ELECTRO-CONVULSIVE THERAPY (ECT)

Effective Date: January 15, 2017
Review Dates: 10/08, 10/09, 10/10, 10/11, 10/12, 10/13, 11/14, 11/15, 11/16
Date Of Origin: September 17, 2008
Status: Current

Summary of Changes

Clarifications:

Deletions:

Additions:

• Pg. 2, Section I, B, criteria updated to reflect authorization for ECT is determined by the clinical findings and ECT indications recommended by Behavioral Health InterQual®.

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) has not been proven through scientifically controlled studies to be effective and thus will not be covered through Priority Health.

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
F20.0 - F20.9  Schizophrenia
F21  Schizotypal disorder
F25.0 – F25.9  Schizoaffective disorders
F30.13  Manic episode, severe, without psychotic symptoms
F30.2  Manic episode, severe with psychotic symptoms
F30.3  Manic episode in partial remission
F31.4  Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5  Bipolar disorder, current episode depressed, severe, with psychotic features
F31.63  Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64  Bipolar disorder, current episode mixed, severe, with psychotic features
F31.75  Bipolar disorder, in partial remission, most recent episode depressed
F31.76  Bipolar disorder, in full remission, most recent episode depressed
F31.77  Bipolar disorder, in partial remission, most recent episode mixed
F31.78  Bipolar disorder, in full remission, most recent episode mixed
F31.81  Bipolar II disorder
F31.89  Other bipolar disorder
F31.9  Bipolar disorder, unspecified
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
F39  Unspecified mood [affective] disorder
F43.23  Adjustment disorder with mixed anxiety and depressed mood
F53  Puerperal psychosis
G21.0  Malignant neuroleptic syndrome

CPT/HCPCS Codes
90870  Electroconvulsive therapy (includes necessary monitoring)

Revenue Codes
0901  Electroshock treatment (ECT)

VI. REFERENCES

Centers for Medicare and Medicaid Services (CMS)
Standards and Criteria for Utilization Management
AMA CPT Copyright Statement:
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