Category: Utilization Management

Code: UM 2.0 Attach W (TMS)

Subject: Transcranial Magnetic Stimulation (TMS).

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for TMS.

Policy: BHP Care Management (CM) staff use the following level of care guidelines for Transcranial Magnetic Stimulation (TMS).

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

PURPOSE:
The intent of this criteria document is to ensure care is medically necessary

GUIDELINES:
Medical Necessity Criteria – Requests for transcranial magnetic stimulation with the use of a device that is approved by the US Food and Drug Administration for the specific indication requested - must satisfy all of the following: I or II, and none of III

I. Initial Use -must satisfy of the following: A-D

A. Member is aged 18 or older; and

B. Member's current major depressive episode (MDE) meets DSM criteria for major depressive disorder (MDD); and

C. Other causes of MDE have been excluded – none of 1-5

1. Bipolar 1 disorder; and

2. Schizoaffective disorder; and

3. Substance/medication-induced depressive disorder; and

4. Depressive disorder due to another medical condition; and

5. Personality disorders.

D. Member has demonstrated treatment resistance, as supported by both of the following: 1 and 2

1. Member did not experience a clinically significant response to adequate psychopharmacologic medication trials during the current MDE as evidenced by the following: a-c
   a. At least 2 trials involving antidepressants with different mechanisms of action; and
   b. At least 2 trials involving augmentors; or
   c. Member developed severe, treatment-limiting adverse ("side") effects.

2. Member did not experience a clinically significant response to an adequate trial of psychotherapy during the current MDE, where acceptable modalities include – any of the following: a-c
   a. Individual psychotherapy; or
   b. Intensive outpatient program (IOP); or
   c. Partial hospitalization program (PHP)

II. Continuation/maintenance – must satisfy all of the following: A-B

A. The member has had a *clinically significant response* to TMS in a previous depressive episode; or

B. The member is currently receiving or is a candidate for electroconvulsive therapy (ECT) and TMS is considered a less invasive treatment option.

III. Contraindications – none of the following: A-D

A. Seizure disorder or any history of seizure.

[Note: Seizures induced by ECT or isolated febrile seizures in infancy without subsequent treatment or recurrence are acceptable.]

B. Presence of acute or chronic psychotic symptoms or disorders (eg, schizophrenia, schizophreniform or schizoaffective disorder) in the current depressive episode.

C. Neurological conditions (eg, epilepsy, cerebrovascular disease, dementia, increased intracranial pressure, history of repetitive or severe head trauma, or with primary or secondary tumors in the central nervous system [CNS]).

D. Presence of an implanted magnetic-sensitive medical device located less than or equal to 30 centimeters from the TMS magnetic coil or other implanted metal items (eg, cochlear implant, implanted cardioverter defibrillator [ICD], pacemaker, vagus nerve stimulator [VNS], or metal aneurysm clips or coils, staples, or stents) .

[Note: Dental amalgam fillings are acceptable for use with TMS.]

DEFINITIONS:

Clinically significant response: 50% or greater reduction in objective depression rating scales (Attachment A)

DSM: The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

Psychopharmacologic medications:

• Selective serotonin reuptake inhibitors (eg, citalopram, fluoxetine, paroxetine, sertraline, Trintellix [vortioxetine], Viibryd [vilazodone])
• Serotonin norepinephrine reuptake inhibitors (eg, desvenlafaxine, duloxetine, Fetzima [levomilnacipran], venlafaxine)
• Bupropion
• Tricyclic antidepressants (eg, amitriptyline, clomipramine, desipramine, nortriptyline)
• Mirtazapine
• Monoamine oxidase inhibitors (eg, selegiline, tranylcypromine)
• Serotonin modulators (eg, nefazodone, trazodone)
• Augmentation with such as, but not limited to, atypical neuroleptics, "thyroid" such as Cytomel (liothyronine), lithium, anticonvulsants

Serotonin Syndrome: Serotonin syndrome is a potentially life threatening drug reaction that causes the body to have too much serotonin, a chemical produced by nerve cells.

BACKGROUND:
This criteria document is based on expert professional practice guidelines.

FOR INTERNAL USE ONLY:

COVERAGE:
Prior Authorization: Yes – if meets criteria, Authorize 36 sessions

Note regarding prior authorization: PreferredOne conducts its own, separate medical review of TMS authorization requests. The BHP care management team member responsible for the BHP authorization must inform the provider that PreferredOne should be contacted regarding medical authorization of TMS.

CODING:
CPT 90867 Therapeutic repetitive transcranial magnetic stimulation treatment; initial, including cortical mapping, motor threshold determination, delivery and management
CPT 90868 Therapeutic repetitive transcranial magnetic stimulation treatment; subsequent delivery and management, per session
CPT 90869 Therapeutic repetitive transcranial magnetic stimulation treatment; subsequent motor threshold redetermination with delivery and management

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Attachment A

Examples of Standardized Depression Rating Scales

• Beck Depression Inventory (BDI)
• Geriatric Depression Scale (GDS)
• Hamilton Depression Rating Scale (HAMD)
• Inventory of Depressive Symptomatology-Systems Review(IDS-SR)
• Montgomery-Asberg Depression Rating Scale (MADRS)
• Personal Health Questionnaire Depression Scale (PHQ-9)
• Quick Inventory of Depressive Symptoms (QID)

Internal References:

Source: PreferredOne, BHP

Date Effective: 01/10/2018

Date Revised: 03/21/2018, 12/11/19, 12/21/2020

Date Evaluated by Clinical Team: 03/21/2018, December 2018, December 2019, December 2020, **December 2021**

Revision Tracking

Date Revised	**Revision Type** List all applicable: - Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure - Change in requirements - New attachments or forms added - Updated documentation to clarify policy - Other	**Details of Revision Made**
12/11/19	Minor changes, new attachment	Added definition of Psychopharmacologic medications, updated format to match Pref 1, Added attachment
12/21/2020	Minor changes	Updated wording to initial use section. Updated coverage / sessions information on page 3. Updated references.