# MEDICAL POLICY STATEMENT
# Ohio Medicaid

| Policy Name & Number | Date Effective |
|---|---|
| Transcranial Magnetic Stimulation for Treatment of Depression-OH MCD-MM-0233 | 11/01/2025 |
| **Policy Type** | |
| **MEDICAL** | |

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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## A. Subject

**Transcranial Magnetic Stimulation for Treatment of Depression**

## B. Background

Transcranial magnetic stimulation (TMS) was originally introduced in 1985 as a noninvasive treatment modality for treatment-resistant Major Depressive Disorder (MDD). Brief, repetitive pulses of magnetic energy are sent to the scalp via a large electromagnetic coil, generating a low level of electrical stimulation. These magnetic fields pass through the skull and induce electrical currents that depolarize neurons in a focal area of the surface cortex. The magnetic field generated by this type of stimulation is very small and cannot be felt by the patient but is strong enough to flow into the brain without inducing seizures or creating a need for anesthesia.

TMS is generally an outpatient procedure with conscious patients and sessions that vary between 30 to 40 minutes. Treatment can be delivered as a single pulse or as a series of pulses. Despite variability in the number of pulses delivered per session and the number of sessions per patient, research indicates that typical courses of TMS consist of treatment up to 5 days a week for up to 6 weeks. A tapering schedule is used to end treatment.

## C. Definitions

- **Acute (Index) Course of Treatment** – The initial series of treatment given to relieve acute symptoms of MDD.
- **Adequate Trial** – Taking a drug at least 4 weeks at or near the maximum dose for the specific medication as approved by the Food and Drug Administration (FDA) or documentation exists that higher doses were not tolerated when the dose is less than the FDA approved maximum.
- **Continuation TMS** – Treatment beginning after the acute/index course lasting up to 6 months and designed to prevent the worsening of symptoms and continued treatment for a depressive episode that has not yet remitted.
- **Depression Rating Scale** – Standardized scales for national use that reliably assess the range of symptoms most commonly observed in adults with MDD, including type and magnitude. Listed below are examples of commonly used scales:
  - Beck Depression Inventory (BDI)
  - Geriatric Depression Scale (GDS)
  - Hamilton Depression Rating Scale (HAM-D)
  - Patient Health Questionnaire-9 (PHQ-9)
  - Quick Inventory of Depressive Symptomatology (QIDS)
- **Maintenance TMS** – Regularly scheduled TMS sessions on a weekly, biweekly, or monthly basis used to prevent relapse of depressive symptoms.
- **Medication Side Effects** – Unexpected effects that cause significant distress, inhibit daily function, have the potential to worsen health, or are life threatening.
- **Remission –** The absence of significant signs or symptoms of an MDD episode during the previous 2 months.

D. Policy

I. A review of medical necessity is required for initial or continuation courses of TMS.

II. *Initial (acute/index) treatment is considered medically necessary when **ALL** the following criteria are met:*

*A. Member is 18 years of age or older.*

*B. Member has a confirmed diagnosis of major depressive disorder, single or recurrent, with a current severe episode as evidenced by a recent score on a standardized depression rating scale and at least **1** of the following:*

*1. Need for treatment, as indicated by **1** of the following:*

*a. resistance to treatment with documented adherence as evidenced by a lack of a clinically significant response during a current or previous depressive episode and 2 or more classes of antidepressant agents at or near maximum effective dose and duration approved by the FDA*

*b. inability to tolerate pharmacotherapy evidenced by 2* antidepressants *with documented side effects*

*2. Continuation of acute course of treatment, as indicated by*

*a. continuation of symptoms* 30 days after *index (acute) course of treatment*

*b. previous positive response to index (acute) course of treatment* evidenced by a reduction of 50% in a depression severity rating scale as compared to baseline

*C. None of the following conditions or contraindications are present:*

*1. epilepsy, history of seizure or other neurologic disease that may lower seizure threshold (eg, cerebrovascular accident, severe head trauma, increased intracranial pressure)*

*2. acute or chronic psychotic symptoms or disorders (eg, schizophrenia, schizophreniform, or schizoaffective disorder)*

*3. cochlear implants or deep brain stimulators*

*4.* current use of substances that may significantly lower seizure threshold (eg, alcohol or stimulants)

*5. metallic hardware or implanted magnetic-sensitive medical devices (eg, implanted cardioverter-defibrillators, pacemakers, metal aneurysm clips or coils) at a distance within the electromagnetic field of the discharging coil (eg, less than or equal to 30 cm to the discharging coil).*

III. Maintenance treatment with TMS is not considered medically necessary. There is not sufficient evidence in peer reviewed literature to assess net benefit versus harm for patients.

IV. Additional criteria

A. *TMS must be administered by an FDA cleared device for the treatment of MDD in a safe and effective manner according to the manufacturer's user manual and specified stimulation parameters.*

B. *A treatment course 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.*
C. TMS can be ordered by and performed under direction of a neurologist, licensed psychiatrist, or psychiatric nurse practitioner who has examined the member, reviewed the record when it is within the scope of practice, and has experience in administering TMS therapy within the scope of practice.

E. Conditions of Coverage
NA

F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

| | DATE | ACTION |
|---|---|---|
| **Date Issued** | 07/12/2018 | |
| **Date Revised** | 11/11/2020<br>10/28/2021<br>08/31/2022<br>01/19/2023<br>07/19/2023<br>06/19/2024<br>06/04/2025 | Removed a definition, added neurologist.<br>Revised and expanded definitions. Added Section II and IV.<br>Updated background, definitions, & criteria (MCG 26th ed).<br>Updated title for clarity.<br>Annual review. Updated references. Approved at Committee.<br>Annual review. Updated references. Approved at Committee.<br>Annual review. Deleted III (repeat of D.II.B.2) and updated references. Approved at Committee. |
| **Date Effective** | 11/01/2025 | |
| **Date Archived** | | |

H. References

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*Approved by Ohio Department of Medicaid 08/12/2025*