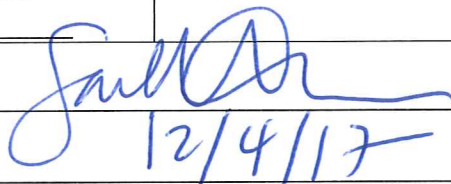


SWMBH MI Health Link Operating Procedure 12.12.1

Subject: Electroconvulsive Therapy Authorizations		Accountability: Utilization Management	Effective Date: 11/14/2016	Pages: 3	
Overarching Policy: SWMBH MHL Policy 12.12 Electroconvulsive Therapy			Last Reviewed Date: 11/8/17	Past Reviewed Dates: 11/14/16	
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: 11/8/17	Past Revised Dates:
Approved : 			Required Reviewer:		
Date: 12/4/17			Medical Director <i>B. L. Bean</i> 12/3/17		
			Director of UM and ME		
			Chief Clinical Officer <i>[Signature]</i> 12.4.17		

I. Purpose

To describe a clear method for completing the authorization service determination process for Electroconvulsive Therapy, while supporting and enhancing the overall goal of improving care under the standards of best practice and adhering to regulatory requirements and contractual obligations.

II. Scope

Electroconvulsive Therapy (ECT) requires prior authorization/coverage determination when directly funded through Southwest Michigan Behavioral Health (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.

III. Procedural Steps

A. Upon SWMBH’s Utilization Management (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. If criteria is clearly met, the member is 18 years of age or older and not pregnant, the determination can be made by a Care Management Specialist II, Care Management Specialist III, Integrated Healthcare Specialist, Manager of UM & Call Center, or Director of UM & Member Engagement.
3. SWMBH clinical UM staff will complete the ‘SWMBH ECT Request’ form, upload the document into the member’s master record, and enter an authorization for, up to, an initial eight (8) ECT treatments and/or six (6) maintenance ECT treatments.
4. SWMBH clinical UM staff will request review by the SWMBH Medical Director for an authorization determination, in the event that one or more of the following occur:
 - i. The request is for a member under the age of 18 years old
 - ii. The request is for a customer that is pregnant
 - iii. The request is for more than 8 initial and/or 6 maintenance ECT treatments;

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- iv. The medical necessity criteria is not clearly met based on the clinical information presented to the SWMBH clinical UM staff at the time of the request.
 5. 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, SWMBH 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.
 6. The SWMBH Medical Director, or contracted psychiatrist, will consult with the requesting psychiatrist, and make an authorization determination.
 7. This determination will be provided to SWMBH 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.
 8. 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 can be authorized by SWMBH clinical UM staff, said clinician will complete the "Request for Additional ECT Treatments" form and upload the documentation into the member's master record.
 2. SWMBH clinical UM staff will determine if medical necessity criteria is met for continued authorization of ECT as outlined in SWMBH MI Health Link (MHL) Policy Electroconvulsive Therapy, and will enter the additional authorized ECT treatments in the MCIS, when applicable.
 3. If the request is for over the eight (8) initial or six (6) maintenance ECT treatments that can be authorized at the SWMBH clinical UM staff level, the SWMBH clinician 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 Managed Care Information System (MCIS).
 4. 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, SWMBH 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.
 5. The SWMBH Medical Director, or contracted psychiatrist, will consult with the psychiatrist requesting ECT on behalf of the customer, and make an authorization determination.
 6. This determination will be provided to SWMBH clinical staff by the psychiatrist making the determination, along with clear rationale for the determination. Said information will be documented in the member's master record. Authorizations requested, approved and/or denied will be reflected in the authorization document.
 7. The Medical Director or contracted psychiatrist who reviewed the authorization request, will make any determinations that result in a medical necessity denial.

IV. Definitions

- A. 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

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A. SWMBH MHL Policy 12.12: Electroconvulsive Therapy

VI. Attachments

A. SWMBH ECT Request

B. Request for Additional ECT Treatments

