INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting behavioral health benefit plans that are managed by Optum for Medicare Advantage enrollees.

The enrollee’s specific Evidence of Coverage (EOC)/Summary of Benefits (SB) must be referenced for specific plan provisions for coverage, limitations, and exclusions. In the event of a conflict between these guidelines and the enrollee’s EOC/SB, the enrollee’s specific EOC/SB will supersede these guidelines.

All reviewers must first identify enrollee eligibility, any federal or State regulatory requirements, and the enrollee’s EOC/SB plan prior to use of this guideline.

The information provided is intended only as a guideline and will not address every aspect or clinical situation.

In the event that there is no available guideline for a particular State, jurisdiction, condition or service, the Optum Level of Care Guidelines should be used for medical necessity decisions along with the enrollee’s applicable EOC/SB.

Optum reserves the right, in its sole discretion, to modify its clinical guidelines as necessary, and to update this coverage determination guideline in accordance with updates to CMS National and Local Coverage Determinations. While this Coverage Determination Guideline does reflect Optum’s understanding of current best practices in care, it does not constitute medical advice.
Key Points

- This guideline is based on the Centers for Medicare and Medicaid Services (CMS) Local and National Coverage Determinations (LCDs/NCDs) active at the time this guideline was written. The intent of this document is to summarize the coverage criteria and best practices for the delivery of the following services as they apply to Medicare members.

- Electroconvulsive Therapy (ECT) is a procedure where electrodes are positioned on the patient’s scalp, and a measured electrical current is passed through to the brain. ECT is effective for a narrow range of psychiatric disorders. Most ECT is performed to treat Depression and is not typically the first-line of treatment (Centers for Medicaid and Medicare Local Coverage Determination, Electroconvulsive Therapy (CMS ECT LCDs), 2015).

- CMS provides guidance regarding ECT coverage in the following States/jurisdictions at the time this guideline was written (CMS ECT LCDs, 2015). If services are not provided in one of the following states, please apply the Optum Level of Care Guidelines:
  - Alabama
  - Alaska
  - Arizona
  - Arkansas
  - Connecticut
  - Florida
  - Georgia
  - Idaho
  - Illinois
  - Indiana
  - Iowa
  - Kansas
  - Kentucky
  - Louisiana
  - Maine
  - Massachusetts
  - Michigan
  - Minnesota
  - Mississippi
  - Missouri
  - Montana
  - Nebraska
  - New Hampshire
  - New Jersey
There are currently no LCDs for Electroconvulsive Therapy that describe coverage or non-coverage for the following States/regions. Please apply the Optum Level of Care Guidelines when making medical necessity decisions for members in these States:

- California
- Colorado
- Delaware
- Hawaii
- Maryland
- Nevada
- New Mexico
- New York
- Oklahoma
- Pennsylvania
- Texas

Benefits are available for covered services that are not otherwise limited or excluded. The benefit information in this document is based on active CMS LCDs that may vary by State or jurisdiction and may be updated with new or more current information since the time this document was written.

In the event that there is no available CMS NCD/LCD for a particular State, jurisdiction, condition or service applicable to a Medicare plan, the Optum Level of Care Guidelines should be used for medical necessity decisions along with the member’s specific Evidence of Coverage (EOC) or Summary of Benefits (SB).
Behavioral Health care services or supplies should be provided when reasonable and necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine (Medicare.gov, Glossary, 2015).

PART I: BENEFITS

Before using this guideline, please check enrollee’s specific Evidence of Coverage (EOC)/Summary of Benefits (SB) and any federal or state mandates, if applicable.

Benefits

Benefits include the following services:

- Diagnostic evaluation and assessment
- Treatment planning
- Referral services
- Medication management
- Psychotherapy
- Crisis intervention

Behavioral Health care services or supplies are provided when needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine (Medicare.gov, Glossary, 2015).

Limitations and Exclusions

The requested service or procedure for the treatment of a mental health condition must be reviewed against the language in the enrollee’s Evidence of Coverage/Summary of Benefits. When the requested service or procedure is limited or excluded from the enrollee’s EOC, or is otherwise defined differently, it is the terms of the enrollee’s EOC/SB that prevails.

Additional Information

The lack of a specific exclusion for coverage for a service does not imply that the service is covered.

