



Electroconvulsive Therapy (ECT)

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Introduction & Instructions for Use

Introduction

Supplemental Clinical Criteria are a set of objective and evidence-based behavioral health criteria used by medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®.

Instructions for Use

This guideline is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in Clinical Criteria. This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. Optum may develop clinical criteria or adopt externally developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

Benefit Considerations

This Supplemental Clinical Criteria only applies in select states or markets. Before using this policy, please check the member-specific benefit plan document and any federal or state mandates regarding prior authorization requirements.

Prior Authorization and Pre-Service Notification

- For inpatient admissions that require prior authorization or notification for pre-service scheduled treatment, these notifications must occur at least five (5) business days before admission. Notification of unscheduled treatment (including Emergency admissions) should occur as soon as is reasonably possible. In the event that Optum is not notified of an inpatient admission with ECT, benefits may be reduced. Check the member's specific benefit plan document for the applicable penalty and allowance of a grace period before applying a penalty for failure to notify Optum as required.

Description of Service

Electroconvulsive therapy (ECT) is a treatment device used for treating severe psychiatric illness by applying a brief intense electrical current to precise locations on the head to induce a seizure that lasts less than one minute. ECT is delivered in inpatient or outpatient settings and administered by a skilled psychiatrist privileged to perform ECT along with an anesthesiologist, and a nurse or physician assistant. ECT has been extensively studied with the longest history of use (Quevedo et al., 2022; American Psychiatric Association [APA], 2022).

Coverage Rationale

- ECT is medically necessary to treat severe, treatment-resistant depression, and may also be useful in treating individuals with bipolar disorder and schizophrenia that have not responded to other treatments (APA, 2022; Quevedo et al., 2022; VA/DoD, 2022).
- ECT is not medically necessary for any of the following:
 - Multiple-seizure electroconvulsive therapy (MECT). The efficacy of ECT for these indications has not been verified by in well-designed controlled trials. In addition, studies have demonstrated an increased risk of adverse effects with multiple seizures (CMS NCD, 2003).
 - Other diagnoses in the absence of major depressive disorder, bipolar disorder, or schizophrenia disorder, including, but not limited to any of the following:
 - Substance use disorders (VA/DoD, 2021);
 - Autism spectrum disorders (National Autism Center, 2022; National Autism Association, 2023);
 - Obsessive-compulsive disorder (APA, 2007; Anxiety & Depression Association of America, 2015);
 - Posttraumatic stress disorder (VA/DoD, 2023).
- The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member's benefit document, or is otherwise defined differently, it is the terms of the member's benefit document that prevails.
- Per the specific requirements of the plan, health care services or supplies may not be covered when inconsistent with evidence-based clinical guidelines.

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Revision History

Date	Summary of Changes
10/21/2019	New: Supplemental Clinical Criteria
07/20/2020	Annual review
07/20/2021	Annual review
08/23/2022	Annual review
08/22/2023	Annual Review
09/19/2023	Removal of Applicable Codes section
12/12/2023	Interim Update: updated language in Benefit Considerations section

Appendix

Additional resources considered in support of this document:

American Academy of Child & Adolescent Psychiatry. (2007). Practice parameter for the assessment and treatment of children and adolescents with bipolar disorder. *Journal of American Academy Child and Adolescent Psychiatry*, 46(1), 107-125.

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