

ECT-OUTPATIENT INITIAL REQUEST

ECT-Outpatient-Initial Request Details

ECT-OUTPATIENT INITIAL REQUEST

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Provider/Facility Information

Name of person completing this form:*

Contact # of person completing this form:*

Request Information

Per Maryland Medical Necessity, ECT requires a primary diagnosis of major depression, bipolar disorder, mania, schizophrenia, or related psychotic disorder, which requires, and can reasonably be expected to, respond to ECT.

Primary and Additional Diagnosis Codes:*

What current, uncontrolled symptoms, risks or impairment require treatment under the requested LOC?*

Current medications:*

Have there been previous medication trial failures?*

Yes No

Current treatment plan:*

Do any of the following apply to the participant:

Child or Adolescent

Pregnant

Presence of dementia

None of the above

Medically cleared?*

Yes No

Has a pre-ECT global cognitive baseline level of functioning completed?*

Yes No

Has there been previous ECT treatment in the past?*

Yes No

What is the requested frequency and anticipated length of ECT?*

Who will transport member to and from treatments and monitor them immediately after?*

Is there any relevant information not otherwise discussed that is important for the review of this case?*

Yes No

Data Capture Required:

Yes