No payment can be made for certain items and services, when the following conditions exist (CMS Benefit Policy Manual, 2014):

- Not reasonable and necessary: Items and services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve functioning are not covered.
- Custodial care: Personal care that does not require the continuing attention of trained medical or paramedical personnel. In determining whether a person is receiving custodial care, the intermediary or carrier considers the level of care and medical supervision required and furnished. It does not base the decision on diagnosis, type of condition, degree of functional limitation, or rehabilitation potential.

- Excluded Investigational Devices or Procedures: These items and procedures include any procedure, study, test, drug, equipment or facility still undergoing study and which is generally not accepted as standard therapy in the medical community where alternative therapy exists.

**ECT is not considered reasonable and necessary for the following conditions/situations (CMS LCD, 2015):**

1. When examinations or treatments are required by businesses, government agencies or other third parties without rationale.
2. When tests or treatments are not reasonable and necessary for the diagnosis or treatment of an illness or injury.
3. The use of Multiple-Seizure Electroconvulsive Therapy (MECT).
4. When Alcoholism is the primary diagnosis.
5. To aid in developing conditioned aversions to the taste, smell and sight of alcoholic beverages.
6. When ECT has been ineffective in a previous trial.
7. When ECT is used as a first-line treatment and there is not a need for rapid resolution of symptoms.
8. When the member tolerates and is responding to antidepressant or psychotropic medications.
9. Failure to provide documentation of medical necessity.

**PART II: COVERAGE CRITERIA**

1. **ECT is considered reasonable and necessary when the member has been diagnosed with Major Depressive Disorder, Bipolar Disorder or Schizophrenia and at least one of the following criteria is met (CMS ECT LCDs, 2015):**
   1.1. The member is unresponsive to or cannot tolerate the side effects of pharmacotherapy.
   1.2. The member is experiencing acute suicide risk or extreme agitation.
   1.3. Severe mania presents a safety risk to the member or others.
   1.4. Medications pose a medical risk to the member.
1.5. A rapid resolution of symptoms is necessary (i.e., acute suicidality or catatonia to the point that the time to achieve maximum effectiveness from pharmacotherapy places the member at immediate risk to health or safety).

1.6. The member is experiencing severe, life-threatening psychosis that has not responded to, or cannot be treated with short-term, high dose tranquilization.

1.7. The member requires continuation ECT treatment that is necessary to sustain remission or significant improvement.

AND

2. **ECT is required as a first-line or primary treatment due to the severity of symptoms and the need for a rapid or a high probability of response due to one of the following (CMS ECT LCDs, 2015):**

   2.1. Severe Major Depression with or without psychotic features
   2.2. Manic delirium
   2.3. Acute mania
   2.4. Catatonia
   2.5. High risk of self-harm or harm to others
   2.6. Medication resistance or intolerance
   2.7. When ECT is safer than alternative treatments (e.g., medication risk in elderly or pregnant populations)

   OR

3. **ECT is required as a second line or secondary treatment after the use of first-line treatment options due to one of the following (CMS ECT LCDs, 2015):**

   3.1. Poor or little response to other modalities of treatment
   3.2. Deterioration in the member’s psychiatric condition
   3.3. Onset of suicidal ideation or intent to harm self or others
   3.4. Lack of or decrease in the will to live (e.g., exhaustion, dehydration, lack of vigor)

   OR

4. **Continuation or Maintenance ECT is required to reduce the risk for relapse and recurrence of illness due to one of the (CMS ECT LCDs, 2015):**

   4.1. History of illness that is responsive to ECT
   4.2. History of medication-resistant depression
4.3. Medication intolerance or unwillingness to take medication
4.4. Comorbid conditions that complicate management of the psychiatric disorder
4.5. Either non-compliance or intolerance to pharmacotherapy
4.6. Patient preference for continuation ECT therapy
4.7. Ability and willingness of the member to comply with the overall treatment plan to prevent relapse

PART III: CLINICAL BEST PRACTICE

ECT is a highly structured treatment involving a complex and repeatedly administered procedure. ECT should be used to achieve rapid resolution of severe symptoms. ECT may be most helpful when other treatments have failed, although there are situations when ECT can be used as a first line treatment.

The decision to use ECT should be made jointly by the member and/or their legal representative and the clinicians responsible for treatment. Consent should be obtained where the patient and/or their legal representative is able to give such permission (CMS ECT LCDs, 2015).

