

Department:	Medical Management	Original Approval:	11/01/2019
Policy No:	MM180	Last Approval:	03/06/2026
Policy Title:	Electroconvulsive Therapy (ECT) Clinical Coverage Criteria		
Approved By:	UM Criteria Subcommittee		
Applicable Line(s) of Business:	<input checked="" type="checkbox"/> Washington Apple Health (Medicaid) <input checked="" type="checkbox"/> Behavioral Health Services Only <input type="checkbox"/> Apple Health Expansion <input type="checkbox"/> State Medicaid Agency Contract (SMAC) <input type="checkbox"/> Health Homes <input checked="" type="checkbox"/> Medicare Advantage/Special Needs Plan <input checked="" type="checkbox"/> Cascade Select		

This policy refers to the use of Electroconvulsive Therapy (ECT) for Apple Health (AH), **Behavioral Health Services Only (BHSO), Medicare (MA) members and Individual & Family (Cascade Select) members.**

Required Clinical Documentation for Review

Medical record documenting all the following:

1. History of present psychiatric illness
2. Past medical history and surgical history
3. Past psychiatric history including details of treatment durations, medication doses, and treatment responses
4. Current psychiatric and medical assessments
5. Plan of care including rationale for care, patient-specific risks and needs, expected treatment duration and anticipated outcomes
6. Follow up plans

Background

Electroconvulsive therapy may be performed in an inpatient or outpatient setting. It usually involves 6 to 12 total treatments, delivered up to three times per week. The procedure involves delivery of electrical current through electrodes placed on the scalp to induce a seizure while an individual is under general anesthesia. Side effects may include acute confusion, anterograde and/or retrograde amnesia, caused by the seizure and by the anesthetic. The primary risks of ECT are due to general anesthesia and to seizure, which increases cardiac workload and oxygen demand.

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ECT demonstrates benefit in treatment of severe or treatment-resistant depression, with short-term response rates of 50-80%. It may be especially effective for depression with prominent suicidal ideation or psychotic symptoms. For manic or mixed bipolar episodes, or bipolar disorder with catatonia, ECT response rates range from 68-75%. For schizophrenia and schizoaffective disorders, ECT is associated with decreased re-hospitalization rates at 1-year follow-up. Evidence does not support the use of ECT for autism spectrum disorder, agitation from dementia or Parkinson's disease. The clinical effectiveness of Multiple-seizure electroconvulsive therapy (MECT) has not been established, and CMS has determined that it is not considered reasonable and necessary.

Equity considerations: Informed consent should consider language proficiency and cultural perspectives on mental illness; Consider potential access limitations based on distance from population centers and requirements for medical clearance for the ECT procedure.

Definitions

Electroconvulsive Therapy (ECT): Induction of one seizure with an electric current.

Multiple-seizure electroconvulsive therapy (MECT): Induction of multiple seizures during one ECT session.

Treatment –Resistant Depression: failure to achieve a 50% reduction in depressive symptoms in accordance with objective measures, including but not limited to the Geriatric Depression Scale (GDS), the Personal Health Questionnaire Depression Scale (PHQ-9), the Beck Depression Inventory (BDI), or Hamilton Rating Scale for Depression (HAM-D), after trials of antidepressants from 2 classes at a therapeutic dose for at least 4 weeks **during the current depressive episode**, with documented adherence, consistent with accepted standards of care.

Medically Cleared for ECT: Examined by a medical provider and deemed to be physically safe to undergo ECT, including from a cardiovascular and cerebrovascular standpoint.

Indications/Criteria

ECT criteria for Apple Health Integrated Managed Care, Behavioral Health Services Only, Medicare members and Cascade Select members require all the following for acute treatment:

1. Ordered by a licensed psychiatric provider and furnished under the direct supervision of a qualified physician (MD or DO) who has experience administering ECT.
2. The member has been medically cleared for ECT by the primary care provider or treating provider.

