OVERVIEW:
Transcranial Magnetic Stimulation (TMS) is a non-invasive technique that may be used as a treatment for major depression. TMS is described as brief repetitive pulses of magnetic energy that are applied to the scalp via a large electromagnetic coil that generates low levels of magnetic field in the underlying brain tissue. The goal of TMS is to stimulate areas of the brain involved in mood regulation to lessen the duration or severity of depressive episodes [1]. It should be noted that TMS weakens rapidly with distance and depth, so it may not reach deep enough to have a lasting effect.

While additional research is needed to determine its overall effectiveness, define optimal protocols, identify definitive patient selection criteria and understand how long treatment effects last, there seems to be some potential for its use in a small cohort of depressed individuals. As such, CCA has developed decision criteria relating to TMA. Psychiatrists and general physicians can prescribe TMS which is normally administered by trained medical assistants in an office setting as a brief out-patient procedure.

Decision Guidelines:
CCA will consider approval for coverage of TMS on an individual case-by-case basis. These cases will be reviewed by behavioral health and medical clinicians familiar with these devices, their indications, and their limitations. Initial approval should be for up to 38 sessions. Subsequent requests should also be reviewed by the Chief of Psychiatry or designees.

Clinical Eligibility:
These guidelines are in accordance with a 2013 report called Unipolar Depression in Adults: Treatment with Transcranial Magnetic Stimulation [2]:
Members must demonstrate resistance to other treatment as evidenced by ONE of the following:
1. A lack of clinically significant response, in the depressive treatment episode, to four trials from at least two different antidepressant classes including at least one antidepressant administered at an adequate dose and duration of at least 4 weeks; or
2. An inability to tolerate psychopharmacologic agents as evidenced by failed trials of four such agents with distinct side effects; or
3. Failed multiple courses of pharmacotherapy and psychotherapy as well as a trial of ECT; or
4. Failed multiple courses of pharmacotherapy and psychotherapy as well as evidence that ECT is not a viable option.

Determination of need:
Member must meet the above criteria

LIMITATIONS/EXCLUSIONS:
Medical Necessity Guideline

Any Member who:
1. is at increased risks for seizures;
2. has an implanted metallic hardware (e.g., aneurysm clips or bullet fragments);
3. has a Cochlear implant;
4. has an implanted electrical device (e.g., pacemakers, intracardiac lines, and medication pumps); or
5. who has unstable general medical disorders.

KEY CARE PLANNING CONSIDERATIONS:
TMS considered for approval on a case-by-case basis. All necessary clinical information must be appropriately documented in the chart for review and evaluation of TMS.

AUTHORIZATION:
Initial approval should be for up to 38 sessions. After assessing clinical response to the initial 38 sessions, additional sessions may be authorized. Subsequent requests for authorization should be reviewed by the Chief of Psychiatry or designees.
The following documentation is required with the authorization request for TMS:
1. Psychiatric History, Mental Status and Assessment;
2. Depression rating scale utilizing a validated tool such as PhQ-9; Beck’s Depression Inventory, etc…;
3. Certification in TMS; and
4. Verification that Member meets the eligibility criteria outlined above.

To authorize TMS, the following CPT Codes are used:
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; initial, subsequent delivery and management
90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold redetermination with delivery

REGULATORY NOTES:
N/A

RELATED REFERENCES:

ATTACHMENTS:

| EXHIBIT A | N/A |
| EXHIBIT B | N/A |

REVISION LOG:

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Medical Necessity Guideline

APPROVALS:

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<tbody>
<tr>
<td>Dr. Peggy Johnson, MD</td>
<td>Vice President &amp; Chief of Psychiatry</td>
<td>[Print]</td>
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<td>CCA Senior Clinical Lead</td>
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