1. Pre-ECT Evaluation

   1.1. A medical evaluation is an essential component of the pre-treatment process and should include (CMS ECT LCDs, 2015):
   
   1.1.1. Psychiatric history and examination, including past response to ECT treatments if applicable and a baseline level of functioning.
   
   1.1.2. Medical evaluation that includes recent history and examination (i.e., neurological, cardiovascular, pulmonary systems, and previous response to anesthesia).
   
   1.1.3. Review of dental problems including the examination of loose or missing teeth, the presence of dentures or other appliances.
   
   1.1.4. Appropriate laboratory and diagnostic tests to include complete blood count, serum electrolytes, electrocardiogram, chest x-ray, and pregnancy test on a child-bearing age parent determined on a case by case basis.
   
   1.2. The medical record should provide an explanation as to why ECT is prescribed and the conditions met in the Coverage Criteria section above (CMS ECT LCDs, 2014).
   
   1.3. Documentation supporting medical necessity should be kept in the medical record to include the following (CMS ECT LCDs, 2014):
   
   1.3.1. History and physical examination
   
   1.3.2. Psychiatric Diagnosis according to the DSM
1.3.3. Medical records containing evaluation findings, clinical signs and symptoms, and any abnormal diagnostic or laboratory tests.

1.3.4. Changes in the member’s condition such as response, changes in response or non-response.

1.3.5. Continued need and appropriateness of ECT based on the psychiatrist’s ongoing assessment during the course of treatment.

2. **ECT Administration**

2.1. ECT treatments are typically administered by a psychiatrist and an anesthesiologist, with a specially trained nurse present.

2.2. ECT typically consists of 6 to 12 ECT treatments over a period of 2 to 6 weeks, after which a re-evaluation is recommended.

2.3. Continuation or Maintenance ECT treatments may be started on a weekly basis with the interval treatments gradually extended to a month, depending on the member’s response.

2.4. ECT is generally initiated in an inpatient setting, but can be administered on an outpatient basis in a facility with treatment and recovery rooms where appropriate healthcare professionals are available.

2.5. Equipment and medications that could be used in the event of cardiopulmonary or other complications should be immediately available.

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**PART IV: ADDITIONAL RESOURCES**

**Clinical Protocols**

Optum maintains clinical protocols that include the Level of Care Guidelines and Best Practice Guidelines which describe the scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding treatment. These clinical protocols are available to Covered Persons upon request, and to Physicians and other behavioral health care professionals on ubhonline.

**Peer Review**

Optum will offer a peer review to the provider when services do not appear to conform to this guideline. The purpose of a peer review is to allow the provider the opportunity to share additional or new information about the case to assist the Peer Reviewer in making a determination including, when necessary, to clarify a diagnosis.

**Second Opinion Evaluations**
Optum facilitates obtaining a second opinion evaluation when requested by an enrollee, provider, or when Optum otherwise determines that a second opinion is necessary to make a determination, clarify a diagnosis or improve treatment planning and care for the member.

**Referral Assistance**

Optum provides assistance with accessing care when the provider and/or enrollee determine that there is not an appropriate match with the enrollee’s clinical needs and goals, or if additional providers should be involved in delivering treatment.

**PART V: DEFINITIONS**

**Diagnostic and Statistical Manual of the American Psychiatric Association (DSM)** A manual produced by the American Psychiatric Association which provides the diagnostic criteria for mental health and substance use disorders, and other problems that may be the focus of clinical attention. Unless otherwise noted, the current edition of the DSM applies.

**Multiple Electroconvulsive Therapy** Multiple-seizure electroconvulsive therapy (MECT) is a form of treatment in which two to eight adequate seizures are induced in the same treatment session under continuous anesthesia.

**PART VI: REFERENCES**


**PART VI: CODING**

*The Current Procedural Terminology (CPT) codes and HCPCS codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the benefit document.*

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### Limited to specific diagnosis codes?

- **□ YES**  
- **X NO**

### Limited to place of service (POS)?

- **X YES**  
- **□ NO**

- **Inpatient**
- **Outpatient**

### Limited to specific provider type?

- **X YES**  
- **□ NO**

- **Psychiatrist**
- **Anesthesiologist**

### Limited to specific revenue codes?

- **□ YES**  
- **X NO**

- **0901**  
  - Behavioral Health Treatment – Electroshock Treatment

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### PART VII: HISTORY

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*The enrollee's specific benefit documents supersede these guidelines and are used to make coverage determinations. These Coverage Determination Guidelines are believed to be current as of the date noted.*