

Unitedhealthcare Community Plan of New Mexico Electroconvulsive Therapy Level of Care Guidelines

Electroconvulsive Therapy

ECT is a benefit for the Alternative Benefit Plan (Medicaid Expansion Population) and is a Value Added (non-entitlement) Service.

I. DEFINITION OF SERVICE:

Electroconvulsive therapy (ECT) is a beneficial treatment for certain disorders and is usually administered in an inpatient or outpatient facility that provides both psychiatric and anesthesiology services. ECT should be considered when a member has severe or treatment resistant depression, psychotic disorders, or prolonged or severe mania. In addition, ECT may be indicated when there is a history of a positive response to ECT, a contraindication to standard psychotropic medication treatments, or when there is an urgent need for response, such as severe suicidality or food refusal leading to nutritional compromise. A valid consent must be obtained for ECT; if the member is not competent to refuse or consent to the procedure, then a treatment guardian should be obtained. The person giving consent should be informed of the risks and benefits of ECT along with alternative treatments considered, and the record should document that the member or guardian clearly understands these elements of the consent. These criteria will be used to authorize the procedure of ECT. Authorization for this procedure does not imply authorization for a particular level of care or for anesthesia services.

References:

The Practice of Electroconvulsive Therapy: Recommendations for Training, Treatment, and Privileging (2nd edition) American Psychiatric Publishing, Inc. www.appi.org

Coverage Determination Guideline (2013) OPTUM by United Behavioral Health.

II. CRITERIA FOR APPROVAL (MEETS ALL):

- A. Medical necessity has been demonstrated according to the OPTUM by United Behavioral Health Coverage Determination guidelines and the member has a DSM diagnosed condition that requires, and is likely to benefit from, therapeutic intervention.
- B. A second opinion from a psychiatrist confirms that ECT is an appropriate treatment for the member.
- C. A medical evaluation indicates no contraindication for ECT.
- D. Informed consent for ECT has been obtained and documented in the treatment record.

- E. The member has treatment resistant depression or psychotic disorder, is experiencing a severe or prolonged manic episode unresponsive to usual treatments, cannot tolerate usual psychotropic medications, exhibits food refusal leading to nutritional compromise or is experiencing such intense suicidal ideation that there is an urgent need for response, or it is the member's choice for treatment.

II. CRITERIA FOR MAINTENANCE ELECTROCONVULSIVE THERAPY (MEETS ALL):

- A. The member meets the criteria for approval for ECT as outlined above, received ECT, and had a positive response.
- B. Other treatment options are not viable for the member.
- C. A second opinion from another (other than the current treating psychiatrist) is obtained every 6 months documenting the need for maintenance ECT.

I. EXCLUSIONARY CRITERIA (MAY MEET ANY):

- 1. The member is under age 18 as electroconvulsive therapy is considered aversive treatment and thereby is prohibited in the treatment of minors. Reference: According to 32A-6A-8 special rules applicable to aversive intervention; A. An intervention expressly listed in the "aversive intervention" definition in Section 4 [32A-6A-4 NMSA 1978] of the Children's Mental Health and Developmental Disabilities Act is prohibited.