



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.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):				
<input checked="" type="checkbox"/> Georgia	<input checked="" type="checkbox"/> Indiana	<input checked="" type="checkbox"/> Kentucky	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> West Virginia

Table of Contents

	2
D. Policy.....	3
E. State-Specific Information.....	4
F. Conditions of Coverage.....	4
G. Related Policies/Rules	4
H. Review/Revision History	4



A. Subject

Transcranial Magnetic Stimulation for Treatment of Depression

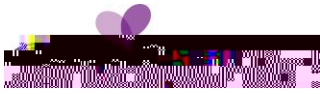
B. Background

Transcranial magnetic stimulation (TMS) was originally introduced in 1985 as a noninvasive treatment modality for treatment-resistant Major Depressive Disorder (MDD) by sending brief, repetitive pulses of magnetic energy 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. It 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

- x **Acute (Index) Course of Treatment** - The initial series of treatment given to relieve acute symptoms of the disorder.
- x **Adequate Trial of an Antidepressant Drug** - Taking a drug for at least 4 weeks at or near the maximum dose for the specific antidepressant 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.
- x **Continuation TMS** - A course of treatment beginning after the acute/index course lasting up to 6 months and designed to prevent worsening of symptoms and continue treatment for a depressive episode that has not yet remitted.
- x **Depression Rating Scale** - Scales standardized for national use that reliably assess the range of symptoms, both type and magnitude, most commonly observed in adults with MDD. Listed below are examples of commonly used scales:
 - o Beck Depression Inventory (BDI)
 - o Geriatric Depression Scale (GDS)
 - o Hamilton Depression Rating Scale (HAM-D)
 - o Patient Health Questionnaire-9 (PHQ-9)
 - o



I. References

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