Transcranial Magnetic Stimulation

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon* ☐ *Washington*

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Transcranial magnetic stimulation (TMS) is a noninvasive technique where brief pulses of magnetic energy are applied to the scalp via an electromagnetic coil with the goal of stimulating the areas of the brain which manage mood regulation.

The following coverage information applies to both repetitive Transcranial Magnetic Stimulation (rTMS) and deep Transcranial Magnetic Stimulation (dTMS).

TMS should be administered using a Food and Drug Administration (FDA) cleared device and in accordance with the FDA labeled indications.

The TMS device operator should be a clinical professional, such as a certified medical assistant, medical technician with relevant experience, physician assistant, or nurse, who meets the following qualifications:

- Is trained and certified to deliver TMS, including TMS device operation;
- Is trained as a first responder to respond to a seizure and is certified in basic life support training. The TMS operator must monitor the patient, especially for adverse events, during treatment administration.

The TMS device operator must administer treatment under the direct supervision of the TMS prescriber:

- The attending prescriber must be in the area and immediately available. The prescriber will assess the patient at each treatment and be present in the area, but not necessarily provide the treatment.

- The attending prescriber must monitor and document the member's clinical progress during treatment.

Criteria

Commercial

Prior authorization is required.

PacificSource considers Transcranial Magnetic Stimulation (TMS) medically necessary when **ALL** of the following criteria are met:

1. TMS is ordered and supervised by a qualified psychiatrist, nurse practitioner, physician, or physician assistant who possesses evidence in knowledge, training, and expertise to perform all aspects of the TMS procedure based on the scope of practice standards and regulations established by each state.
    - Physician assistant must have a signed supervisory or collaborative agreement with a physician in accordance with governing state and federal regulations. The supervising physician must also meet the qualification described above and practice within the same TMS provider organization.
2. Documentation meets MCG B-801-T BHG criteria for TMS;

Medical Director Review

Medical Director Review is **required** for TMS treatment for **EACH** of the following clinical indications:

1. Provider is requesting additional sessions after recently completing the initial course of treatment.
2. Provider is requesting treatment for a member who has previously completed TMS treatment.
3. Proposed treatment plan is requesting sessions beyond a standard course of treatment. A standard course of TMS treatment is 1 unit of 90867 treatment planning, up to 36 units of 90868 treatment delivery, and up to 2 units of 90869 motor threshold redetermination.

Medicaid

Prior authorization is required.

PacificSource Community Solutions follows Guideline Note 102 of the OHP Prioritized List of Health Services.

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Medicare

PacificSource Medicare follows Local Coverage Determination (LCD) L37088 for transcranial magnetic stimulation.

Experimental/Investigational/Unproven

PacificSource considers TMS to be experimental, investigational or unproven for any indication not listed above, including all other psychiatric and neurologic disorders.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

90867 Therapeutic repetitive transcranial magnetic stimulation treatment; planning

90868 Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session

90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management

References

Chen, J. J., Zhao, L. B., Liu, Y. Y., Fan, S. H., & Xie, P. (2017). Comparative efficacy and acceptability of electroconvulsive therapy versus repetitive transcranial magnetic stimulation for major depression: A systematic review and multiple-treatments meta-analysis. *Behavioural brain research*, *320*, 30–36. https://doi.org/10.1016/j.bbr.2016.11.028Z

Li, H., Cui, L., Li, J., Liu, Y., & Chen, Y. (2021). Comparative efficacy and acceptability of neuromodulation procedures in the treatment of treatment-resistant depression: a network meta-analysis of randomized controlled trials. Journal of affective disorders, 287, 115–124. https://doi.org/10.1016/j.jad.2021.03.019

MCG™ 26th Edition. Transcranial Magnetic Stimulation ORG: B-801-T (BHG).

McClintock, S. M., Reti, I. M., Carpenter, L. L., McDonald, W. M., Dubin, M., Taylor, S. F., Cook, I. A., O'Reardon, J., Husain, M. M., Wall, C., Krystal, A. D., Sampson, S. M., Morales, O., Nelson, B. G., Latoussakis, V., George, M. S., Lisanby, S. H., National Network of Depression Centers rTMS Task Group, & American Psychiatric Association Council on Research Task Force on Novel Biomarkers and Treatments (2018). Consensus Recommendations for the Clinical Application of Repetitive Transcranial

Magnetic Stimulation (rTMS) in the Treatment of Depression. *The Journal of clinical psychiatry*, *79*(1), 16cs10905. https://doi.org/10.4088/JCP.16cs10905

Rostami, R., Kazemi, R., Nasiri, Z., Ataei, S., Hadipour, A. L., & Jaafari, N. (2022). Cold Cognition as Predictor of Treatment Response to rTMS; A Retrospective Study on Patients With Unipolar and Bipolar Depression. Frontiers in human neuroscience, 16, 888472. https://doi.org/10.3389/fnhum.2022.888472

Appendix

Policy Number:

Effective: 10/1/2020 **Next review:** 10/1/2023

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): Local Coverage Determination (LCD) L37088, Guideline Note 102 of the OHP Prioritized List of Health Services, Oregon House Bill 3046.

Commercial Ops: 12/2022

Government Ops: 12/2022