

PerformCARE		Policy and Procedure
Name of Policy:	Prior Authorization Requests for Electroconvulsive Therapy (ECT)	
Policy Number:	CM-045	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford / Somerset <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management	
Related Stakeholder(s):	Member Services	
Applies to:	Associates	
Original Effective Date:	04/10/12	
Current Effective Date:	04/10/12	
Last Revision Date:	04/10/12	
Last Review Date:	07/01/14	
Next Review Date:	07/01/15	

Policy: Requests for Electroconvulsive Therapy (ECT) provided in both Mental Health Outpatient and Mental Health Inpatient settings require prior authorization.

Purpose: To outline the procedure for obtaining Prior Authorization for Electroconvulsive Therapy

Definitions: Electroconvulsive Therapy (ECT)
Clinical Care Manager (CCM)
Medical Necessity Criteria (MNC)
Outpatient (OP)
PA – Physician Advisor
Prior Authorization Mental Health Services – Includes ECT

Procedure: Member Services Staff (MSS) or the Clinical Care Manager (CCM) receives a call from a provider, emergency room, county agency, or Member requesting Electroconvulsive Therapy (ECT), which requires prior authorization.

2. Member Services Staff completes eligibility verification and transfers the call to the Clinical Care Manager.
3. The Clinical Care Manager (CCM) collects all clinical

information required for clinical review per Appendix T, Medical Necessity Criteria for HealthChoices. All clinical information gathered is documented by the CCM in the Member record.

4. The Clinical Care Manager reviews the ECT request with a PerformCare Physician Advisor (PA). The PA determines Medical Necessity and informs the CCM of the MNC Review outcome. If approved, the CCM will generate an authorization for ECT as follows:

4.1 ECT in MH OP setting authorized up to 12 units for 4 weeks. ECT is only provided outpatient at Medical Assistance enrolled hospitals (provider type and specialty 01/11 and 01/22).

4.2 ECT in hospital setting authorized for 6 units for 2 weeks.

5. The CCM must be contacted via phone for re-authorizations of units for both ECT OP and MH IP.

6. PerformCare PA will attempt to contact the Provider to review supporting medical information and criteria if determination is made that MNC is not met for the ECT requested. In addition, the Member and Provider will be notified of the MNC decision and the Standard Denial process is followed.

Related Policies: *CM-013 Denial Notice Procedure*
CM-041 Prior Authorization Process
CM-MS-027 Bed Search for Inpatient Admission

Related Reports: None

Source Documents and References: *HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix T HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria*

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:



Primary Stakeholder