



Electroconvulsive Therapy (ECT) Referral and Payment Authorization Procedure

Approved Date 01/16/2024
Effective Date 01/17/2024

DocuSigned by:
Dr. Georgina Yoshioka
7DF8077EFA674B2
Georgina Yoshioka, DSW, MBA, LCSW, Director

Purpose The purpose of this procedure is to provide operational guidance to the Department of Behavioral Health (DBH) workforce, contracted providers, and fee-for-service providers, on the DBH procedure for referring DBH clients who are currently receiving psychiatric services through DBH and non-DBH SBC Medi-Cal beneficiaries (also referred to as “clients” in this procedure) who are currently admitted to a psychiatric facility that provides Electroconvulsive Therapy (ECT) with whom DBH has contracted to fund ECT, to contracted (ECT) providers.

Referral Process The table below identifies the roles and responsibilities for referring a DBH or non-DBH client as defined above for ECT:

ROLE	RESPONSIBILITY
Client’s Attending Physician or Psychiatric Nurse Practitioner	<ul style="list-style-type: none"> Determines if client under their care is an appropriate candidate for ECT. Submits Complex Care Coordination Request Form with supporting documentation to DBH Medical Director or designee for ECT payment approval
DBH Medical Director or designee	<ul style="list-style-type: none"> Follows DBH internal criteria in section titled “Decision to Approve Funding” to decide whether to approve payment request. Sends Treating Psychiatrist ECT Approval Letter with Authorization Number, or Sends Treating Psychiatrist the ECT Denial Letter.
Client’s Attending Physician or Psychiatric Nurse Practitioner	If approved, contacts contracted ECT provider to refer client for further evaluation.

Continued on next page

Electroconvulsive Therapy (ECT) Referral and Payment Authorization Procedure, Continued

Referral Process, continued

Note: A completed Authorization for Release of Protected Health Information (PHI) must accompany the referral to the contracted hospital if SUDRS information is being disclosed.

Decision to Approve Funding

DBH Medical Director or designee shall follow the DBH internal process below to decide whether to approve or deny a payment request for ECT. Payment approval for ECT will be made when the following individual criteria are met:

1. Client must meet at least one (1) of the following:
 - a. History of poor response to at least two (2) medications indicated for the primary psychiatric condition, in adequate doses, and for a time-period sufficient to determine individual is not responding to medication;
 - b. History of an effective response to ECT for the same condition in the past;
 - c. Need for rapid response due to the potentially life-threatening nature of the individual's condition, and /or
 - d. ECT would be an effective alternative to medications to which the client has a documented history of intolerable adverse effects.

Note: Due to administration of anesthesia during ECT and potential post-anesthesia complications, outpatient clients receiving ECT must have adequate social and environmental support to maintain effective and safe treatment monitoring, including a designated driver to and from their ECT sessions.

Documentation

Copies of ECT approval or denial letters, the application packet sent to provider performing the procedure, and all return correspondence from provider, shall be maintained by Medical Services.

Related Policy or Procedure

DBH Standard Practice Manual:

- Electroconvulsive Therapy (ECT) Referral Form (MDS040)
- Electroconvulsive Therapy (ECT) Referral and Payment Authorization Procedure Policy (MDS2026)

Reference(s)

- [California Code of Regulations, Title 17, Division 2, Chapter 1, Subchapter 8, Article 4, Section 50831 \(17 CCR § 50831\)](#)
- [Welfare and Institutions Code Sections 5325-5337 \(WIC 5325-5337\)](#)