



Section: Clinical Practices	Procedure Name: Electroconvulsive Therapy Authorization Requests	Procedure #: MHL P12.12.01
Overarching Policy: Electroconvulsive Therapy Authorization		
Owner: Manager of UM & Call Center	Reviewed By: Elizabeth Guisinger, LPC, CAADC Bangalore Ramesh, MD	Total Pages: 4
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Policy: No member 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 for members of SWMBH.

Scope: ECT requires prior authorization/coverage determination when directly funded through SWMBH, prior to delivery of service. This procedure intends to assure proper eligibility determination for ECT, by appropriate clinical staff. Authorization requests will be reviewed and determined by an appropriate SWMBH clinician, which will be dependent on the member’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.

Procedures:

- A. Upon SWMBH's UM Department's receipt of an initial request for Electroconvulsive Therapy
 - 1. SWMBH clinical UM staff will determine if medical necessity criteria is met for admission/initial authorization of ECT as outlined in SWMBH Policy 12.12 Electroconvulsive Therapy.
 - 2. SWMBH clinical UM staff will complete the 'SWMBH ECT Request' form for psychiatric hospitalization requests, and review with the SWMBH Medical Director for an authorization determination. Any additional clinical documentation will be presented with the 'SWMBH ECT Request' form.
 - 3. If the request appears to place the Medical Director in a situation where making a determination on the request could present a real or perceived conflict of interest, clinical UM staff will contact the external review organization for review and determination by a board-certified psychiatrist, who is licensed to practice in the state of Michigan.
 - 4. The SWMBH Medical Director, or contracted psychiatrist, will consult with the requesting psychiatrist, if necessary, to make an authorization determination.
 - 5. This determination will be provided to clinical UM staff by the psychiatrist making the determination, along with clear rationale for the determination. Said information will be documented in the client's master record. Authorizations requested, approved and/or denied will be reflected in the authorization document.
 - 6. The Medical Director, or contracted psychiatrist who reviewed the authorization request, will make any determinations that result in a medical necessity denial.
- B. Upon SWMBH UM Staff's receipt of an authorization request for continued Electroconvulsive Therapy:
 - 1. If the request is within the maximum number ECT treatments that was previously approved by the board-certified psychiatrist during the initial request. UM staff will complete the "Request for Additional ECT Treatments" form and upload the documentation into the customer's master record if medical necessity criteria is met for continued authorization of ECT as outlined in SWMBH Policy 12.4 Electroconvulsive Therapy. UM staff will enter the additional authorized ECT treatments in the MCIS, when applicable.
 - 2. If the request is for over the eight (8) initial or six (6) maintenance ECT treatments that were previously approved by the psychiatrist, the SWMBH UM staff will complete the "Request for Additional ECT Treatments" form and will communicate the request, along with the clinical information provided, to the Medical Director. SWMBH clinical staff will document said request in the MCIS.
 - 3. If the request appears to place the Medical Director in a situation where making a determination on the request could present a conflict of interest, clinical staff will contact the external review organization for review and determination by a board-certified psychiatrist, who is licensed to practice in the state of Michigan.



4. The SWMBH Medical Director, or contracted psychiatrist, will consult with the psychiatrist requesting ECT on behalf of the customer, if necessary, to make an authorization determination.
5. This determination will be provided to clinical staff by the psychiatrist making the determination, along with clear rationale for the determination. Said information will be documented in the client's master record. Authorizations requested, approved and/or denied will be reflected in the authorization document. The Medical Director or contracted psychiatrist who reviewed the authorization request, will make any determinations that result in a medical necessity denial.

Effectiveness Criteria: All ECT authorizations have been staffed with a psychiatrist for determination. All supporting clinical documentation has been uploaded to the customer file in MCIS indicating appropriateness of treatment based on medical necessity criteria.

References:

Public Act 258, Michigan Mental Health Code MCL 330.1717
MDHHS AR 330.7017
Beacon Health Options Medical Necessity Criteria: 6.601.0 Electroconvulsive Therapy

Attachments:

- A. 12.04A ECT Request
- B. 12.04B Request for Additional ECT Treatments









MHL P12.12.01 Electroconvulsive Therapy Authorization

Final Audit Report

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