BSC8.09	Electroconvulsive Therapy		
Original Policy Date:	May 1, 2025	**Effective Date:**	July 1, 2026
Section:	8.0 Therapy	**Page:**	Page 1 of 7

Policy Statement

I. Acute Electroconvulsive therapy (ECT) may be considered **medically necessary** when **ALL** of the following criteria are met:
   A. The individual is at least 13 years of age or older
   B. The individual has **one or more** of the following conditions:
      1. Severe Mood Symptoms (Depression and Mania)
      2. Catatonia
      3. Psychosis
      4. Neuroleptic Malignant Syndrome
      5. Intractable Epilepsy or Status Epilepticus
      6. Parkinson's Disease with Depression
      7. Certain types of Delirium
   C. **One or more** of the following apply:
      1. There is a poor response to pharmacotherapy
      2. There is an intolerance to pharmacotherapy
      3. Psychiatric symptoms are worsening
      4. There is exhaustion from the lack of drinking or eating
      5. Suicidal ideas or behaviors are present
      6. The condition is severe and requires a rapid response
      7. There is a past history of positive response to ECT
      8. Risk-benefit analysis favors ECT over other therapeutic options
   D. A pre-ECT evaluation including psychiatric and medical evaluations has been completed

II. Continued electroconvulsive therapy (ECT) may be considered **medically necessary** when the following criterion is met:
   A. There is a partial response to acute treatment based on standardized rating scales

III. Maintenance electroconvulsive therapy (ECT) may be considered **medically necessary** when **ALL** of the following criteria are met:
   A. There is a positive response to acute ECT treatment
   B. The individual experiences resistance or intolerance to pharmacotherapy alone OR the individual prefers maintenance ECT
   C. The individual (or surrogate consenter) is able and willing to consent to receive maintenance ECT
   D. The individual is able to adhere to the overall treatment plan
   E. The rationale for maintenance ECT is documented in the medical record
   F. Maintenance ECT is administered at the minimum frequency compatible with sustained remission

NOTE: Refer to Appendix A to see the policy statement changes (if any) from the previous version.

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Policy Guidelines

Definitions:

- Positive response –improvement in symptoms on a standardized rating scale
- Partial response - some improvement in symptoms, typically between 25% and 49% on a standardized rating scale
- Non-response – little to no improvement in symptoms, typically less than 25% improvement on a standardized rating scale

Clinical judgment may be used to determine whether a condition (is):

- "Treatment resistant"
- "Requires a rapid response"

Adequate pharmacological treatment requires **BOTH** of the following:

- The medication used is appropriate to treat the condition
- Either of the following:
  - The treatment duration and medication dosage are adequate
  - There are adverse side effects

Additional Information:

Frequency of Treatments

- Acute phase: ECT is usually delivered two or three times per week on alternating days. A reduction in treatment frequency should be considered if side effects occur.
- Maintenance phase: ECT is usually started on a weekly basis, with the interval between treatments gradually extended to a month, depending on the clinical response

Number of Treatments

The total number of treatments in an acute ECT should be a function of clinical improvement and side effect tolerability. For mood disorders, this is usually 6–12 treatments. A higher number of treatments may be necessary for schizophrenia.

ECT Reassessment and Modification

- In treatment responders, acute treatment should be tapered rather than abruptly stopped.
- If an individual shows minimal or no response after 6–10 treatments, ECT should be reassessed, with consideration given to modification of the ECT technique.
- If the treatment technique has been optimal, termination of ECT should be considered in individuals with a partial positive response who remain unchanged after two to three additional treatment sessions.

Continued ECT and Maintenance ECT

Continuation treatment is traditionally defined as treatment over the 6-month period after the onset of remission to prevent relapse, whereas **maintenance treatment** extends beyond that time and aims to prevent a recurrence of illness. The goal of maintenance ECT is to maintain the improvement achieved during the acute phase.

