

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Outpatient and Inpatient Electroconvulsive Therapy (ECT) MP9570

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

- 1.0 ECT **does not require** prior authorization through the Health Services Division and is considered medically necessary to treat severe, treatment-resistant depression, and may be useful in treating individuals with bipolar disorder and schizophrenia that have not responded to other treatments.
- 2.0 ECT is considered not medically necessary, and therefore not covered, for **ANY** of the following:
 - 2.1 Substance abuse disorders
 - 2.2 Autism spectrum disorders
 - 2.3 Obsessive-compulsive disorder
 - 2.4 Posttraumatic stress disorder
 - 2.5 Multiple-seizure electroconvulsive therapy (MECT)

	Committee/Source	Date(s)
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