

# Electroconvulsive Therapy (ECT) Checklist

## Prior Authorization Requirements Checklist



Before submitting prior authorization requests for Electroconvulsive Therapy (ECT) to Superior HealthPlan, please ensure all of the following items are included with the request:

- Identifying member information.
- Provider name, National Provider Identifier (NPI), Taxpayer Identification Number (TIN).
- Credentials of servicing provider.
- Service code and number of units per service code requested.
- Start date, end date and duration of treatment for this request.
- Type (Bilateral vs. Unilateral).
- Current DSM diagnosis/diagnoses and symptoms.
- Treatment history and outcomes, including dates and duration of the following:
  - Medication - include type and class.
  - Last ECT information including length of treatment and length of convulsion, as well as whether prior ECT was successful.
  - Inpatient admissions.

*Please Note: If member is unable to take medication, indicate the reason(s).*

- Current treatment and outcomes, including the specific types of treatment above.
- Medical conditions, if applicable and documentation of any physical examination and any risk factors or signs of complications from ECT.
- Substance use, if applicable.
- Suicidal ideation, homicidal ideation or any risk behaviors.
- Documentation of the member's informed consent.
- Documentation member has been evaluated by an ECT-privileged psychiatrist.
- Indication whether the member has been evaluated by an anesthesia provider prior to ECT.
- If requesting additional sessions after initial course of electroconvulsive treatment with no progress or response, please include rationale for additional treatment.
- If ECT is being provided on an outpatient basis, documentation indicating member's access to support person for transportation and observation during treatment.

Please include any additional clinical information or documentation to support the treatment request. If Superior needs additional information for this request, please include the best contact information to reach you/your office.

For any questions, please contact **Superior's Provider Services Department** at:

- 1-877-391-5921 (Medicaid/CHIP, Medicare and MMP)
- 1-877-687-1196 (Ambetter)

To find out if services require prior authorization, please visit [SuperiorHealthPlan.com/PriorAuth](https://www.SuperiorHealthPlan.com/PriorAuth).