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3. Member has severe symptoms from one of the following diagnoses:
 - a. Major depressive disorder or major depression with psychosis
 - b. Bipolar disorder
 - c. Schizophrenia
 - d. Schizoaffective disorder
4. Severity of condition is demonstrated by at least one of the following:
 - a. Catatonia or inability to provide self-care due to illness
 - b. High risk for suicide or other significant self-harm
 - c. Resistance to treatment with adequate trials of therapeutic doses of pharmacotherapy from at least 2 classes, for at least 4 weeks each during the current depressive episode, with documented adherence
 - d. Intractable mania
 - e. Neuroleptic malignant syndrome
 - f. Pharmacotherapy is contraindicated due to risk of adverse effects (such as due to pregnancy or age)

Continued or maintenance treatment require all the following:

1. History of positive response to ECT in the current or previous episode
2. One of the following:
 - a. Relapse without continuation or maintenance treatment (either pharmacotherapy or ECT), and require a second a course of acute ECT
 - b. Failure of one or more courses maintenance pharmacotherapy following ECT
 - c. Member prefers continuation or maintenance ECT to pharmacotherapy
3. Treatment is being re-evaluated and modified as needed
4. Frequency is adjusted to lowest reasonable needed to maintain response

Contraindications to ECT include:

1. Unstable cardiac disease
2. Cerebrovascular disease such as stroke or hemorrhage
3. Increased intracranial pressure

Inpatient ECT requires both of the following:

1. The member meets the above criteria for ECT
2. LOCUS criteria for inpatient psychiatric hospitalization are met

Special Considerations

None.

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Limitations/Exclusions

Please see link to member coverage documents below:

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	https://medicare.chpw.org/ Select the appropriate plan from the “Plans” drop down on the top navigation bar.
Apple Health Integrated Managed Care	https://www.chpw.org/for-members/benefits-and-coverage-imc/
Cascade Select	https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/

List of Appendices

None.

Citations & References

CFR		
WAC		
RCW		
LOB & Contract Citation	<input checked="" type="checkbox"/> WAHIMC <input checked="" type="checkbox"/> BHSO <input type="checkbox"/> Wraparound <input type="checkbox"/> SMAC <input type="checkbox"/> HH	IMC Section 1.200: Medically Necessary Services; IMC Section 11.1: Utilization Management General Requirements; IMC Section 11.3: Medical Necessity Determination; IMC Section 11.1.1.16: Sufficient number of behavioral health clinical peer reviewers
		Wraparound Section 10.1: Utilization Management Requirements; WrapAround Section 13.1: Scope of Services
	<input type="checkbox"/> AHE <input checked="" type="checkbox"/> MA/DSNP	MMCM CH 4 Benefits & Beneficiary Protections Section 110.1.1 and 40.1.1; Part C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance Section 10.4.2

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	<input checked="" type="checkbox"/> CS	P&P supports all LOB requirements
Other Requirements		
NCQA Elements		
References		

Revision History

Revision Date	Revision Description	Revision Made By
08/09/2019	Policy creation	LuAnn Chen, MD
11/13/2019	Approval	UM Committee
02/11/2020	Updated WAH-IMC and MA citations	LuAnn Chen, MD
09/11/2020	Added criteria and citations for CHPW BHSO and CHNW Cascade Select.	LuAnn Chen, MD
09/25/2020	Approval	UM BH Subcommittee
07/08/2021	Updated required documentation and background sections, minor edits to criteria	Tawnya Christiansen, MD
08/06/2021	Approval	UM BH Subcommittee
06/28/2022	Minor edits	Tawnya Christiansen, MD
07/15/2022	Approval	UM BH Subcommittee
7/10/2023	Reviewed, minor edits	Tawnya Christiansen, MD
07/12/2023	Approval	UM BH Subcommittee
05/16/2024	Updated to specify treatment resistance must be from medication trials during current depressive episode; Minor grammatical edits	Tawnya Christiansen, MD
06/12/2024	Approval	UM Criteria Subcommittee
04/01/2025	Reviewed, no changes	Tawnya Christiansen, MD
04/09/2025	Approval	UM Criteria Subcommittee
3/02/3036	Included equity considerations; No other edits	Tawnya Christiansen, MD

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03/06/2026	Approval	UM Criteria Subcommittee
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