

Electroconvulsive Therapy

Policy ID:	HHO-DE-MP-1162
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	
Original Effective Date:	N/A
Annual Approval Date:	01/2022
Last Revision Date:	10/27/2021
Products:	Medicaid
Application:	
Page Number(s):	1-3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Electroconvulsive therapy (ECT) is a standard psychiatric treatment in which seizures are electrically induced in individual's to provide relief from psychiatric illnesses. ECT is usually used as a last line of intervention for major depressive disorder, schizophrenia, mania, and catatonia.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

POLICY POSITION

ECT may be considered medically necessary for individuals who are at least 12 years old and meet ALL of the following criteria:

The individual is diagnosed with ONE of the following conditions.

- Catatonia; or
- Schizophrenic psychosis mania; or
- Major depression, Bipolar Depression I, II and NOS; or
- Other affective disorders; and

At least ONE of the following criteria must be met:

- Individual is unresponsive to effective medications, given for adequate dose and duration, that are indicated for the individual's condition (e.g., antidepressants, antipsychotics, etc., as appropriate); or

- Individual is unable to tolerate effective medications or has a medical condition for which medication is contraindicated; or
- Individual has had favorable responses to ECT in the past; or
- Individual is unable to safely wait until medication is effective (e.g., due to life-threatening inanition, psychosis, stupor, extreme agitation, high suicide or homicide risk, etc.); or
- Individual is experiencing severe mania or depression during pregnancy; or
- Individual prefers ECT as a treatment option in consultation with the psychiatrist.

ECT is considered not medically necessary for the treatment of the following because its effectiveness for these indications has not been established (not an all-inclusive list):

- Body dysmorphic disorder; or
- Complex regional pain syndrome; or
- Obsessive-compulsive disorder; or
- Post-traumatic stress disorder.

ECT not meeting the criteria as indicated in this policy is considered not medically necessary.

Note: The number of sessions undertaken during a course of ECT usually ranges from six (6) to 12 and is usually administered two to three times a week.

Multiple monitored ECT during one treatment session is considered not medically necessary because its effectiveness has not been established.

ELIGIBLE PROCEDURE CODES

CPT Codes	Description
90870	Electroconvulsive therapy(includes necessary monitoring).

ELIGIBLE DIAGNOSIS CODES

Codes						
F01.50	F01.51	F02.80	F02.81	F03.90	F03.91	F04
F05	F06.0	F06.1	F06.2	F06.30	F06.31	F06.32
F06.33	F06.34	F06.4	F06.8	F20.0	F20.1	F20.2
F20.3	F20.5	F20.81	F20.89	F20.9	F21	F22
F23	F24	F25.0	F25.1	F25.8	F25.9	F28
F29	F30.10	F30.11	F30.12	F30.13	F30.2	F30.3
F30.4	F30.8	F30.9	F31.0	F31.10	F31.11	F31.12
F31.13	F31.2	F31.30	F31.31	F31.32	F31.4	F31.5
F31.60	F31.61	F31.62	F31.63	F31.64	F31.70	F31.71
F31.72	F31.73	F31.74	F31.75	F31.76	F31.77	F31.78
F31.81	F31.89	F31.9	F32.0	F32.1	F32.2	F32.3
F32.4	F32.5	F32.8	F32.9	F32.A	F33.0	F33.1
F33.2	F33.3	F33.40	F33.41	F33.42	F33.8	F33.9
F34.8	F34.9	F39	F44.89	F53.1		

References

Hayes, Inc. Hayes Comparative Effectiveness Review. Comparative effectiveness review of highfrequency left repetitive transcranial magnetic stimulation versus other neurostimulation approaches to treatment resistant depression. Lansdale, PA: Hayes, Inc; 12/1/2016.

Kellner CH, Obbels J, Sienaert P. When to consider electroconvulsive therapy (ECT). Acta Psychiar Scand. 2020;141:304-315.

Slade E, Jahn D, Regenold W, Case B. Association of electroconvulsive therapy with psychiatric readmissions in us hospitals. JAMA Psychiatry. 2017;74(8):798-804.

The American Psychiatric Publishing Textbook of Geriatric Psychiatry, 4th Edition.

Wang, J, Wei, Q, Bai, T et al. Electroconvulsive therapy selectively enhanced feedforward connectivity from fusiform face area to amygdala in major depressive disorder. J Social Cognitive and Affective Neuroscience. 2017;12(12);1983-1992.

POLICY UPDATE HISTORY

<Date>	<Event>
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