



Section: Clinical Practices	Procedure Name: Electroconvulsive Therapy Authorizations	Procedure #: P12.04.01
Overarching Policy: 12.04 Electroconvulsive Therapy		
Owner: Manager of UM & Call Center	Reviewed By: Elizabeth Guisinger, LPC, CAADC Bangalore Ramesh, MD	Total Pages: 5
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): See References	Final Approval By: <i>Elizabeth Guisinger</i> <small>Elizabeth Guisinger (Jun 12, 2020 11:13 EDT)</small> <i>B K Ramesh</i> <small>B K Ramesh (Jun 15, 2020 14:31 EDT)</small>	Date Approved: Jun 12, 2020
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 <input type="checkbox"/> MI Health Link	Effective Date: 6/9/2020

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.

Procedures:

- A. Upon receipt of an initial request for Electroconvulsive Therapy by the CMHSP's UM Department for outpatient or by SWMBH's UM Department for psychiatric hospitalization requests:
1. UM staff will consult with Medical Director or other board-certified psychiatrist to determine if medical necessity criteria is met for admission/initial authorization of ECT as outlined in SWMBH Policy 12.4 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. CMHSPs may use the 'SWMBH ECT Request' form for outpatient ECT requests; however, use of this is not mandatory, as long as documentation is sufficient.
 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. For CMHSPs looking for an external review, SWMBH's Medical Director may be utilized if no conflict of interest exists.
 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. CMHSP UM staff may utilize the 'Request for Additional ECT Treatments' form however, use of this is not mandatory, as long as documentation is sufficient.



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. For CMHSPs looking for an external review, SWMBH's Medical Director may be utilized if no conflict of interest exists.
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
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









P12.04.01 Electroconvulsive Therapy

Final Audit Report

2020-06-15

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