



# Electroconvulsive Therapy (ECT) Referral and Payment Authorization Policy

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**Policy** It is the policy of San Bernardino County Department of Behavioral Health (DBH) to fund Electroconvulsive Therapy (ECT) when clinically indicated and approved by the DBH Medical Director or designee, and through contracting with entities that provide ECT.

**Purpose** To provide direction for DBH workforce members, contracted providers, and fee-for-service providers on DBH policy for funding ECT provided by contracted entities.

**Definition(s)** **Electroconvulsive Therapy:** ECT involves the intentional induction of generalized seizures (at a therapeutic threshold) by administering electrical impulses to electrodes placed on the outside of the head of an anesthetized individual.

**DBH Responsibility** DBH shall consider funding ECT services for DBH clients, and for non-DBH SBC Medi-Cal beneficiaries (also referred to here as “clients”) who are currently admitted to a psychiatric facility that provides ECT and with whom DBH has contracted to fund ECT.

**Contracted Entities Responsibility** Entities with whom DBH contracts to provide ECT are responsible for adhering to all applicable laws and regulations related to the performance and provision of ECT assessments and treatments.

**Course of Treatment** ECT may be conducted as an initial or maintenance course of treatment. Due to the high relapse rate after a successful initial course of ECT, a maintenance course is often recommended. In an initial course of treatment, ECT is usually administered two (2) to three (3) times per week. The average course of initial treatment for various diagnoses are:

- Major Depressive Disorder: 12 or more treatments;
- Acute Mania: 20 or more treatments;
- Schizophrenia: 17 or more treatments, and
- Catatonia: 12 or more treatments.

**Note:** DBH may approve funding for the entire anticipated course of ECT at time of initial approval and may provide additional approvals when clinically indicated.

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## Electroconvulsive Therapy (ECT) Referral and Payment Authorization Policy, Continued

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**Related Policy or Procedure**

[DBH Department Forms and Standard Practice Manual:](#)

- [Electroconvulsive Therapy \(ECT\) Referral Form \(MDS040\)](#)
  - [Electroconvulsive Therapy \(ECT\) Referral and Payment Authorization Policy Procedure \(MDS2026-1\)](#)
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**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 \(WIC 5325-5337\)](#)
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