

WellCare Health Plans, Inc.
The WellCare Group of Companies

Clinical Coverage Guideline



WellCare Prescription Insurance, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.



WellCare Health Insurance of New York, Inc.

Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

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WellCare of Georgia, Inc.

Harmony Health Plan of Illinois, Inc.

WellCare of Ohio, Inc.

Electroconvulsive Therapy (ECT)

Guideline Number: HS-070

Original Effective Date: 12/18/2008

Revision Date: 12/22/2009; 12/28/2010

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

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DISCLAIMER

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APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

CLINICAL COVERAGE GUIDELINE

Electroconvulsive Therapy (ECT) is considered medically necessary when ANY of the following conditions are indicated:

- Depression with acute suicide risk, extreme agitation, or unresponsive to pharmacological therapy; **OR**,
- Intolerance to the side effects of antidepressant medication or to antidepressant or psychotropic medications that pose a particular medical risk; **OR**,
- When rapid resolution of depression is necessary (e.g., the member is acutely suicidal or physically compromised, and the time factor to achieve maximal effectiveness of antidepressants or mood stabilizers places the member at immediate risk to health or safety); **OR**,
- Inability to medically tolerate maintenance medication; **OR**,
- Catatonia ; **OR**,
- Acute schizophrenia, life-threatening psychosis, which have not responded to, or cannot be treated with short-term, high dose tranquilization; **OR**,
- Mania, where medications are ineffective or not tolerated, or severe mania presenting a safety risk to the member or to others; **OR**,
- When continuation of ECT treatments is necessary to sustain remission or to sustain significant improvement.

ECT is considered NOT medically necessary for the following conditions:

- Alcoholism (303.00 – 303.93) as the primary diagnosis; **OR**,
- To aid in developing conditioned aversions to the taste, smell, and sight of alcoholic beverages; **OR**,
- Ability to tolerate effective antidepressant or psychotropic medications, and rapid resolution of depression is unnecessary because the member is not at immediate risk of suicide; **OR**,
- No evidence of ECT effectiveness in members who have been treated previously; **OR**,
- Responsiveness to mood stabilizers; **OR**,
- Life-threatening psychoses responsive to short-term high dose tranquilization; **OR**,
- No evidence of catatonia, acute schizophrenia, mania, acute suicide risk, or extreme agitation; **OR**,

- Depression with ability to tolerate and respond to antidepressant medications.

Multiple-seizure electroconvulsive therapy (MECT) is considered experimental and investigational and NOT a covered benefit.

Informed Consent

Written informed consent administered by the physician, is required to be given by the member. Informed consent must detail the procedure and possible side effects. If informed consent cannot be given due to incompetence or physical limitations of the member, a court order must be applied to initiate consent. Written consent, once given, is valid for 30 days.

Equipment and Physician Requirements

All ECT equipment must be registered with the proper authorities.

Physicians who perform the procedure must have extensive experience delivering ECT and must be properly trained in informed consent procedures.

Two physicians are required to state that the procedure is medically necessary if the individual is older than 65 years.

BACKGROUND

ECT has been used to treat depression since the 1930s, and it is used commonly today to treat patients who have treatment-resistant depression (TRD), mania or acute schizophrenia. ECT is administered by delivering electrical current to the brain through the scalp and skull, in either a unilateral or bilateral manner, to induce a generalized seizure. Although the mechanism of action is not completely understood, the efficacy of ECT for the above indications has been demonstrated in a large number of clinical trials. A recent review and meta-analysis found that real ECT was significantly more effective than simulated ECT (six trials, 256 patients), and treatment with ECT was significantly more effective than pharmacotherapy (18 trials, 1144 patients) [2]. In this same analysis bilateral ECT was more effective than unipolar ECT (22 trials, 1408 participants). Patients often require continued maintenance treatments, however, and significant side effects such as memory loss are associated with ECT.

The primary indication for ECT is major depressive disorder. ECT 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 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. ECT 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.

ECT 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.

A small number of ECT treatments often reverse catatonia, a nonspecific symptom that can occur in mood disorders, schizophrenia, cognitive disorders, and medical and neurological illnesses. Up to 12 treatments may be required in some patients.

CODING

Covered CPT®* Codes

90870 Electroconvulsive Therapy (ECT), includes necessary monitoring

00104 Anesthesia for electroconvulsive therapy anesthesia is limited to one time unit (fifteen minutes).

Anesthesia Modifiers Claims must be billed with one of the following modifiers for anesthesia services:

AA Anesthesia services performed personally by anesthesiologist

AD Medical direction by a physician; more than four concurrent procedures

QK Medical direction; two, three, or four concurrent anesthesia procedures involving qualified Individuals

QS Monitored anesthesia care service

QY Medical direction of one CRNA by anesthesiologist

QX CRNA service – with medical direction by a physician

QZ CRNA service – without medical direction by a physician

HCPCS Code

No specific code

CD-9-CM Procedure Code

94.27 Electroconvulsive Therapy (ECT)

Covered ICD-9-CM Diagnosis Codes

295.00 – 295.85 Schizophrenic disorders

296.00 – 296.84 Bipolar I and Bipolar II Disorders, Manic-Depressive

311 Depressive disorder not elsewhere classified

Non-Covered ICD-9-CM Diagnosis Codes

303.00 – 303.93 Alcohol Dependence syndrome

*Current Procedural Terminology (CPT®) ©2011 American Medical Association: Chicago, IL.

REFERENCES

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2. Centers for Medicare and Medicaid Services Local Coverage Determination for Electroconvulsive Therapy (ECT)(L14225). Mutual of Omaha Insurance Company. June 12, 2007.
3. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder. 2000.
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