MEDICAL POLICY STATEMENT
INDIANA MARKETPLACE PLANS

Original Issue Date	Next Annual Review	Effective Date
11/01/2018	01/01/2020	01/01/2019
Policy Name		**Policy Number**
Transcranial Magnetic Stimulation		MM-0237
Policy Type		
MEDICAL	Administrative	Pharmacy	Reimbursement

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Contents of Policy

A. SUBJECT

Transcranial Magnetic Stimulation

B. BACKGROUND

Transcranial Magnetic Stimulation was originally introduced in 1985 as a noninvasive treatment that is used for treating major depressive disorder. Transcranial Magnetic Stimulation is a technique that sends brief repetitive pulses of magnetic energy to the scalp via a large electromagnetic coil. This technique generates a low level of electrical stimulation. The amount of electricity created by this type of stimulation is very small and cannot be felt by the patient but is still strong enough to flow into the brain without seizures or need for anesthesia. The electric charges cause the neurons to become active and lead to the release of neurotransmitters such as serotonin, norepinephrine and dopamine.

C. DEFINITIONS

- **Depression**: a mental disorder that is characterized by alterations in mood secondary to psychological, social and biological factors. In the United States, by the year 2020, depressive illness will be the second leading cause of disability.
- **Adequate trial of an antidepressant drug**: taking a drug for a duration of at least 6 weeks at the maximum dose for the specific antidepressant as approved by the FDA, or, documentation exists that higher doses were not tolerated when the dose is less than the FDA-approved maximum.
- **Augmentation therapy**: a drug regimen that consist of treating a patient with more than one drug, one of which is not an antidepressant, to increase therapeutic outcomes.
- **Dysthymia**: a form of depression that inhibits a person's ability to function at a high level or to feel well secondary to long-term, chronic symptoms of depression. This type of depression does not disable the person.
- **Depression Rating Scale**: Scales that have been standardized for national use to reliably assess the range of symptoms that are most commonly observed in adults with major depression. There are many rating scales available; however, listed below are the most commonly used scales that comprehensively survey the type and magnitude of symptom burden present:
  - Beck Depression Inventory (BDI)
  - Geriatric Depression Scale (GDS)
  - Hamilton Depression Rating Scale (HAM-D)
  - Personal Health Questionnaire Depression Scale (PHQ-9)
  - Quick Inventory of Depressive Symptomatology (QIDS)
- **Major Depressive Disorder**: a combination of depressive symptoms that become so severe that they are disabling and make daily functioning impossible.

D. POLICY

I. Confirmed diagnosis of treatment resistant severe depressive disorder (single or recurrent episode); and

II. One or more of the following:

A. Resistance to treatment as evidenced by a lack of a clinically significant response during a current or previous depressive episode and:

1. Adequate trials of 4 psychopharmacologic agents; and
2. Includes at least 2 different agent classes, at the maximum effective dose and duration for each class as approved by the FDA (Note: see Definitions section for Adequate Trial of an Antidepressant Depressant specifications).
3. Adequate trial of evidence-based psychotherapy for a minimum of 12 weeks alone or combined with psychopharmacologic agents as stated above.

B. Inability to tolerate a therapeutic dose of medications as evidenced by documentation via medical record of 4 trials of psychopharmacologic agents with distinct side effects.
C. History of response to transcranial magnetic stimulation in a previous depressive episode as evidenced by a greater than 50% improvement in a standard rating scale that reliably measures depressive symptoms (Note: see Definitions section for Depression Rating Scale).
D. Transcranial magnetic stimulation is administered by an FDA cleared device for the treatment of major depressive disorder in a safe and effective manner according to the manufacturer's user manual and specified stimulation parameters.
    1. A treatment course of transcranial magnetic stimulation should not exceed: 5 days a week for 6 weeks (total of 30 sessions), followed by a 3 week taper of 3 treatments in 1 week, 2 treatments the next week, and 1 treatment in the last week.
E. None of the following conditions or contraindications are present:
    1. Seizure disorder or any history of seizure (except those induced by electroconvulsive therapy or isolated febrile seizures in infancy without subsequent treatment or recurrence); or
    2. Presence of acute or chronic psychotic symptoms or disorders (such as schizophrenia, schizophreniform or schizoaffective disorder) in the current depressive episode; or
    3. Neurological 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; or
    4. Presence of an implanted magnetic-sensitive medical device located less than or equal to 30 centimeters from the transcranial magnetic stimulation magnetic coil or other implanted metal items, including but not limited to a cochlear implant, implanted cardioverter defibrillator, pacemaker, vagus nerve stimulator, or metal aneurysm clips or coils, staples, or stents

E. CONDITIONS OF COVERAGE

HCPCS
CPT

F. RELATED POLICIES/RULES

N/A

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	11/01/2018	
Date Revised		
Date Effective	01/01/2019	

H. REFERENCES

1. U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. (2015). NIMH Brain Stimulation Therapies (NIH Publication No. 02-2650).
2. U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. (2015). NIMH Prevalence of Major Depressive Episode Among Adults. Retrieved on May 30th, 2018.
3. U.S. Department of Health and Human Services (2016). Final Recommendation Statement: Depression in Adults: Screening. Retrieved on April 4th, 2018.
4. Holtzheimer, P. E., MD, Roy-Byrne, P. P., MD, & Solomon, D., MD. (2107). Unipolar Depression in Adults. Indications, Efficacy, and Safety of Transcranial Magnetic Stimulation. doi:10.1093/med/9780199926480.003.0003

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – 2/2015