



**Health Care Agency  
Behavioral Health Services  
Policies and Procedures**

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Behavioral Health Services

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**SUBJECT:**

Outpatient Neuromodulation Services for Behavioral Health Plan (BHP)  
Members

**PURPOSE:**

To outline the process for request and authorization for outpatient Neuromodulation services, including Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) for members within Orange County's Behavioral Health Plan (BHP).

**POLICY:**

It is the policy of Behavioral Health Services (BHS) to coordinate care and ensure access to prescribed outpatient ECT and TMS for BHP members. Both outpatient ECT and TMS are covered Medi-Cal benefits.

**SCOPE:**

This procedure applies to Medi-Cal members who meet medical necessity for Specialty Mental Health Services (SMHS) in the BHP. The request, assessment, and administration of outpatient ECT and TMS will be consistent with the guidelines of the American Psychiatric Association (APA).

**REFERENCES:**

[TMS Should Be Considered as First-Line Treatment for Moderate to Severe Major Depressive Disorder](#)

[What is Electroconvulsive Therapy \(ECT\)?](#)

[Neuromodulation Strategies for the Treatment of Depression](#)

**FORMS:**

External Services Request

**DEFINITIONS:**

Administrative Services Organization (ASO) – An entity with delegated authority by the BHP for Utilization Management (UM) activities, coordination of services not available within existing programs, and/or management of members' initial access to services.

Electroconvulsive therapy - is a type of neuromodulation involving a small electrical current under anesthesia with the purpose of inducing a seizure. This seizure activity produces changes in neurotransmitters involved in psychiatric conditions. ECT is used to treat severe depression (unipolar and bipolar), schizophrenia, bipolar mania, mixed states, schizoaffective disorder, schizophreniform disorder, and catatonia.

Transcranial magnetic stimulation - is a noninvasive type of neuromodulation that uses an electromagnet to stimulate the brain using repeated low-intensity pulses. The magnetic field is turned on and off very rapidly, inducing weak electrical currents that produce changes in neurotransmitters involved in psychiatric conditions. TMS is approved for major depression and obsessive-compulsive disorders. It is also used off-label for other psychiatric conditions that are resistant to standard medication treatments.

Managed Care Plan - The health plans responsible for Orange County Medi-Cal members' health care needs, including non-specialty mental health services (NSMHS).

Member - A person with Medi-Cal coverage whose county of responsibility or county of residence is Orange.

Neuromodulation - refers to the process of using technology to modulate the function of the central, peripheral, or autonomic nervous systems. It involves the electrical or chemical stimulation, inhibition, modification, or regulation of neural activity for therapeutic purposes via implantable and non-implantable devices.

Notice of Adverse Benefit Determination (NOABD) - Form used to notify the requesting provider, and give the enrollee written notice of any decision by the Plan to deny or delay a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. There are multiple versions of this form, to be used depending on the situation.

Quality Management Services - Is a BHS administrative service area that provides oversight and coordination of quality improvement and compliance activities across the Divisions of BHS.

**PROCEDURE:**

**I. Outpatient electroconvulsive therapy (ECT)**

- A. Requests may be made by county-operated programs, county-contracted programs, managed care plans and their providers, the administrative services organization, or members.

- B. Requests for outpatient ECT from county operated programs shall be processed as follows:
  - 1. Referring program shall send the request to the Quality Management Services (QMS) Utilization Management (UM) unit via email.
    - a) Completed Neuromodulation Request Forms shall be sent to [BHPUMCCC@ochca.com](mailto:BHPUMCCC@ochca.com)
    - b) The QMS UM unit shall facilitate linkage to the Administrative Services Organization (ASO) via email to identify a provider.
- C. Requests for outpatient ECT from outside entities (e.g. the MCP) may go directly to the ASO. In those instances, the ASO will notify the QMS UM unit of requests for tracking purposes.

## II. Transcranial magnetic stimulation (TMS)

- A. Requests may be made by county-operated programs, county-contracted programs, managed care plans and their providers, the administrative services organization, or members.
- B. Requests for outpatient TMS from county operated programs shall be processed as follows:
  - 1. Referring program shall send the request to the Quality Management Services (QMS) Utilization Management (UM) unit via email.
    - a) Completed Neuromodulation Request Forms shall be sent to [BHPUMCCC@ochca.com](mailto:BHPUMCCC@ochca.com) .
    - b) The QMS UM unit shall facilitate linkage to the Administrative Services Organization (ASO) via email to identify a provider.
- C. Requests for TMS from outside entities (e.g. the MCP) may go directly to the ASO. In those instances, the ASO will notify the QMS UM unit of requests for tracking purposes.

## III. QMS Utilization Review Responsibility

- A. The BHS QMS UM unit shall review Neuromodulation request form for the purposes of managing care, tracking requests and facilitating coordination with managed care plans.
- B. The UM unit shall notify the corresponding managed care plan (MCP) and coordinate with the ASO for coverage of outpatient ECT as a shared benefit.

1. The ASO shall be responsible for determining medical necessity for Specialty Mental Health services and processing the referral for professional psychiatric services.
    - a) The ASO shall contact the member to provide information regarding location, contact information, and instructions on how to schedule an assessment with the outpatient ECT or TMS provider.
  2. The corresponding MCP is responsible for determining medical necessity for medical benefits and for processing the authorization for anesthesia and facility fees in accordance with their policies. If the MCP has delegated health plans or health networks, it is the responsibility of the MCP to coordinate with such entity for payment of medical benefits directly to the ECT facility.
- C. The QMS UM unit shall consult the BHS Medical Director team as needed for clinical determinations and adequacy of requests.