





Section: Clinical Practices	Policy Name: Electroconvulsive Therapy	Policy Number: 12.04
Owner: Director of Utilization Management	Reviewed By: Elizabeth Guisinger, LPC, CAADC Perry Westerman, MD	Total Pages: 6
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): _____	Final Approval By:  <u>Beth Guisinger</u> Jun 15, 2023 16:31 EDT  <u>Perry Westerman M.D.</u> Jun 16, 2023 14:30 EDT	Date Approved: Jun 15, 2023
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan _____ <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid	Effective Date: 5/29/15

Policy: No customer of Southwest Michigan Behavioral Health (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.

Purpose: To set forth guidelines regarding the authorization and use of ECT and describe 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 other mitigating factors.

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

A board-certified psychiatrist will provide determinations on outpatient and/or inpatient ECT authorization requests.



Definitions: Electroconvulsive Therapy (ECT): ECT applies electrical stimuli to the brain via scalp electrodes to induce seizures. It is administered under general anesthesia and may be performed in an inpatient or outpatient settings. This treatment has been beneficial when others attempted have been unsuccessful.

Standards and Guidelines:

To provide ECT, the following Michigan Department of Health and Human Services general rules and Michigan Mental Health Code standards should be followed by the referring and/or treating physician. Medical necessity criterion for ECT must also be met.

- 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.
 - 2. The customer's guardian who has legal authority to consent to medical care and procedures.
 - 3. The parent of a customer who is under 18 years old who has legal and physical custody of the customer.
 - 4. A designated representative authorized to consent to ECT under a durable Power of Attorney or another Advance Directive.
- B. If a guardian consents on behalf of the customer, the ECT should not be initiated until two psychiatrists have examined the individual and agree with the treatment decision. This should be documented in the customer's medical record.
- C. In the case of a minor, after consent has been obtained from the parent or guardian, ECT shall not be initiated until two child or adolescent psychiatrists, in addition to the treating psychiatrist, have examined the child and clearly documented in the medical record their agreement with the administration of the procedure.
- D. A customer may receive ECT from an authorized and licensed provider who must comply with the following:
 - 1. Enter written documentation and signed consent into the clinical record. This consent must specify the number of ECT treatments within a series during the stated time.
 - 2. The provider must inform the individual, or other appointed legal representative, that they may withdraw the consent at any time during treatment.
 - 3. 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.
- E. Minors shall be informed at least 72 hours (excluding Sundays or holidays) before the ECT procedure and be informed of their right to object. This 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.
- F. For initial authorization of acute ECT treatment, ALL the following medical necessity criteria must be met and documented in the client file.



1. A diagnosis of a psychiatric condition amenable to ECT treatment, as indicated by 1 or more of the following:
 - a. Major depressive disorder
 - b. Bipolar disorder
 - c. Schizophrenia and/or schizoaffective disorders
2. Need for ECT as indicated by 1 or more of the following:
 - a. Catatonia
 - b. High risk for suicide attempt
 - c. Inadequate risk response to pharmacotherapy despite ALL the following:
 - i. Adequate duration and dosage
 - ii. Documented adherence
 - iii. Trials from 2 or more classes of medications
 - d. Intractable manic excitement
 - e. Neuroleptic malignant syndrome
 - f. Nutritional compromise
 - g. Pharmacotherapy not preferred due to risk of adverse effects (i.e., pregnant or elderly patients) or documented intolerance
 - h. Unremitting self-injury
 - i. Patient request due to successful ECT treatment in the past
3. Patient has undergone medical review and clearance.
4. Pretreatment symptoms rated as severe (i.e., Montgomery-Asberg Depression Rating Scale (MADRS) score of over 32, or other equivalent assessment score indicating severe symptomology).
- G. For authorization to extend acute ECT treatment, ALL the following MUST be met and documented in the client file.
 1. Partial positive response to acute treatment.
 2. Treatment being re-evaluated and modified (i.e., switch from unilateral to bilateral lead placement, modification of stimulus parameters).
- H. For authorization to maintain ECT treatment, ALL the following must be met and documented in the client file.
 1. Clinical determination that maintenance treatment is needed to reduce risk of relapse (i.e., previous relapse without ECT)
 2. Adjunctive pharmacotherapy optimized as indicated, or documented intolerance or inadequate response to pharmacotherapy.
 3. Sessions tapered to lowest frequency that maintains response (i.e., weekly, biweekly, monthly).
 4. Indication of lead placement and anticipated frequency of ongoing treatment schedule.
 5. Documentation of the ongoing maintenance need and frequency of ECT in the client file every eight (8) treatments or every six (6) months, which ever occurs first.
- I. Any authorization determination for Electroconvulsive Therapy that results in a denial must be made by a board-certified psychiatrist, who is licensed in the state of Michigan.

References: Michigan Mental Health Code, Act 258 of 1974, 330.1717
MDHHS AR 330.7017
MCG Electroconvulsive Therapy (ECT) (B-802-T), 26th Edition



Attachments: None

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	6/7/2019	<p>Purpose</p> <p>Procedure</p> <p>Procedure, Section A.1</p> <p>Procedure, Section A.2</p> <p>Procedure, Section A.3</p> <p>Procedure, Section B.1</p> <p>Procedure, Section B.2</p> <p>Procedure B.3</p>	<p>Combined policy and procedure purposes into this section</p> <p>Including procedure within the policy.</p> <p>All ECT authorization requests must go through a board-certified psychiatrist</p> <p>UM staff present clinical documentation to psychiatrist for authorization determination, designates UM staff authorizing OP vs. IP ECT</p> <p>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</p> <p>UM staff may enter additional authorizations if it is within the initial 8 ECT session request previously approved.</p> <p>Additional ECT sessions will be authorized by psychiatrist</p> <p>CMHSPs may use SWMBH medical director for appeals</p>	E. Guisinger
1	6/9/2020	Removed procedure and attachments from policy	Removed procedure and attachments/Annual review	E. Guisinger
2	9/14/2021	NA	Annual review	L. Mitchell
3	9/23/2022	NA	Annual Review	E. Guisinger

4	4/28/2023	Throughout policy	Modified to more concise language and updated medical necessity criteria to reflect MCG, ECT, B-802-T	E. Guisinger










12.04 Electroconvulsive Therapy

Final Audit Report

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