Measurement based care is viewed as best practice for documenting therapeutic outcomes with ECT as well as assessing adverse effects. Scales used include

- Depression Symptom Rating Scales
- Hypomanic and Manic Symptom Rating Scales
- Psychosis Symptom Rating Scales
- Catatonia Symptom Rating Scale

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Coding
See the Codes table for details.

Description

Electroconvulsive therapy (ECT) is a safe and effective procedure to treat severe depression and catatonia. It is also sometimes used to treat other medical conditions.

During ECT, a small amount of electricity (called an "electrical current") is passed through the brain while under general anesthesia. The current causes an intentional and brief seizure that affects the whole brain. This causes changes in the brain that can help improve symptoms of severe depression and other medical conditions.

Related Policies

- N/A

Benefit Application

Benefit determinations should be based in all cases on the applicable member health services contract language. To the extent there are conflicts between this Medical Policy and the member health services contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal law may prohibit health plans from denying FDA-approved Healthcare Services as investigational or experimental. In these instances, Blue Shield of California may be obligated to determine if these FDA-approved Healthcare Services are Medically Necessary.

Regulatory Status

California Law
Pursuant to Cal. Health and Safety Code §§ 1367.03, 1374.72, 1374.721, 1374.722, and 1374.73, and 28 C.C.R. §§ 1300.74.72 and 1300.74.72.01, health care service plans are required to provide coverage for mental health and substance use disorders (MH/SUD) services that are medically necessary, and in accordance with geographical and timely access standards. Further, plans must ensure they have a provider network that is sufficient for enrollees to receive these services in a timely manner or provide coverage for out-of-network (OON) providers. The new regulations also expand the scope of required benefits that plans must cover, including benefits for preventive, diagnostic, and treatment of MH/SUD. Lastly, these regulations include utilization review requirements for MH/SUD services. The regulations make health plans responsible for ensuring compliance and applying the most recent clinical criteria developed by nonprofit professional associations.

This medical policy adheres to the standards established by the American Psychiatric Association (APA) to ensure compliance with the above concerning health coverage for mental health or substance use disorders

Rationale

Background, literature review, and supplemental information regarding ECT can be found in the publication The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging (3rd edition, 2025) by the American Psychiatric Association.

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References

1. American Psychiatric Association. (2025). The practice of electroconvulsive therapy: Recommendations for treatment, training, and privileging (A Task Force Report of the American Psychiatric Association) (3rd ed.). American Psychiatric Pub. ISBN 978-0-89042-712-5.
2. Mayo Clinic. (2024). Electroconvulsive therapy (ECT). Accessed June 22, 2026 from https://www.mayoclinic.org/tests-procedures/electroconvulsive-therapy/about/pac-20393894
3. UpToDate. Patient education: Electroconvulsive therapy (ECT) (The basics). Accessed March 26, 2025 from https://www.uptodate.com/contents/electroconvulsive-therapy-ect-the-basics?search=patient%20education%20ECT&source=search_result&selectedTitle=1%7E100&usage_type=default&display_rank=1

Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Psychiatric evaluation
  - Clinical findings (i.e., pertinent symptoms and duration)
  - Standardized rating scales scores
  - Activity and functional limitations
  - Any history of ECT treatment and previous response
  - Medication and other treatments attempted, including dose, modality, duration, and response (when applicable)
  - Reason for procedure
  - Treatment plan
  - Prior conservative treatments, duration, and response, including medication trials
  - Comorbidities
  - Consultation and medical clearance report(s)
  - Psychological and other pertinent multidisciplinary notes/reports when applicable

Post Service (in addition to the above, please include the following):

- Procedure report(s)
- Results/reports of tests performed

Coding

The list of codes in this Medical Policy is intended as a general reference and may not cover all codes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy.

Type	Code	Description
CPT®	00104	Anesthesia for electroconvulsive therapy
	4066F	Electroconvulsive therapy (ECT) provided (MDD)
	90870	Electroconvulsive therapy (includes necessary monitoring)
HCPCS	None	

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Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
05/01/2025	New policy.
08/01/2025	Policy statement and guidelines updated.
12/01/2025	Administrative update.
02/01/2026	Administrative update.
05/01/2026	Annual review. Policy statement and guidelines updated.
07/01/2026	Annual review. Policy statement and guidelines updated.

