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Transcranial Magnetic Stimulation MP9526

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 Repetitive transcranial magnetic stimulation (TMS) **does not require** prior authorization and is considered medically necessary for members age 18 years or older who have a confirmed diagnosis of major depressive disorder (MDD), single or recurrent episode and **ALL** of the following criteria are met:

1.1 **Any** of the following scenarios applies:

1.1.1 Resistance to treatment with psychopharmacologic agents as evidenced by a lack of a clinically significant response to two trials of psychopharmacologic agents in the current depressive episode from at least two different agent classes. At least one of the treatment trials must be administered at an adequate course of mono- or poly-drug therapy; **OR**

1.1.2 Inability to tolerate psychopharmacologic agents as evidenced by two trials of psychopharmacologic agents from at least two different classes, with distinct side effects. Psychopharmacologic agent (evidence-based depression treatment regimen) distinct side effects (or medical contraindications that prevent four such trials). will be considered intolerable, when those side effects are of a nature where they are not expected to diminish or resolve with continued administration of the drug; **OR**

1.1.3 Member has a documented history of response to TMS in a previous depressive episode as evidenced by a greater than 50% improvement in a standard rating scale for depressive symptoms; **AND**

1.2 The member's current baseline depression measurement score has been documented by an evidence-based validated rating scale (e.g. BDI; HAM-D; MADRS); **AND**

1.3 The TMS treatment is provided by a device that is FDA-approved or FDA-cleared for the treatment of MDD; **AND**

1.4 The order for treatment (or retreatment) is written by a psychiatrist (MD or DO) who has examined the member and reviewed the record. The psychiatrist must be experienced in administering rTMS therapy and the treatment must be given under direct supervision of this psychiatrist (e.g. he or she must be in the area and be immediately available).

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2.0 If criteria in 1.0 are met, treatment for up to 30 treatment sessions followed by up to six (6) tapered treatments is considered medically necessary.

3.0 TMS is considered experimental and investigational, and therefore not medically necessary for **ANY** of the following:

- 3.1 TMS for medical indications
- 3.2 Members not meeting evidenced based-coverage criteria (1.0 or 2.0)
- 3.3 Members who are pregnant or nursing
- 3.4 Members with acute suicidality, acute psychosis or with psychiatric emergencies where a rapid clinical response is needed, such as marked physical deterioration, catatonia, or immediate suicide risk
- 3.5 TMS maintenance therapy and/or booster treatments
- 3.6 Accelerated TMS protocols and/or Theta burst stimulation protocols
- 3.7 Navigated transcranial magnetic stimulation (nTMS) for treatment planning
- 3.8 Use of TMS for treating behavioral disorders in which the current focus of treatment is a diagnosis other than major depressive disorder. These disorders include but are not limited to:
  - 3.8.1 Alzheimer’s disease and other dementia
  - 3.8.2 Autism spectrum disorder
  - 3.8.3 Obsessive-compulsive disorder (OCD)
  - 3.8.4 Bipolar disorder
  - 3.8.5 Post-traumatic stress disorder (PTSD);
  - 3.8.6 Psychotic disorders (including schizoaffective disorder and major depression with psychotic features)
  - 3.8.7 Members with a primary substance abuse and addiction, eating disorder, or post-traumatic stress disorder or whose symptoms are the primary contributors to the clinical presentation

4.0 Contraindications: The benefits of TMS use must be carefully considered against the risk of potential side effect in members with **ANY** of the following:

- 4.1 Persons with conductive, ferromagnetic or other magnetic-sensitive metals implanted in their head which are non-removable and within 30 cm of the TMS magnetic coil. (e.g. metal plates, cochlear implants, aneurysm coils, ocular implants, deep brain stimulation devices, and stents)
- 4.2 Members with a history of or risk factors for seizures during TMS therapy.
- 4.3 Members with a poor response or serious adverse effects to TMS therapy

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