness of ECT are always required. At least one of the evaluating psychiatrists must be credentialed to perform ECT at a licensed facility.
7. Within one month prior to beginning ECT, the patient must undergo a general medical history and examination in order to identify and stabilize medical conditions that could increase risks associated with ECT and anesthesia.
8. Within one month prior to beginning ECT, the patient must also receive an anesthetic evaluation addressing the anesthetic risk and advising of the need for modification in medications or anesthetic technique.
9. If ECT is primarily recommended for a medical condition, an appropriate physician in the specialty involved must give a supporting consultation.

**B. ECT Criteria**

Authorization for ECT is determined by the clinical findings and ECT indications recommended by Behavioral Health InterQual®.

**C. Special Considerations**

1. The determination of inpatient or outpatient settings as the appropriate level of care for administering ECT is determined by the ECT credentialed psychiatrist, based on the patient's clinical status with regards to both the presenting psychiatric illness and any other medical conditions.
2. Traditional sequence for ECT is every other day; under no circumstances is ECT to be performed more than once per day.
3. A course ECT is generally 6-12 ECT sessions. If there is no discernible clinical improvement after 6-10 sessions, indications for continued ECT should be formally reassessed. Some patients may be referred for maintenance ECT, if clinically appropriate.
4. Prior to an adolescent (over the age of 15) being referred for ECT treatment, two (2) separate psychiatric evaluations by fellowship-trained Child and Adolescent psychiatrists (one of whom is not involved in the patient's treatment) should occur.
5. The clinical effectiveness of multiple-seizure electroconvulsive therapy (MECT) have not been proven through scientifically controlled studies to be effective and thus will not be covered through Priority Health.
6. Adjunctive ketamine in ECT has not been proven to be an effective approach and thus will not be covered through Priority Health.
7. The use of ECT as treatment for the following indications is considered experimental and investigational as its effectiveness for these indications have not been proven through scientifically controlled studies to be effective and thus will not be covered through Priority Health (not an all-inclusive list):
  - Addictive disorders
  - Autism spectrum disorders
  - Autoimmune encephalitis
  - Body dysmorphic disorder
  - Complex regional pain syndrome

- Dementia-associated agitation and aggression
- Drug-resistant epilepsy
- Lennox-Gastaut syndrome
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Refractory status epilepticus
- Somatic symptom disorder
- Tardive dyskinesia/tardive syndromes
- Tourette syndrome
- Treatment-resistant schizophrenia

**D.** ECT is not covered for Medicaid or Healthy Michigan Plan members.

Note: Prior to 2009, a Behavioral Health departmental policy and procedure reviewed and approved annually by the Behavioral Health Committee.

## **II. MEDICAL NECESSITY REVIEW**

Required\*                       Not Required                       Not Applicable

\*PA is not required for OP ECT with a par provider

## **III. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the*

*Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

#### **IV. DESCRIPTION**

Electroconvulsive therapy is a medical procedure in which a small electrical current is passed through the brain for several seconds in order to cause seizure activity. Muscle relaxants are used to decrease the physical manifestations of the seizure upon the body. Electroconvulsive therapy (ECT) is most often performed in a hospital's operating or recovery room and is always performed under general anesthesia. Typically, ECT is given 3 times a week for a total of 6 to 12 sessions.

#### **V. CODING INFORMATION**

*\*ECT is not covered for Medicaid or Healthy Michigan Plan members*

**ICD-10 Codes** that may support medical necessity

F06.1	Catatonic disorder due to known physiological condition
F30.10 – F31.9	Manic episode
F31.1 – F31.9	Bipolar disorder
F32.0 – F32.9	Major depressive disorder, single episode, mild
F33.0 – F33.9	Major depressive disorder, recurrent
F34.0 – F34.9	Persistent mood [affective] disorders
F53	Puerperal psychosis
O90.6	Postpartum mood disturbance

**CPT/HCPCS Codes**

90870	Electroconvulsive therapy (includes necessary monitoring)
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**Revenue Codes**

0901	Electroshock treatment (ECT)
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#### **VI. REFERENCES**

1. Anderson, IM, Blamire, A, Branton, T, et al. Randomized controlled trial of ketamine augmentation of electroconvulsive therapy to improve neuropsychological and clinical outcomes in depression. NIHR J Library, 2017
2. Centers for Medicare and Medicaid Services (CMS): NCD for Multiple Electroconvulsive Therapy <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=278&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Michigan&Keyword=Electroconvulsive&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAACAAAAAAAAA%3d%3d&> (Retrieved 10.17.2017)

3. Electroconvulsive Therapy. Aetna Clinical Policy Bulletin number 0445.  
[http://www.aetna.com/cpb/medical/data/400\\_499/0445.html](http://www.aetna.com/cpb/medical/data/400_499/0445.html)
4. (Retrieved 9.18.2018)
5. HAYES report: Electroconvulsive Therapy for Treatment of Dementia with Agitation 2014
6. McGir, A, Berlim, M.T., Bond D.J., et al. Adjunctive ketamine in electroconvulsive therapy: updated systematic review and meta-analysis. *Br J Psychiatry* 2017; 403-407
7. Oudman, E. Is electroconvulsive therapy (ECT) effective and safe for treatment of depression in dementia? A short review. *J ECT*, 2012, 34-38
8. Tess, A.V., Smetana, G. W. Medical Evaluation of Patients Undergoing Electroconvulsive Therapy. *N Engl J Med* 2009; 360: 1437 - 44
9. The Practice of Electroconvulsive Therapy, A Task Force Report of the American Psychiatric Association”, Second Edition, 2001
10. Ujkai, M., Davidoff, D.A., Seiner, S.J., et al. Safety and efficacy of electroconvulsive therapy for the treatment of agitation and aggression in patients with dementia. *Am J Geriatr Psychiatry*, 2012: 61-72

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