



REQUEST FOR INITIAL OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Form only applies to initial outpatient ECT treatment.

General Instructions:

- Type or print neatly in the designated fields.
- Complete all applicable fields.
- Write the numerical diagnosis code(s) from the DSM-5 or ICD-10.

Authorization is not required for:

- BCBS Alabama
- BCBS Kansas
- BCBS Arkansas

Return via fax to the appropriate fax number:

- Lucet Employee: 816-416-7788
If your client is covered as an employee of Lucet or a spouse or dependent of a Lucet employee, please return by fax to our Internal Behavior Health Benefit Review team.
- 816-237-2364
 - BCBS Florida (Florida Blue)
 - BCBS Kansas City (Blue KC)
 - BCBS Louisiana
 - Walmart
 - SCAN

Note: For verification of benefits, eligibility, authorization requirements, and allowable codes, please call the customer service number listed on the member's insurance ID card.

Medical policy information is available at Lucethealth.com under Medical Necessity Criteria.



INITIAL OUTPATIENT ECT TREATMENT REQUEST FORM

Member's Information

Name: _____
Member's Phone Number: _____
Insurance Policy #: _____
Date of Birth: _____

Requesting Physician's Information

Name: _____
Phone #: _____
Address where services are being rendered: _____
Tax ID#: _____ NPI#: _____

Facility's Information

Name: _____
Phone #: _____
Address where services are being rendered: _____
Tax ID#: _____ NPI#: _____

Utilization Reviewer Contact Information

Name: _____
Fax #: _____ Phone #: _____

ECT Information

ECT Start Date: _____
Primary diagnoses (the primary focus of ECT treatment):
☐ Major Depressive Disorder: single or recurrent; severe, psychotic or non-psychotic
DSM-5 Code: _____
☐ Bipolar Disorder: depressed, mixed, or manic
DSM-5 Code: _____
☐ Schizophrenia / Schizophrenia Spectrum / Schizoaffective / Psychotic Disorders
DSM-5 Code: _____
☐ Catatonia
DSM-5 Code: _____
☐ Neuroleptic Malignant Syndrome
ICD-10 Code: _____
Current episode duration (# months): _____



Check the applicable box(es) below to attest that at least one of the following criteria have been met:

- ☐ Two or more adequate trials of full dose antidepressants (adequate time = eight (8) weeks) have been tried.
- ☐ Augmentation with lithium, thyroid, or atypical antipsychotics has been tried or considered.
- ☐ Member's inability to tolerate medication due to severe or intolerable side effects.
- ☐ The member is markedly impaired by his/her psychiatric illness, so serious physiological or physical complications are very likely.
- ☐ History of a significant positive prior response to ECT.

Current symptoms or other relevant clinical information:

For ECT request found to be medically necessary, the following CPT codes and units will include, as applicable:

00901 – Electroconvulsive Therapy Facility (Facility)

90870 – Electroconvulsive Therapy Treatment and Monitoring (Psychiatrist)

ECT Initial: 12 units / 8 weeks

Medical policy information is available at Lucethealth.com under Medical Necessity Criteria.

This form needs to be completed in its entirety. If there is a section that is not applicable it needs to be marked as such to ensure timely processing once received.