Outpatient Electroconvulsive Therapy

Criteria for Authorization

The specified requirements for severity of need, and intensity and quality of service must be met to satisfy the criteria for outpatient electroconvulsive therapy (ECT).

I. **Severity of Need**

Criteria A, B, C, D, E, and F must be met to satisfy the criteria for severity of need.

A. The clinical evaluation indicates that the patient has a DSM-IV Axis I diagnosis or condition that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate ECT. Such diagnoses and conditions include, but are not limited to, major depression, bipolar disorder, mood disorder with psychotic features, catatonia, schizoaffective disorder, schizophrenia, acute mania, severe lethargy due to a psychiatric condition, and/or psychiatric syndromes associated with medical conditions and medical disorders.

B. The type and severity of the behavioral health symptoms are such that a rapid response is required, including, but not limited to, high suicide or homicide risk, extreme agitation, life-threatening inanition, catatonia, psychosis, and/or stupor.

C. Either:
- The patient has a history of inadequate response to multiple adequate trials of medications and/or combination treatments, including polypharmacy when indicated, for the diagnosis(es) and condition(s); or
- The patient is unable or unwilling to comply with or tolerate side effects of available medications, or has a co-morbid medical condition that prevents the use of available medications, such that efficacious treatment with medications is unlikely; or
- The patient has a history of good response to ECT during an earlier episode of the illness, or
- The patient is pregnant and has severe mania or depression, and the risks of providing no treatment outweigh the risks of providing ECT.

D. The patient's status and/or co-morbid medical conditions do not rule out ECT; for example; unstable or severe cardiovascular disease, aneurysm or vascular malformation, severe hypertension, increased intracranial pressure, cerebral infarction, cerebral lesions, pulmonary insufficiency, musculoskeletal injuries or abnormalities (e.g., spinal injury), severe osteoporosis, glaucoma, retinal detachment, and/or medical status rated as severe.

E. All:
- The patient is medically stable and does not require the 24-hour medical/nursing monitoring or procedures provided in a hospital level of care, and
- The patient has access to a suitable environment and professional and/or social supports after recovery from the procedure, e.g., one or more

responsible caregivers to drive the patient home after the procedure and provide post procedural care and monitoring, especially during the index ECT course, and
- The patient can be reasonably expected to comply with post-procedure recommendations that maintain the health and safety of the patient and others, e.g., prohibition from driving or operating machinery, complying with dietary, bladder, bowel, and medication instructions, and reporting adverse effects and/or negative changes in medical condition between treatments.

F. The patient and/or a legal guardian is able to understand the purpose, risks, and benefits of ECT, and provides consent.

II. **Intensity and Quality of Service**

Criteria A, B, C, D, E, F and G must be met to satisfy the criteria for intensity and quality of service.

A. There is documentation of a clinical evaluation performed by a physician who is credentialed to provide ECT, to include:
   - Psychiatric history, including past response to ECT, mental status and current functioning; and
   - Medical history and examination focusing on neurological, cardiovascular, and pulmonary systems, current medical status, current medications, dental status, review of laboratory tests including electrocardiogram, if any, within 30 days prior to initiation of ECT.

B. There is documentation of an anesthetic evaluation performed by an anesthesiologist or other qualified anesthesiology professional, to include:
   - The patient's response to prior anesthetic inductions and any current anesthesia complications or risks, and
   - Required modifications in medications or standard anesthetic technique, if any.

C. There is a medically necessary and appropriate individualized treatment plan, or its update, specific to the patient's psychiatric and/or medical conditions, that addresses:
   - Specific medications to be administered during ECT, and
   - Choice of electrode placement during ECT, and
   - Stimulus dosing using a recognized method to produce an adequate seizure while minimizing adverse cognitive side effects.

D. There is continuous physiologic monitoring during ECT treatment, addressing:
   - Seizure duration, including missed, brief, and/or prolonged seizures, and
   - Electroencephalographic activity, and
   - Electrocardiographic activity, and
   - Vital signs, and
   - Oximetry, and
   - Other monitoring specific to the needs of the patient.

E. There is monitoring for and management of adverse effects during the procedure, including:

- Cardiovascular effects, and
- Prolonged seizures, and
- Respiratory effects, including prolonged apnea, and
- Headache, muscle soreness, and nausea.

F. There are post-ECT stabilization and recovery services, including:
   - Medically supervised stabilization services in the treatment area until vital signs and respiration are stable and no adverse effects are observed, and
   - Recovery services under the supervision of the anesthesia provider with continuous nursing observation and care; monitoring of vital signs including heart, respiration; pulse oximetry; electrocardiogram if there is cardiovascular disease or dysrhythmias are detected or expected. Electrocardiogram equipment should be continuously available in the recovery area. Recovery services should include treatment of postictal delirium and agitation, if any, including the use of sedative medications and other supportive interventions.

