7.24. Electroconvulsive Therapy

ELECTROCONVULSIVE THERAPY (ECT)

Principles for Medical Necessity Criteria

Electroconvulsive therapy (ECT) is a procedure during which an electric current is passed briefly through the brain, via electrodes applied to the scalp, to induce generalized seizure activity. The participant receiving treatment is placed under general anesthesia and muscle relaxants are given to prevent body spasms. The ECT electrodes can be placed on both sides of the head (bilateral placement) or on one side of the head (unilateral placement).

The number of sessions undertaken during a course of ECT usually ranges from six to 12. ECT is most commonly performed at a schedule of three times per week. Continuation and maintenance ECT are most commonly administered at one- to four-week intervals.

The decision to recommend the use of ECT derives from a risk/benefit analysis for the specific participant. This analysis considers the diagnosis of the participant and the severity of the presenting illness, the participant's treatment history, the necessary speed of action and efficacy of ECT, the medical risks, and anticipated adverse side effects. These factors should be considered against the likely speed of action, efficacy, and medical risks of alternative treatments in making a determination to use ECT.

ECT can be safely administered at multiple levels of care including the outpatient setting. The least restrictive setting possible should be utilized. The medical necessity criteria for the requested setting should be utilized to determine level of care for delivery of the ECT.

The medical necessity determination for ECT should be independent of the determination for the level of care. A medical necessity review should be done for the appropriateness of ECT. A separate medical necessity review should be done for the appropriateness of level of care based on the applicable criteria (e.g. inpatient, outpatient, etc.). ECT should not be given at a higher level of care solely for convenience, due to dispositional factors, transportation issues, or due to provider protocols unless medical necessity is independently established for that level of care.

Licensure and credentialing requirements specific to facilities and individual practitioners do apply and are found in our provider manual/credentialing information.

CRITERIA

Admission Criteria	The following criterion is necessary for admission: ▪ The participant has been evaluated by a licensed psychiatrist and demonstrates severe symptomatology consistent with a DSM 5 primary diagnosis of major depression, bipolar disorder, mania, schizophrenia, or related psychotic disorder, which requires, and can reasonably be expected to, respond to ECT. ▪ In addition, one of the following (1-3) must be present:

	1. The participant has the immediate need for a rapid or high probability of response due to the existence of severe unstable medical illness or significant risk to him or herself or other and other somatic treatments would potentially put the participant at significant risk due to the slower onset of action. 2. The participant has failed to respond to at least two adequate trials of pharmacotherapy. 3. The participant is at significant risk of relapse or reoccurrence of a major mental illness that was successfully treated with ECT in the past.
Psychosocial, Occupational, and Cultural and Linguistic Factors	These factors, as detailed in the introduction, may change the risk assessment and should be considered when making level of care decisions.
Exclusion Criteria	One of the following criteria (1-2) is sufficient for exclusion from this level of care: 1. The participant can be safely maintained and effectively treated with a less intrusive therapy 2. Although there are no absolute medical contraindications to ECT, there are specific conditions that may be associated with substantially increased risk and therefore may exclude a specific participant from this level of care. Such conditions include but are not limited to: a. Unstable or severe cardiovascular conditions such as recent myocardial infarction, congestive heart failure, and severe valvular cardiac disease b. Aneurysm or vascular malformation that might be susceptible to rupture with increased blood pressure c. Increased intracranial pressure, as may occur with some brain tumors or other space-occupying lesions d. Recent cerebral infarction e. Pulmonary conditions such as severe chronic obstructive pulmonary disease, asthma, or pneumonia f. Anesthetic risk rated as American Society of Anesthesiologists level 4 or 5
Continued Stay Criteria	All of the following criteria (1-10) are necessary for continuing treatment: 1. Treatment planning is individualized and appropriate to the participant's changing condition with realistic and specific goals and

	objectives stated. This process should actively involve family, guardian, and/or other natural support systems unless contraindicated. 2. All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice. 3. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms but goals of treatment have not yet been achieved; or adjustments in the treatment plan to address lack of progress evident. 4. Care is rendered in a clinically appropriate manner and focused on the participant's behavioral and functional outcomes as described in the discharge plan. The provider documents that there is careful monitoring of mood, psychosis, cognitive factors, and physical symptoms between treatments. 5. The total number of treatments administered should be a function of both the degree and rate of clinical improvement and the severity of adverse side effects. The typical course of treatment is between six to 12 sessions. In the absence of significant clinical improvement after six to10 sessions, the indication for continued ECT should be reassessed. Partial response must be evident to extend authorization beyond 10 sessions. 6. The participant is actively participating in the plan of care and treatment to the extent possible consistent with his/her condition. 7. Unless contraindicated, the family, guardian, and/or natural supports are actively involved in the treatment as the treatment plan requires or there are active efforts being made and documented to involve them. 8. A thorough evaluation of the use of any psychopharmacological agents has been completed. This could include the concurrent use of medications or the requirement for discontinuation. 9. There is documented active discharge planning from the beginning of treatment. 10. There is documented active coordination of care with other behavioral health providers, the PCP, and other services and state agencies. If coordination is not successful, the reasons are documented and efforts to coordinate care continue.
Discharge Criteria	Any of the following criteria (1-5) is sufficient for discharge from this level of care: 1. Treatment plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged and deployed.

	2. The participant, family, and/or legal guardian is competent but not engaged in treatment or in following program rules and regulations. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues. 3. Consent for treatment is withdrawn and, either it has been determined that involuntary ECT treatment is not a valid legal option. 4. The participant is not making progress toward treatment goals, and there is no reasonable expectation of progress, nor is ECT required to maintain the current level of functioning. 5. The participant's physical or psychiatric condition necessitates discontinuation of ECT.