Transcranial Magnetic Stimulation (TMS)

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the behavioral health benefits of the Company's Medicaid products for medically necessary repetitive transcranial magnetic stimulation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Transcranial Magnetic Stimulation (TMS) – A noninvasive treatment using pulsed magnetic fields to induce a localized region of the cerebral cortex. Repetitive TMS has been investigated as treatment for pharmacoresistant depression.

POLICY POSITION

Prior authorization is required.

Transcranial magnetic stimulation (TMS) of the brain may be considered medically necessary as a treatment of major depressive disorder when ALL of the following conditions have been met:

- Age 18 or older; and
- Confirmed diagnosis of severe major depressive disorder (single or recurrent) documented by standardized rating scales that reliably measure depressive symptoms; and
- ANY ONE of the following:
    - Failure of four (4) trials of psychopharmacologic agents including two (2) different agent classes and two (2) augmentation trials; or
    - Inability to tolerate a therapeutic dose of medications as evidenced by four (4) trials of psychopharmacologic agents with distinct side effects; or
    - History of response to TMS in a previous depressive episode [at least three (3) months since the prior episode]; or
    - Is a candidate for electroconvulsive therapy (ECT) and ECT would not be clinically superior to TMS (e.g., in cases with psychosis, acute suicidal risk, catatonia or life-threatening inanition TMS should NOT be utilized); AND
- Failure of a trial of a psychotherapy known to be effective in the treatment of major depressive disorder of an adequate frequency and duration, without significant improvement in depressive symptoms, as documented by standardized rating scales that reliably measure depressive symptoms; and
- None of the following conditions are present:
    - Seizure disorder or any history of seizure with increased risk of future seizure; or
    - Presence of acute or chronic psychotic symptoms or disorders (such as schizophrenia, schizophreniform or schizoaffective disorder) in the current depressive episode; or
    - Neurologic conditions that include epilepsy, cerebrovascular disease, dementia, increased intracranial pressure, having a history of repetitive or severe head trauma, or with primary or secondary tumors in the central nervous system (CNS); or
    - Presence of an implanted magnetic-sensitive medical device located 30 centimeters or less from the TMS magnetic coil or other implanted metal items, including but not limited to a cochlear implant, implanted cardioverter defibrillator (ICD), pacemaker, vagus nerve stimulator, or metal aneurysm clips or coils, staples, or stents.

TMS should be performed using an FDA-cleared device in appropriately selected patients, by a physician who is adequately trained and experienced in the specific techniques used.
A treatment course should not exceed five (5) days a week for six (6) weeks (total of 30 sessions), followed by a three-week taper of three (3) TMS treatments in week one (1), two (2) TMS treatments the next week, and one (1) TMS treatment in the last week.

All of the following must be present for the administration of TMS and documented in the medical record and available upon request:

- An attendant trained in basic cardiac life support and the management of complications such as seizures, as well as the use of the equipment must be present at all times; and
- Adequate resuscitation equipment including, for example, suction and oxygen; and
- The facility must maintain awareness of response times of emergency services (either fire/ambulance or “code team”), which should be available within five (5) minutes. These relationships are reviewed on at least a one (1) year basis and include mock drills.

TMS for major depressive disorder that does not meet the criteria listed above is considered experimental/investigational and therefore noncovered. The safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Continued treatment with TMS of the brain as maintenance therapy is considered experimental/investigational and therefore noncovered. The safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

PROCEDURE CODES

CPT Codes	Description
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management.
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session.
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management.

DIAGNOSIS CODES

Codes				
F32.2	F33.3	F42.2	F42.8	F42.9

PROFESSIONAL STATEMENTS AND SOCIETAL POSITIONS GUIDELINES

Clinical TMS Society, Inc. 2021
Unlike major depressive disorder (MDD), which tends to be an episodic illness, OCD is a chronic lifelong disorder that typically begins in adolescence. It is the fourth most common mental illness and can cause significant distress and disability. Patients exhibit obsessions, compulsions, and avoidance symptoms, which are correlated to abnormal activity in the cortico-striate-thalamic-cortical circuit.4 Severe refractory cases are referred for neurosurgery (lesioned or with an implanted brain stimulator). There is now a non-invasive approach using TMS to target the abnormal circuitry of OCD. In this approach, a coil is placed over the anterior cingulate cortex, which is 4 cm anterior to the foot motor cortex and beneath the dorsomedial prefrontal cortex. TMS for OCD is performed 5 days per week for 6 weeks for a total of 29 sessions. Prior to each treatment, patients undergo individually tailored provocations to activate the abnormal OCD circuitry (for instance, asking a person with germ-related obsessions and compulsions to touch the floor and then not use hand sanitizer). There is no need for anesthesia or analgesia and there are no activity restrictions before or after treatment (e.g., driving, working, operating heavy machinery). Other non-invasive treatments for OCD include cognitive behavioral therapy (CBT) and pharmacotherapy. CBT specific to OCD is known as exposure and response prevention (ERP), utilizing a trained cognitive behavioral therapist to guide the treatment. Pharmacotherapy options include serotonin reuptake inhibitors (SRIs), such as fluoxetine, paroxetine, sertraline and fluvoxamine, and the predominantly serotonergic tricyclic antidepressant clomipramine

NONCOVERED SERVICES

Experimental/investigational (E/I) services are not covered regardless of place of service.

Transcranial Magnetic Stimulation is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

References

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POLICY UPDATE HISTORY

10/08/2021	Approved in medical policy committee
08/24/2022	Annual review; approved in medical policy committee
09/13/2022	Approved in QI-UM
10/10/2022	Approved in Governance