

SWMBH MHL Operating Policy 12.12

Subject: Electroconvulsive Therapy Authorization		Accountability: Utilization Management	Effective Date: 11/14/16	Pages: 3
REQUIRED BY: BBA Section _____ PIHP Contract Section _____ NCQA/URAC Standard _____ Other Michigan Mental Health Code 330.1717; SWMBH Medical Necessity Criteria			Last Reviewed Date: 11/14/16	Past Reviewed Dates:
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 11/14/16	Past Revised Dates:
Approved : <u>B. K. R.</u>			Required Reviewer: Medical Director Director of UM and ME	
Date: <u>1/4/17</u>				

I. Purpose

To set forth guidelines regarding the authorization and use of Electroconvulsive Therapy for members of Southwest Michigan Behavioral Health (SWMBH).

II. Policy

No member of SWMBH shall be the subject of Electroconvulsive Therapy (ECT) or any procedure intended to produce convulsions or coma unless determined to be fully informed and consenting to participation.

III. Standards and Guidelines

A. ECT or other procedures intended to produce convulsions or coma cannot be initiated unless consent is obtained from one of the following:

1. The member, if he or she is over 18 years old and does not have a guardian for medical purposes, or
2. The member's guardian who has legal authority to consent to medical care and procedures, or
3. A representative authorized to consent to ECT under a durable Power of Attorney or other Advance Directive.

B. A member may receive ECT from a provider authorized and licensed to provide ECT. The following provisions must be complied with:

1. Written signed consent will be entered into the individual's clinical record by the provider prior to the initiation of treatment.
2. The consent will specify a number of ECT treatments within a stated time period.
3. The provider must inform the individual, or other appointed legal representative as indicated above, that they may withdraw the consent at any time during the course of treatment.

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4. If the procedure is considered advisable for a member and an individual eligible to give consent is not located after diligent effort, upon court petition and after a hearing, probate court may consent to administration of the procedure in lieu of individual consent.
- C. All of the following medical necessity criteria must be met for admission/initial authorization of ECT, and documented in the member's record:
 1. Member has a documented DSM or corresponding ICD diagnosis of major depression, schizophrenia, schizoaffective mood disorder, or other disorder with features that include mania, psychosis and/or catatonia;
 2. Member has been medically cleared and there are no contraindications to ECT (i.e. Intracranial, cardiovascular, or pulmonary contraindications)
 3. There is an immediate need for rapid, definitive response due to at least one of the following:
 - a. Severe unstable medical illness;
 - b. Significant risk to self or others;
 - c. Catatonia
 - d. Other somatic treatments could potentially harm the member due to slower onset of action.
 4. The benefits of ECT outweigh the risks of other treatments as evidenced by at least one of the following:
 - a. Member has not responded to adequate medication trials (i.e. at least two courses of antidepressant medication at maximum doses for an adequate length of time);
 - b. Member and/or member's family member, has had a history of positive response to ECT.
 5. Maintenance ECT, as indicated by all of the following;
 - a. Without maintenance ECT member is at risk of relapse
 - b. Adjunct therapy to pharmacotherapy
 - c. Sessions tapered to lowest frequency that maintains baseline
- D. All of the following medical necessity criteria must be met for continued authorization of ECT, and documented in the member's record:
 1. The member continues to meet admission criteria;
 2. An alternative treatment would not be more appropriate to address the member's ongoing symptoms;
 3. The member is in agreement to continue treatment of ECT;
 4. Treatment is still necessary to reduce symptoms and improve functioning;
 5. There is evidence of subjective progress in relation to specific symptoms, or treatment plan has been modified to address lack of progress;
 6. The total number of treatments administered is proportional to the severity of symptoms, rate of clinical improvement, and adverse side effects;
 7. There is documented coordination with family and community supports as clinically appropriate;
 8. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out.
- E. Any authorization determination for Electroconvulsive Therapy that results in a denial, will be made by SWMBH's Medical Director, or another board certified psychiatrist, who is licensed in the State of Michigan.

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IV. Definitions

Electroconvulsive Therapy (ECT): is a procedure in which electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses. It often works when other treatments are unsuccessful.

V. References

Public Act 258, Michigan Mental Health Code MCL 330.1717

MDHHS AR 330.7017

SWMBH Medical Necessity Criteria (Adopted Beacon Health Options Medical Necessity Criteria:
6.601.0 Electroconvulsive Therapy

VI. Attachments

None

