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North Sound Behavioral Health Organization, LLC

Section 1500 – Clinical: Voluntary Inpatient Psychiatric Authorization for Electroconvulsive Therapy (ECT)

Authorizing Source: WAC 182-500-0070; 246-322-170; 388-865-0150 and RCW: 71.05; 71.34;
Washington Apple Health Mental Health Services Provider guide

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 10/17/2016

POLICY #1582.00

SUBJECT: VOLUNTARY INPATIENT PSYCHIATRIC AUTHORIZATION FOR ELECTROCONVULSIVE THERAPY (ECT)

PURPOSE

To provide appropriate access to medically necessary voluntary inpatient treatment for Medicaid individuals who have planned full course, planned maintenance, already admitted full course and already admitted maintenance Electroconvulsive Therapy (ECT) treatment.

POLICY

Medicaid eligible individuals authorized for publicly funded mental health treatment may be authorized for inpatient psychiatric care for non-pharmacologic treatments. The North Sound Behavioral Health Organization (North Sound BHO) contracts with Volunteers of America (VOA) to staff and operate a hospital inpatient Utilization Management (UM) team to review inpatient psychiatric authorization requests on a 24-hour basis.

Please refer to North Sound BHO Policy 1571.00 and the Washington Apple Health Mental Health Services Provider Guide of the Division of Behavioral Health Recovery (DBHR) for complete inpatient psychiatric authorization criteria and procedures.

Inpatient psychiatric care for all medical assistance individuals (e.g., those on Title XIX and state programs) must be:

1. Medically necessary as defined in WAC 182-500-0070 and also include the following:
 - a. Ambulatory care resources available in the community do not meet the treatment needs of the individual, AND
 - b. Proper treatment based on the acuity of the individual's psychiatric condition requires services on an inpatient basis under the direction of a physician (according to WAC 246-322-170), AND
 - c. Services can reasonably be expected to improve the individual's level of functioning or prevent further regression of functioning, AND

- d. The individual has been diagnosed as having an emotional/behavioral disorder or a severe psychiatric disorder (as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association) which is considered a principal covered diagnosis (see Mental Health Services Provider Guide) and warrants extended care in the most intensive and restrictive setting;
OR
 - e. The individual was evaluated and met the criteria for emergency involuntary detention (RCW 71.05 or 71.34) but agreed to inpatient care.
2. Approved (ordered) by the professional in charge of the hospital or hospital unit; and
 3. Certified by the BHO's Contractor (VOA). The person making the determination to authorize inpatient care must meet the definition of a Mental Health Professional (MHP) per WAC 388-865-0150 and RCW 71.05.020.

In addition to standard medical necessity criteria for inpatient psychiatric authorization defined above, individuals who have a planned full course or planned maintenance ECT treatment must meet the following criteria:

1. **Full Course ECT Treatment:** Current symptoms of an active episode of Depression or Bipolar disorder (either depression or mania, acute, chronic or recurrent), that has been unresponsive to at least 2 documented medication trials of anti-depressants or mood stabilizers for a 4-12 week treatment period.
2. **Maintenance ECT Treatment:** In addition to the criteria above, the individual has demonstrated a previous successful response to a full course ECT and has a history of rapid relapse within six (6) months without ECT.
3. **Full Course/Maintenance ECT treatment** is determined to be **not** clinically appropriate for outpatient services and may only be administered once per client, per day by a staffed psychiatrist.

PROCEDURE

All requests for inpatient psychiatric authorization for ECT shall be directed to VOA inpatient authorization line at 800-707-4656.

Planned Admission

1. Requesting provider or hospital shall call VOA and submit documentation that fulfills the medical necessity requirements for full course or maintenance ECT as outline above.
2. Inpatient authorization requests for either full course or maintenance ECT treatment shall be submitted within 72 hours of planned admission.
3. VOA UM team will either authorize or deny inpatient psychiatric care for ECT treatment within 72 hours of the request and issue a notice of authorization to the requestor.
4. All authorizations or denials of inpatient care for ECT treatment will be reviewed by VOA's UM team and must be reviewed by a psychiatrist or doctoral-level psychologist.
5. Notices shall be sent to the requesting provider or hospital indicating the authorized number of days (i.e., 6, 6-9, 9-12) with the agreement that treatment will begin within 24 hours of the planned admit.

