blue of california

Medical Policy

Transcranial Magnetic Stimulation	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Mental Health
Original Policy Date: March 30, 2012	**Effective Date:** July 3, 2013

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Transcranial magnetic stimulation (TMS) is a non-invasive method of delivering electrical stimulation to the brain. A magnetic field is delivered through the skull where it induces electric currents that affect neuronal function. Repetitive TMS (rTMS), which delivers the stimulation via rapid, repetitive impulses to the treatment site, is being evaluated as a treatment of depression

and several other disorders including alcohol dependence, Alzheimer's disease, neuropathic pain, obsessive compulsive disorder, post-partum depression, depression associated with Parkinson's disease, Tourette's syndrome, schizophrenia, migraine, spinal cord injury, fibromyalgia and tinnitus.

Policy

Transcranial magnetic stimulation (TMS) may be considered **medically necessary** when **all** of the following criteria are met:

- Adult (age 18-65 years) who are not pregnant
- Confirmed diagnosis of severe major depressive disorder (MDD); single or recurrent episode
- An evidence-based psychotherapy (e.g., cognitive-behavioral therapy) for depression was attempted and not effective and patient demonstrates **any** of the following conditions:
    - Medication treatment-resistance during the current depressive episode as evidenced by a lack of clinical response to a minimum of four antidepressant trials (of adequate dose and duration as defined by the most current edition of the Physicians' Desk Reference)
    - Patient has undergone multiple trials of antidepressants and is unable to tolerate a therapeutic dose of the medication
    - The patient has a history of good response to TMS during an earlier episode of the treatment-resistant major depressive disorder
- When **all** of the following criteria are met:
    - Electroconvulsive therapy (ECT) would not be clinically superior to TMS unless there is a relative contraindication for ECT or the patient refuses ECT
    - The patient has access to a suitable environment and professional and/or social supports after recovery from the procedure
    - The patient can be reasonably expected to comply with post-procedure recommendations
- The patient is medically stable and the patient's status and/or co-morbid medical conditions are not contraindications for TMS
- The patient and/or a legal guardian are/is able to understand the purpose, risks and benefits of TMS, and provide(s) consent
- Documentation of a clinical evaluation performed by a physician who is appropriately trained to provide TMS (See Policy Guideline) and includes **all** of the following:
    - Psychiatric history including past response to:
        - Antidepressant medication(s)
        - Previous TMS therapy
        - Previous ECT
    - Mental status assessment

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- Treatment interventions are guided by quantitative measures of depression (See Policy Guideline)
- An attendant/individual trained in basic life support, the management of complications such as seizures, in addition to training in the application of the TMS apparatus, must be present at all times with the patient while the treatment is applied
- Access to emergency equipment such as oxygen and suction is readily available while the patient is receiving TMS

Continuance of Transcranial Magnetic Stimulation Beyond the Standard Number of Treatment Sessions

To continue with TMS treatment beyond standard number of treatment sessions **all** of the following criteria must be present:

- Despite reasonable therapeutic efforts, clinical findings, which continue to meet the criteria as stated above, indicate **any** of the following:
    - The persistence of clinically significant symptoms
    - The emergence of additional clinically significant symptoms
    - Attempts to discharge to a less-intensive treatment will or can be reasonably expected, based on patient history and/or clinical findings, to result in an exacerbation of the patient's condition and/or status
- The treatment plan allows for the lowest frequency of treatments that supports sustained remission and/or prevents worsening of symptoms and includes **all** of the following:
    - Progress note documenting (must be written and signed by provider) that current or revised treatment plan can be reasonably expected to bring about significant improvement
    - Treatment plan meets the criteria as listed above

Transcranial magnetic stimulation of the brain is considered **investigational** for MDD when the above criteria are not met, and for all other behavioral health indications and neuropsychiatric disorders including, but not limited to, anxiety disorders, bipolar disorders and schizophrenia.

Policy Guideline

The physician utilizing this technique must be a board certified psychiatrist privileged by Magellan and/or payer to perform TMS.

Depression Rating Scales

Standardized rating scales to reliably assess the range of symptoms that are most frequently observed in adults with major depression. The following rating scales comprehensively survey the type and magnitude of symptom burden present, and are therefore considered to be measures of illness severity:

- Beck Depression Inventory (BDI)
- Geriatric Depression Scale (GDS)

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- 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 Symptomatology (QIDS)

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review

• History and physical and/or consultation report(s) including:
  o Reason(s) for therapy and qualification using standardized rating scale
  o Report of patient response and/or intolerance to psychopharmacologic agents and any previous response to TMS
  o Documented absence of any contraindication, i.e., seizure disorders, acute or chronic psychosis, implanted magnetic-sensitive medical devices
Post Service
• Progress notes and/or reports by attending physician evaluating patient response to TMS therapy

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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