



Subject: Transcranial Magnetic Stimulation

Effective Date: October 25, 2011

Department(s): Utilization Management

Policy: Transcranial magnetic stimulation (CPT-90867-90869) for treatment of major depressive disorder is reimbursable under Plans administered by QualCare, Inc. when the criteria delineated in this policy are met.

Objective: To provide proper and consistent reimbursement and to define the indications for a specific type of therapy.

Procedure:

- I. Transcranial magnetic stimulation(TMS) using an FDA- approved device for the treatment of major depressive disorder with thirty sessions over 6 weeks followed by 6 sessions over three weeks is reimbursable when the all of the following criteria are met:
 - A. The diagnosis is unipolar major depressive disorder, single episode or recurrent- moderate or severe, without psychosis(ICD-10 F32.1,F32.2, F33.1, F33.2) in an individual \geq 18 years of age.

B. In the current episode of depression the individual has been treated with a minimum of three antidepressant medications from at least two different antidepressant drug classes, at therapeutic doses for at least four weeks each, or the individual has a medical contraindication to or intolerance to such medications. Antidepressant medication therapy has not resulted in a significant reduction in depressive symptoms assessed by a validated depression monitoring scale (PHQ-9, Hamilton Rating Scale, Montgomery- Asberg Depression Rating Scale).

C. The individual has had an adequate trial of an evidence-based psychotherapy for major depressive disorder (ie cognitive behavioral therapy, interpersonal therapy) without significant improvement in depressive symptoms assessed by a validated depression monitoring scale.

- II. A repeat course of TMS as defined in section I above is reimbursable if the individual has an acute relapse of major depressive disorder (ICD-10 F33.1, F33.2) and met the above criteria for treatment of the prior episode and had a documented clinical response(> 50% improvement) to previous TMS as assessed by a validated depression monitoring scale.
- III. The use of TMS for maintenance therapy in major depressive disorder is NOT reimbursable as it is considered investigational due to inadequate published evidence of efficacy.

- IV. TMS is NOT reimbursable for any other psychiatric or medical condition including mild major depressive disorder(ICD-10 F32.0,F33.0) , major depressive disorder with psychosis (F32.3, F33.3), migraine headache(ICD-10 346.0-346.9), or navigated TMS(nTMS) for pre-operative motor mapping (CPT- 0310T) as such use is considered investigational due to inadequate published evidence of efficacy.

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.