Corporate Medical Policy

Electroconvulsive Therapy (ECT)

**Description of Procedure or Service**

ECT is a psychiatric treatment modality in which a generalized seizure is induced for therapeutic purposes. The number and frequency of treatments is guided by the patient’s clinical response. ECT has been a well-established, effective acute treatment option since its introduction in 1938. In the last decades, crucial innovations in administration of ECT including pulse shape, width, and electrode placement have increased the treatment’s efficacy while improving patient tolerability.

**Background**

The primary indication for ECT is major depressive disorder. Electroconvulsive therapy is usually considered when medications fail, cannot be tolerated, or may be dangerous, but it is a first-line treatment for severely depressed patients who require a rapid response because of a high suicide or homicide risk, extreme agitation, life-threatening inanition, psychosis, or stupor. The average course of treatment for depression is 6 to 12 treatments, but some patients may require as many as 20 treatments.

ECT may be provided in an inpatient or outpatient setting, depending upon the patient’s health and mental status. Inpatient treatment may be advisable for the initial series, especially in the elderly, patients with medical co-morbidities, or depending on the severity of the psychiatric emergency. Subsequent treatments may be administered in an outpatient setting, and these may be clinically justifiable even in patients with medical illnesses.

Maintenance ECT may be indicated in patients who have a positive response to ECT but who relapse rapidly while on medications alone, or where ECT maintenance has been the most effective management in the past. The duration of maintenance treatment is dependent on patient response. Maintenance ECT involves getting treatments every two weeks to every month, usually for a period of six months to a year. But patients have gone on maintenance ECT for up to three years, depending on their response.

Electroconvulsive therapy has been found to be as or more effective than lithium in the treatment of manic episodes and is also a potential treatment for patients experiencing mixed episodes. It is generally reserved for those patients with bipolar disorder who are unable to safely wait until a medication becomes effective, who are not responsive to or unable to safely tolerate one of the effective medications, is preferred by the patient in consultation with the psychiatrist, or who have had a good response to ECT in the past. The number of ECT treatments reported to be effective for mania has ranged from 8 to 20.
Electroconvulsive therapy is not effective for chronic schizophrenia. However, ECT may be effective for psychotic schizophrenic exacerbations when affective symptomatology is prominent, in catatonic schizophrenia, and when there is a history of a prior favorable response to ECT. Schizophrenia may require 17 or more ECT treatments.

**Regulatory Status**

The FDA provides guidance on treatments and procedures referenced in this policy which may be referenced at:

www.fda.gov/downloads/medicaldevices/deviceregulationandguidance

**Policy Statement**

GEHA will provide coverage for Electroconvulsive Therapy (ECT) when it is determined to be medically necessary because the medical criteria and guidelines as documented below have been demonstrated.

**Benefit Application**

Prior authorization is required and benefits are subject to all terms, limitations and conditions of the subscriber’s contract. Please refer to the Member’s Benefit Booklet for availability of benefits.

**When Electroconvulsive Therapy is covered**

GEHA considers ECT medically necessary for the treatment when the following are demonstrated:

A. The member has one of the following conditions:
   1. Major Depression
      a. Bipolar
      b. Unipolar
      c. Mixed
   2. Mania
   3. Acute exacerbations of Schizophrenia
   4. Catatonia
   5. AND

B. The patient is at least 12 years old and meets at least one of the criteria below:
   1. Unresponsive to medications with demonstrable efficacy, given in adequate doses and duration, that are indicated for the member’s condition
   2. Unable to tolerate effective medications or has a medical condition for which medication is contraindicated
   3. Has had favorable responses to ECT in the past,
4. Unable to safely wait until medication is effective during a life-threatening episode
5. Severe mania or depression during pregnancy; or
6. Prefers ECT as a treatment option in consultation with the psychiatrist.

When Electroconvulsive Therapy is not covered

A. GEHA considers ECT to be experimental and investigational for the following conditions based on peer reviewed medical literature

1. Autism spectrum disorders¹
2. Body dysmorphic disorder
3. Complex regional pain¹
4. Dementia-associated agitation and aggression ii ² ³
5. Obsessive-compulsive disorder iii
6. Post-traumatic stress disorder iv
7. Refractory status epilepticus v
8. Tardive dyskinesias/tardive syndromes vi
9. Tourette syndrome vii
10. Treatment-resistant schizophrenia viii
11. Addictive disorders such as methamphetamine addiction ix

B. GEHA considers the following modifications to ECT experimental and investigational based on peer reviewed medical literature:

1. Concurrent use of ketamine xi
2. Ultrabrief ECT xii
3. Multiple monitored ECT (MMECT), where a patient undergoes ECT in the usual manner, but before regaining consciousness, undergoes another session of ECT designed to elicit a second (seizure. The effectiveness of MMECT has not been established xiii

Policy Guidelines

Outpatient mental health services such as ECT must be pre-authorized and meet criteria.

ECT may be contraindicated if there are any of the following:

4. Recent myocardial infarction or unstable cardiac conditions
5. Any illness that increases intracranial pressure (e.g., brain tumor)
6. Recent cerebral infarction, particularly hemorrhagic infarction
7. Aneurysm or vascular malformation
8. American Society of Anesthesiology physical status classification level 4 or 5
9. Severe pulmonary disease
**Physician documentation**

For adequate review of any request for above noted procedure, an ECT request form must be submitted, utilizing the GEHA authorization form (www.geha.com), and include all of the following:

- Medical records of current evaluation, past medical history including tried and failed treatments.
- Treatment plan including frequency and total number of sessions requested
- Detail of the requested procedure including specified codes and requested number of units.

The GEHA Authorization form for this service may be accessed: [https://www.geha.com/~/media/Files/Forms/Authorization-Forms/tmsectauthorization.pdf?la=en](https://www.geha.com/~/media/Files/Forms/Authorization-Forms/tmsectauthorization.pdf?la=en)

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<tr>
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**Scientific references**

Policy implementation and updates

May 2018 Formatting changes and minimal updates to content. No major coverage changes.