Electroconvulsive Therapy (ECT)

Policy

GEHA considers ECT medically necessary for the treatment of:

- Major Depression
  - Bipolar
  - Unipolar
  - Mixed
- Mania
- Acute exacerbations of Schizophrenia
- Catatonia

And the patient is at least 12 years old and meets at least one of the criteria below:

- Unresponsive to effective medications, given for adequate dose and duration, that are indicated for the member’s condition
- Unable to tolerate effective medications or has a medical condition for which medication is contraindicated
- Has had favorable responses to ECT in the past,
- Unable to safely wait until medication is effective during a life-threatening episode
- Severe mania or depression during pregnancy; or
- Prefers ECT as a treatment option in consultation with the psychiatrist.

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

- Autism spectrum disorders
- Body dysmorphic disorder
- Complex regional pain
- Dementia-associated agitation and aggression
- Obsessive-compulsive disorder

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- Post-traumatic stress disorder
- Refractory status epilepticus
- Tardive dyskinesias/tardive syndromes
- Tourette syndrome
- Treatment-resistant schizophrenia
- Addictive disorders such as methamphetamine addiction

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

- Concurrent use of ketamine
- Ultrabrief ECT
- 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

ECT may be contraindicated if there are any of the following

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

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11 Jankovic J. Tourette Wang syndrome. UpToDate Inc., Waltham, MA. Last reviewed February 2015
Rationale

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.

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.

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.

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.
### CPT codes covered if selection criteria are met:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>00104</td>
<td>Anesthesia for electroconvulsive therapy</td>
</tr>
<tr>
<td>90870</td>
<td>Electroconvulsive therapy (includes necessary monitoring) [not covered for ultra-brief bilateral electroconvulsive therapy]</td>
</tr>
</tbody>
</table>

### ICD-10 codes covered if selection criteria are met:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F06.1</td>
<td>Catatonic disorder due to known physiological condition</td>
</tr>
<tr>
<td>F10.10 - F19.99</td>
<td>Alcohol and drug induced mental disorders [Codes not listed due to expanded specificity]</td>
</tr>
<tr>
<td>F20.0 - F20.9</td>
<td>Schizophrenia [covered for acute exacerbations only]</td>
</tr>
<tr>
<td>F30.10 - F30.9</td>
<td>Manic episode</td>
</tr>
<tr>
<td>F31.0 - F31.9</td>
<td>Bipolar disorder</td>
</tr>
<tr>
<td>F32.0 - F33.9</td>
<td>Major depressive disorder</td>
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