

Government Programs:

Electroconvulsive Therapy (ECT) Request Form

PO Box 66189
Virginia Beach, VA 23466
1-800-888-2611 | Medicaid
1-888-946-1167 | Medicare/D-SNP

Submit via the provider portal or fax to the
Urgent Fax Line: **757-963-9619** or **1-844-348-3719**

Sentara Medicare Advantage | Sentara Community Complete (D-SNP) | Sentara Community Plan

Member Name/Last, First	Member ID/Policy#	Date of Birth/Age	Today's Date

Psychiatrist name: _____ Tax ID: _____ NPI: _____

Facility where ECT will be administered: _____ Number of requested units: _____

Diagnosis of a psychiatric condition amenable to ECT treatment: _____

Acute request (check all that apply):

Pretreatment symptoms rated as severe: Y N

Patient has undergone medication review and clearance: Y N Date of clearance: _____

Need for ECT, as indicated by one or more of the following:

- | | |
|---|--|
| <input type="checkbox"/> Catatonia | <input type="checkbox"/> Nutritional compromise |
| <input type="checkbox"/> High risk for suicide attempt | <input type="checkbox"/> Pharmacotherapy not preferred due to risk of adverse effects (i.e., pregnant or elderly patients) |
| <input type="checkbox"/> Intractable manic excitement [C](21) | <input type="checkbox"/> Unremitting self-injury |
| <input type="checkbox"/> Neuroleptic malignant syndrome(23)(24) | |

Inadequate response to pharmacotherapy despite all of the following (required):

- ☐ Adequate duration and dosage
- ☐ Documented adherence
- ☐ Trials from two or more classes of medications with adjuvants

Extension request (check all that apply):

Extension of acute treatment as indicated by all of the following:

- ☐ Partial response to treatment. Please describe: _____
- ☐ Treatment is being reevaluated and modified (i.e., switch from unilateral to bilateral lead placement, medication of stimulus parameters). Indicate: _____

Maintenance request (check all that apply):

- ☐ Clinical determination that maintenance treatment needed to reduce risk of relapse
- ☐ Adjunctive pharmacotherapy optimized as indicated
- ☐ Sessions tapered to lowest frequency that maintains response. Indicate: _____

Documented member resistance to psychopharmacological agents demonstrated by:

Medication Name	Maximum Dose	Duration	Last Prescribed	Prescribing Physician