6. Notices of authorization for all planned admits are valid for seven (7) business days from the date of notice. If the individual is not admitted within the seven (7) business days, the initial authorization will expire and the provider or hospital must contact the VOA to begin a new authorization request.

Planned Admission for Maintenance ECT Series

Authorization for a planned series of single and/or multi day admissions shall only be authorized for inpatient psychiatric care when VOA's UM team agree that the treatment is not medically appropriate on an outpatient basis. Requesting either a single admission or a series of admissions (i.e., 6-12 treatments over a 2 week period), the provider or requesting hospital shall provide:

1. Relevant treatment history including dates of treatment and proposed future admits for maintenance ECT.
2. Clinical rationale describing treatment benefits to date and/or the timeframe for anticipated treatment benefits.
3. Discharge plan that includes outpatient follow up.

Already Admitted

1. When an individual is already admitted to voluntary inpatient care and the provider or hospital determines the need for either full course or maintenance ECT, the same procedures for planned admission applies with the following additions:
 - a. Clarify that the authorization request is for a currently admitted individual.
 - b. VOA's UM team will respond to the request within two (2) hours and will notify the requestor of the authorization or denial by the end of the following business day.
2. In the event that a request for inpatient authorization is not submitted prior to beginning ECT treatment, VOA will review length of stay extensions based on:
 - a. Medical necessity criteria for ECT, number of ECT treatments already provided and proposed treatment plan.
 - b. Standard medical necessity criteria for length of stay extension and an agreed upon length of treatment.
3. In the event that a request is made that is beyond the previously agreed number of days or treatments, the provider or hospital must submit an updated request for a length of stay extension at least 24 hours prior to discharge or if the individual is not currently admitted, at least 72 hours before the last authorized treatment that clearly documents:
 - a. Medical necessity criteria for ECT, number of ECT treatments already provided and proposed treatment plan.
 - b. Anticipated benefit of continued treatment.
 - c. Discharge plan that includes any outpatient treatments and/or follow up services.

Transfer of Care

In the event that an individual has a planned admit or is already admitted and the provider determines the need to transfer to another facility for ECT treatment, the transferring facility or provider shall initiate authorization with VOA and provide medical necessity documentation as defined above. It is the transferring facility's responsibility to secure a bed at the accepting facility that would provide the treatment.

Denials

If an inpatient authorization request with full course or maintenance ECT treatment is denied, VOA's UM team will notify the requester of the denial by phone and inform the individual of their rights to an expedited appeal.

1. In the event of a denial of **initial** authorization, an expedited review process (peer to peer consult) will occur within 12 hours.
2. In the event of a length of stay **extension** denial, an expedited review process must occur within 24 hours from the time VOA notifies the requester of the denial.
3. Only a psychiatrist or doctoral-level psychologist may issue a denial. A psychiatrist or doctoral-level psychologist employed by or contracted with VOA will conduct a clinical review of medical necessity for any potential denials.
4. A Notice of Action (NOA) is sent no later than one business day when a denial is issued regarding medical necessity for hospital inpatient admission or continued stay.

Appeals and Disputes

1. Individuals may refer to the following policies regarding their rights when requested services have been denied:
 - a. 1001.00 – Grievance, Appeal, and Fair Hearing and Notice - General Policy Requirements;
 - b. 1002.00 – Grievance;
 - c. 1003.00 – Appeal; and
 - d. 1004.00 – Fair Hearing.
2. Inpatient providers may refer to Policy 1020.00 – Inpatient Provider Appeal and Dispute if they disagree with the medical necessity determination (appeal) or have concerns regarding VOA's or North Sound BHO's compliance with published requirements (administrative dispute).

ATTACHMENTS

None