G. The patient is released in the care of a responsible adult who can monitor and provide supportive care and who is informed in writing of post-procedure behavioral limitations, signs of potentially adverse effects of treatment or deterioration in health or psychiatric status, and post-procedure recommendations for diet, medications, etc.

Criteria for Continued Treatment

III. **Continued Stay**

Criteria A, B, and C must be met to satisfy the criteria for continued treatment.

A. Despite reasonable therapeutic efforts, clinical findings indicate at least one of the following:
   - The persistence of problems that meet the outpatient electroconvulsive treatment Severity of Need criteria as outlined in I.; or
   - The emergence of additional problems that meet the outpatient electroconvulsive treatment Severity of Need criteria as outlined in I; or
   - That attempts to discharge to a less-intensive treatment will or can be reasonably expected, based on patient history and/or clinical findings, to result in exacerbation or worsening of the patient's condition and/or status.

B. The treatment plan allows for the lowest frequency of treatments that supports sustained remission and/or prevents worsening of symptoms.

C. The treatment plan meets the Intensity and Quality of Service Criteria (II above).

Inpatient Electroconvulsive Therapy

Criteria for Authorization
The specified requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for inpatient electroconvulsive therapy (ECT).

I. **Severity of Need**
Criteria A, B, C, D, E, and F must be met to satisfy the criteria for severity of need.

A. The clinical evaluation indicates that the patient has a DSM-IV Axis I diagnosis or condition that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate ECT. Such diagnoses and conditions include, but are not limited to, major depression, bipolar disorder, mood disorder with psychotic features, catatonia, schizoaffective disorder, schizophrenia, acute mania, severe lethargy due to a psychiatric condition, and/or psychiatric syndromes associated with medical conditions and medical disorders.

B. The type and severity of the behavioral health symptoms are such that a rapid response is required, including, but not limited to, high suicide or homicide risk, extreme agitation, life-threatening inanition, catatonia, psychosis, and/or stupor.

C. Either:
- The patient has a history of inadequate response to multiple adequate trials of medications and/or combination treatments, including polypharmacy when indicated, for the diagnosis(es) and condition(s); or
- The patient is unable or unwilling to comply with or tolerate side effects of available medications, or has a co-morbid medical condition that prevents the use of available medications, such that efficacious treatment with medications is unlikely; or
- The patient has a history of good response to ECT during an earlier episode of the illness, or
- The patient is pregnant and has severe mania or depression, and the risks of providing no treatment outweigh the risks of providing ECT.

D. The patient's status and/or co-morbid medical conditions do not rule out ECT; for example; unstable or severe cardiovascular disease, aneurysm or vascular malformation, severe hypertension, increased intracranial pressure, cerebral infarction, cerebral lesions, pulmonary insufficiency, musculoskeletal injuries or abnormalities (e.g., spinal injury), severe osteoporosis, glaucoma, retinal detachment, and/or medical status rated as severe.

E. All:
- The patient is medically stable and requires the 24-hour medical/nursing monitoring or procedures provided in a hospital level of care, or
- The patient does not have access to a suitable environment and professional and/or social supports after recovery from the procedure, e.g., one or more responsible caregivers to drive the patient home after the

procedure and provide post procedural care and monitoring, especially during the index ECT course.

F. The patient and/or a legal guardian is able to understand the purpose, risks, and benefits of ECT, and provides consent.

II. **Intensity and Quality of Service**

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B. The treatment plan allows for the lowest frequency of treatments that supports sustained remission and/or prevents worsening of symptoms.

C. The treatment plan meets the Intensity and Quality of Service Criteria (II above).

References

1. The American Psychiatric Publishing *Textbook of Psychosomatic Medicine*, Levenson, JL (ed.), Chapter 39, "Electroconvulsive Therapy", Rasmussen, KG, Rummans, TA, Tsang, TSM, Barnes, RD, American Psychiatric Publishing, Inc., Washington, DC, London, England, 2005, p. 957.
2. cf. "Electroconvulsive Therapy (ECT)", © 2006: www.psych.org/research/apire/training_fund/clin_res/index.cfm
3. ibid.
4. cf. "Efficacy of ECT in depression: a meta-analytic review.", Pagnin D, de Queiroz V, Pini S, Cassano GB., J ECT. 2004 Mar;20(1):13-20.
5. cf. https://www.omh.state.ny.us/omhweb/ect/guidelines.pdf
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7. ibid.
8. ibid.
9. ibid.
10. cf. also American Psychiatric Association: "The Practice of ECT: Recommendations for Treatment, Training, and Privileging", Washington, DC, American Psychiatric Press Inc., 2001.