Feedback

Blue Shield of California is interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration. Our medical policies are available to view or download at www.blueshieldca.com/provider.

For medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

Disclaimer: Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as member health services contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member health services contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

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Appendix A

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	**AFTER** Blue font: Verbiage Changes/Additions
Electroconvulsive Therapy BSC8.09 **Policy Statement:** I. Acute Electroconvulsive therapy (ECT) may be considered **medically necessary** when **ALL** of the following criteria are met: A. The individual is at least 13 years of age or older B. The individual has **one or more** of the following conditions: 1. Depression 2. Catatonia 3. Mania 4. Psychosis 5. Neuroleptic Malignant Syndrome 6. Intractable Epilepsy or Status Epilepticus 7. Parkinson's Disease with Depression 8. Certain types of Delirium C. **One or more** of the following apply: 1. There is a poor response to pharmacotherapy 2. There is an intolerance to pharmacotherapy 3. Psychiatric symptoms are worsening 4. There is exhaustion from the lack of drinking or eating 5. Suicidal ideas or behaviors are present 6. The condition is severe and requires a rapid response 7. There is a past history of positive response to ECT 8. Risk-benefit analysis favors ECT over other therapeutic options D. A pre-ECT evaluation including psychiatric and medical evaluations has been completed II. Continued electroconvulsive therapy (ECT) may be considered **medically necessary** when the following criterion is met: A. There is a partial response to acute treatment based on standardized rating scales	**Electroconvulsive Therapy BSC8.09** **Policy Statement:** I. Acute Electroconvulsive therapy (ECT) may be considered **medically necessary** when **ALL** of the following criteria are met: A. The individual is at least 13 years of age or older B. The individual has **one or more** of the following conditions: 1. Severe Mood Symptoms (Depression and Mania) 2. Catatonia 3. Psychosis 4. Neuroleptic Malignant Syndrome 5. Intractable Epilepsy or Status Epilepticus 6. Parkinson's Disease with Depression 7. Certain types of Delirium C. **One or more** of the following apply: 1. There is a poor response to pharmacotherapy 2. There is an intolerance to pharmacotherapy 3. Psychiatric symptoms are worsening 4. There is exhaustion from the lack of drinking or eating 5. Suicidal ideas or behaviors are present 6. The condition is severe and requires a rapid response 7. There is a past history of positive response to ECT 8. Risk-benefit analysis favors ECT over other therapeutic options D. A pre-ECT evaluation including psychiatric and medical evaluations has been completed II. Continued electroconvulsive therapy (ECT) may be considered **medically necessary** when the following criterion is met: A. There is a partial response to acute treatment based on standardized rating scales

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III. Maintenance electroconvulsive therapy (ECT) may be considered **medically necessary** when **ALL** of the following criteria are met: A. There is a positive response to acute ECT treatment B. The individual experiences resistance or intolerance to pharmacotherapy alone OR the individual prefers maintenance ECT C. The individual (or surrogate consenter) is able and willing to consent to receive maintenance ECT D. The individual is able to adhere to the overall treatment plan E. The rationale for maintenance ECT is documented in the medical record F. Maintenance ECT is administered at the minimum frequency compatible with sustained remission	III. Maintenance electroconvulsive therapy (ECT) may be considered **medically necessary** when **ALL** of the following criteria are met: A. There is a positive response to acute ECT treatment B. The individual experiences resistance or intolerance to pharmacotherapy alone OR the individual prefers maintenance ECT C. The individual (or surrogate consenter) is able and willing to consent to receive maintenance ECT D. The individual is able to adhere to the overall treatment plan E. The rationale for maintenance ECT is documented in the medical record F. Maintenance ECT is administered at the minimum frequency compatible with sustained remission

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