

*North Carolina*  
**State Health Plan**

for Teachers and State Employees and  
NC Health Choice for Children

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www.shpnc.org

**ELECTROCONVULSIVE THERAPY (ECT)**  
**POLICY NUMBER: IN0300**

**Definition:**

Electroconvulsive therapy is the electrical induction of a series of generalized seizures effective for cases of severe depression and other severe mental illnesses. The treatment consists of passing a small, carefully controlled electric current between two electrodes applied to the scalp in a unilateral or bilateral mode and thus eliciting a seizure. The patient receives anesthesia by an anesthesiologist immediately prior to each treatment. The induction of electrical impulses is administered by a psychiatrist. The frequency and total number of treatments in any given case will vary depending on the condition being treated, the individual's response to treatment, and the medical necessity of the treatments.

**Coverage:**

1. All benefits for ECT require pre-certification by the Mental Health Case Manager.
2. Allowable hospital services related to ECT (labs, supplies, hospital outpatient ancillaries) are covered for any treatment pre-certified by the Mental Health Case Manager.

**Approval:**

1. Pre-certification by the Mental Health Case Manager is required prior to the patient receiving the first ECT treatment and prior to continuing ECT beyond the treatment already certified by the Mental Health Case Manager.
2. The Mental Health Case Manager (MHCM) will conduct a clinical review with the treating provider(s) to determine the medical necessity of ECT and will review the clinical information with a MHCM physician.
3. Criteria for certification of ECT by the Mental Health Case Manager must:
  - a. Include an established psychiatric diagnosis (ICD9-CM or DSM IV), symptomatology, level of acuity, and documented treatment history that supports the use of ECT.

- b. Reflect the continued need and appropriateness of ECT based on the psychiatrist's on-going assessment and mental status examination of the patient during the course of treatments.
- c. Be consistent with the American Psychiatric Association guidelines for ECT.

**Limitations and Exclusions:**

1. For a list of non-covered services, please refer to Medical Policy AD0430, Mental Health and Chemical Dependency Case Management, for limitations and exclusions.
2. See <http://www.shpnc.org> for a complete listing of medical policies.

**Authority:**

N.C. G.S. 135-44.4

N.C. G.S. 135-45.1

N.C. G.S. 135-45.9

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