IEHP UM Subcommittee Approved Authorization Guidelines

Electroconvulsive Therapy- ECT

Policy:

IEHP considers ECT medically necessary for members with the following disorders:
1. Unipolar and bipolar depression.
2. Bipolar mania.
3. Psychotic disorders including schizophrenia and schizoaffective disorder under certain conditions.

Qualification Process:
A course of ECT generally consists of six to twelve treatments over two to four weeks. Under certain conditions, maintenance ECT spanning several months or years is indicated.

Primary indications:
According to the American Psychiatric Association Task Force, ECT treatment could be prescribed as a first-line or primary treatment when a rapid or higher probability of response is needed and the patient symptomatology is severe. Situations would include, but are not limited to:
1. Primary or secondary severe major depression with/without psychotic features
2. Manic delirium
3. Acute mania
4. Catatonia
5. At risk for self harm or others
6. Medication-resistance or intolerance (i.e. anti-depressants and/or neuroleptic medications that pose a particular medical risk)
7. When ECT is safer than alternative treatments in conditions such as with the infirm elderly and during pregnancy

Secondary indications:
ECT treatment could be prescribed as a second-line or secondary treatment for patients that have the following, but are not limited to:
1. Poor or little response to other modalities of treatment
2. Deterioration in psychiatric condition
3. Onset of suicidal ideations or intent to harm self or others
4. Lack of or decrease in the will to live (i.e. exhaustion, dehydration, lack of vigor)

**ECT Continuation or Maintenance:**
Continuation or maintenance ECT may be used to reduce the risk for relapse and recurrence of illness. Treatments may be started on a weekly basis with the interval treatments gradually extended to a month, depending on patient response. Patient referral for maintenance ECT should meet one or more of the following indications:

1. History of illness that is responsive to ECT
2. History of medication-resistant depression
3. Medication intolerance or patient unwillingness to take medication.
4. Co morbid conditions that complicate management of the psychiatric disorder
5. Either non-compliance or intolerance to pharmacotherapy
6. Patient preference for continuation ECT therapy; and
7. Ability and willingness of the patient to comply with overall treatment plan to prevent relapse

**Prior to initiating electroconvulsive therapy:**
1. Psychiatric history and examination, including past response to ECT treatments, a baseline neuropsychiatric evaluation, and a second opinion regarding the medical necessity of ECT.
2. Medical evaluation that includes history and examination (i.e. neurological, cardiovascular, pulmonary systems, and previous response to anesthesia).
3. Review of dental problems including examining loose or missing teeth, presence of dentures or other appliances.
4. Laboratory and diagnostic tests.

**Conditions not covered:**
1. Major depression and bipolar disorder when the patient tolerates and is responding to antidepressant medications.
2. Ability to tolerate effective antidepressant or psychotropic medications, and rapid resolution of depression is unnecessary because the patient is not an immediate risk of suicide.
3. No evidence of ECT effectiveness in patients who have been treated previously (e.g. use of bilateral electrode placement for a series of 12 treatments).
4. Alcoholism as the primary diagnosis.
Other non-covered benefits:
Multiple-Seizure Electroconvulsive Therapy (MECT).

CPT Codes Covered:
90870 (ECT)
00104 (Anesthesia)

CPT Codes Not Covered:
90871 (MECT)

CMS:
No National Coverage Determination (NCD). No Local Coverage Determination (LCD) specific for California. LCD (L34595) covering forty states including Oregon and Arizona detailing coverage for depression, mania, and psychotic disorders, including many associated conditions. Guidelines for ECT presented in the LCD are consistent with the primary, secondary, and maintenance indications listed above.

Medi-Cal:
Medi-Cal reimburses for CPT codes 90870 (ECT) and 00104 (ECT related anesthesia). Medi-Cal Inpatient Mental Health Services Program makes provisions for ECT as part of an inpatient stay.

DHCS:
ECT treatments are voluntary unless a court has determined the patient lacks capacity to make decisions.

Apollo:
Electroconvulsive therapy may be indicated in selected cases of pathologically severe major depression, mania or exacerbations of some psychotic disorders.

American Psychiatric Association Practice Guidelines:
ECT is indicated in certain situations for Major Depressive Disorder, Bipolar Affective Disorder, and Schizophrenia.

Aetna:
Aetna considers ECT medically necessary for members diagnosed with any of the following conditions: catatonia, certain acute schizophrenic exacerbations, major depression (unipolar, bipolar, or mixed episode), and mania.

Cigna:
Cigna considers ECT medically necessary for depression, mania, catatonia, and psychotic disorders under certain circumstances.
United Healthcare:
The most common principal diagnostic indicators for ECT are: major depression, bipolar disorder, schizophrenia and other psychotic disorders.

Anthem:
ECT is considered medically necessary when diagnostic criteria for major depression, bipolar disorder, mood disorder, severe Parkinson’s disease, organic catatonia, schizoaffective disorder or schizophrenia have been met.

Medical Literature:
ECT is well studied and documented to be an effective treatment for depression, mania, catatonia, and some psychotic disorders. In many cases, it is the most effective treatment known for these conditions and is considered the treatment of choice for treatment resistant depression, mania, catatonia, and specific psychotic disorders. According to FDA, the currently cleared ECT devices are indicated for severe depression, major depressive episode with melancholia, schizophrenia, bipolar disorder-depressed phase, bipolar disorder-manic phase, and catatonia, schizophreniform and schizoaffective disorder.

Background:
Electroconvulsive therapy is a procedure where electrodes are positioned on the patient’s scalp, and measured electrical current is passed through to the brain. ECT is effective for a narrow range of psychiatric disorders. It is effective for mood disorders both bipolar and unipolar. It can also be used to augment the treatment of schizoaffective disorder and schizophrenia. Most ECT is performed to treat depression and is not typically the first-line of treatment. However, ECT works more quickly than medications and should be used as a first line treatment in life threatening catatonia or someone who is extremely suicidal. Research shows that ECT may be appropriate for patients with recurrences who were prior ECT responders and for refractory depression in patients with contraindications to medications or who are unwilling to take medications. When ECT is prescribed it should be part of a treatment plan overseen by a board certified psychiatrist in conjunction with other therapies when indicated.

Effective Date: February 10, 2016
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Bibliography:
5. Medi-Cal Rates Information, Medi-Cal Rates as of 11/15/2015 (Codes 00100 thru 14001).
15. ECRI Institute, Electroconvulsive Therapy for Treating Mental Health Disorders, December 2015.

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