



Section: <b>Clinical Practices</b>	Policy Name: <b>Electroconvulsive Therapy</b>	Policy Number: <b>12.04</b>
Owner: <b>Manager of UM &amp; Call Center</b>	Reviewed By: <b>Elizabeth Guisinger, LPC, CAADC Bangalore Ramesh, MD</b>	Total Pages: <b>4</b>
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> <b>Other (please specify):</b> _____	Final Approval By: <u>Elizabeth Guisinger</u> <small>Elizabeth Guisinger (Jun 12, 2020 11:11 EDT)</small>  <u>B K Ramesh</u> <small>B K Ramesh (Jun 15, 2020 14:34 EDT)</small>	Date Approved:  <b>Jun 12, 2020</b>
Application: <input checked="" type="checkbox"/> <b>SWMBH Staff/Ops</b> <input checked="" type="checkbox"/> <b>Participant CMHSPs</b> <input type="checkbox"/> <b>SUD Providers</b> <input checked="" type="checkbox"/> <b>MH/IDD Providers</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Line of Business: <input checked="" type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Other (please specify):</b> <input checked="" type="checkbox"/> <b>Healthy Michigan</b> _____ <input type="checkbox"/> <b>SUD Block Grant</b> <input type="checkbox"/> <b>SUD Medicaid</b> <input type="checkbox"/> <b>MI Health Link</b>	Effective Date:  <b>6/9/2020</b>

**Policy:** No customer of Southwest Michigan Behavioral Health (SWMBH) shall be the subject of ECT or any procedure intended to produce convulsions or coma unless determined to be fully informed and consenting to participation.

**Purpose:** To set forth guidelines regarding the authorization and use of Electroconvulsive Therapy (ECT) and describing a clear method for completing authorization service determinations for customers of SWMBH and the participant Community Mental Health Service Providers (CMHSPs). This will support and enhance the overall goal of improving care under the standards of best practice and adhere to regulatory requirements and contractual obligations.

**Scope:** ECT requires prior authorization/coverage determination when directly funded through SWMBH, prior to delivery of service. The procedure intends to assure proper eligibility determination for ECT, by appropriate clinical staff. Authorization requests will be reviewed and determined by an appropriate physician, which will be dependent on the customer’s clinical presentation, treatment history and mitigating factors.

**Responsibilities:** Utilization Management (UM) staff are responsible for collecting necessary clinical documentation to present to board-certified psychiatrist for authorization determination for outpatient and inpatient ECT treatment.

SWMBH Medical Director and/or other board-certified psychiatrist who will provide determinations on outpatient and/or inpatient ECT authorization requests.



**Definitions:** Electroconvulsive Therapy (ECT): 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.

**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 customer, if he or she is over 18 years old and does not have a guardian for medical purposes, or
  - 2. The customer’s guardian who has legal authority to consent to medical care and procedures, or
  - 3. The parent of a customer who is under 18 years old, and who has legal and physical custody of the customer, or
  - 4. A representative authorized to consent to ECT under a durable Power of Attorney or other Advance Directive.
- B. In the case of a minor, even after consent has been obtained from a parent or guardian, procedures shall not be initiated until two psychiatrists have examined the child and clearly document in the child’s medical record their agreement with the administration of the procedure. The two psychiatrists must be child/adolescent psychiatrists and neither may be the child’s current treating psychiatrist.
- C. A customer 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.
  - 4. If the procedure is considered advisable for a customer 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.
- D. In the case of a minor, at least 72 hours before the procedure is initiated the minor (or an advocate designated by the minor) shall be informed of their right to object to the procedure. Notification must be clearly documented in the individual’s clinical record, including date and time of the notification. The objection itself can be made verbally or in writing to the Probate Court. A hearing must then take place before initiation can occur. The participant CMHSP will assist the minor (or their designated advocate) in properly submitting the objection to a court of competent jurisdiction.
- E. All the following medical necessity criteria must be met for admission/initial authorization of ECT, and documented in the customer’s record:
  - 1. Customer 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. Customer 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 customer 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. Customer has not responded to adequate medication trials;
  - b. Customer and/or customer'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 customer is at risk of relapse
  - b. Adjunct therapy to pharmacotherapy
  - c. Sessions tapered to lowest frequency that maintains baseline
- F. All of the following medical necessity criteria must be met for continued authorization of ECT, and documented in the customer's record:
1. The customer continues to meet admission criteria;
  2. An alternative treatment would not be more appropriate to address the customer's ongoing symptoms;
  3. The customer agrees 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.

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.

**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

**Attachments:**

- A. SWMBH ECT Request Form
- B. Request for Additional ECT Treatments Form



### Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	6/7/2019	Purpose  Procedure  Procedure, Section A.1  Procedure, Section A.2  Procedure, Section A.3  Procedure, Section B.1  Procedure, Section B.2  Procedure B.3	Combined policy and procedure purposes into this section  Including procedure within the policy.  All ECT authorization requests must go through a board-certified psychiatrist  UM staff present clinical documentation to psychiatrist for authorization determination, designates UM staff authorizing OP vs. IP ECT  Removed previous section 2 & 4 due to UM staff no longer making initial determinations under any circumstances, CMHSPs may use SWMBH medical director for appeals  UM staff may enter additional authorizations if it is within the initial 8 ECT session request previously approved.  Additional ECT sessions will be authorized by psychiatrist  CMHSPs may use SWMBH medical director for appeals	E. Guisinger
1	6/9/2020	Removed procedure and attachments from policy	Removed procedure and attachments/Annual review	E. Guisinger









# 12.04 Electroconvulsive Therapy

Final Audit Report

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