

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery		
Title:	Electroconvulsive Therapy (ECT)		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 1	Review Cycle: Biennial Author: Chief Medical Officer	Adopted Date: 03.05.2019 Review Date: 11.10.2020	Related Policies:

Purpose

This policy was developed to describe the funding, authorization and approval process associated with providing adults, children and adolescents with ECT and/or any procedure intended to produce convulsions when such procedures are clinically justified.

Policy

It is the policy of Mid-State Health Network (MSHN) that ECT (which can be provided on an inpatient, partial, or outpatient basis, as clinically determined) and ancillary charges will only be authorized and funded by each CMHSP for persons who are not covered by insurance, who have Medicaid, or Medicaid as secondary coverage, when it is clinically justified. The ECT clinical justification process for prior authorization will be outlined in the procedure document.

Applies to:

- ☐ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN CMHSPs ☐ Policy Only ☒ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions:

CMHSP: Community Mental Health Service Program

Electro-Convulsive Therapy (ECT): According to the American Psychiatric Association (APA), ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. It is typically administered by a team of trained medical professionals that includes a psychiatrist, an anesthesiologist, and a nurse or physician assistant.

MSHN: Mid-State Health Network

Other Related Materials:

N/A

References/Legal Authority:

Michigan Mental Health Code 330.1717

Change Log:

Date of Change	Description of Change	Responsible Party
11.2018	New Policy	MSHN Medical Director
08.2020	Biennial Review	Chief Behavioral Health Officer