Subject: Transcranial Magnetic Stimulation

Effective Date: October 25, 2011

Department(s): Utilization Management

Policy: Transcranial magnetic stimulation (CPT-90867-90869) for treatment of major depressive disorder is reimbursable under Plans administered by QualCare, Inc. when the criteria delineated in this policy are met.

Objective: To provide proper and consistent reimbursement and to define the indications for a specific type of therapy.

Procedure:

I. Transcranial magnetic stimulation (TMS) using an FDA-approved device for the treatment of major depressive disorder with thirty sessions over 6 weeks followed by 6 sessions over three weeks is reimbursable when the following criteria are met:

1. The diagnosis is unipolar major depressive disorder, single episode or recurrent-moderate or severe (ICD-10 F32.1, F32.2, F33.1, F33.2) in an individual ≥ 18 years of age.

2. In the current episode of depression the individual has been treated with a minimum
of three antidepressant medications from at least two different antidepressant drug classes, at therapeutic doses for at least four weeks each, or the individual has a medical contraindication to or intolerance to such medications. Antidepressant medication therapy has not resulted in a significant reduction in depressive symptoms assessed by a validated depression monitoring scale (PHQ-9, Hamilton Rating Scale, Montgomery-Asberg Depression Rating Scale).

3. The individual has had an adequate trial of an evidence-based psychotherapy for major depressive disorder (i.e., cognitive behavioral therapy, interpersonal therapy) without significant improvement in depressive symptoms assessed by a validated depression monitoring scale.

II. A repeat course of TMS as defined in section above is reimbursable if the individual has an acute relapse of major depressive disorder (ICD-10 F33.1, F33.2) and met the above criteria for treatment of the prior episode and had a documented clinical response to previous TMS as assessed by a validated depression monitoring scale.

III. The use of TMS for maintenance therapy in major depressive disorder is NOT reimbursable as it is considered investigational due to inadequate published evidence of efficacy.

IV. TMS is NOT reimbursable for any other psychiatric or medical condition including mild major depressive disorder (ICD-10
F32.0, F33.0) or major depressive disorder with psychosis (F32.3, F33.3) as such use is considered investigational due to inadequate published evidence of efficacy.

References


Barr MS, Farzan F, Tran LC, Fitzgerald PB, Daskalakis ZJ. A randomized controlled trial of sequentially bilateral prefrontal cortex repetitive transcranial magnetic stimulation in the treatment of negative symptoms in schizophrenia. Brain Stimul. 2011 Jul 13 [epub ahead of print]


Slotema CW, Blom JD, Hoek HW, Sommer IE. Should we expand the toolbox of Psychiatric treatment methods to include Repetitive Transcranial Magnetic Stimulation (rTMS)? A Meta-analysis of the effect of rTMS in psychiatric disorders. J Clin Psychiatry. 2010; 71(7):873-84(Jul)
Schutter DJ. Antidepressant efficacy of high-frequency transcranial magnetic stimulation over the left dorsolateral prefrontal cortex in double-blind sham-controlled designs: a meta-analysis. Psychol Med. 2009; 39(1):65-75(Jan)
