



MEDICAL POLICY STATEMENT OHIO MARKETPLACE

Policy Name	Policy Number	Effective Date	
Transcranial Magnetic Stimulation	MM-0235	2/1/2020	
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

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 Stat

A. Subject
Transcranial Magnetic Stimulation

B. Background

Transcranial Magnetic Stimulation was originally introduced in 1985 as a noninvasive treatment that is used for treating major depressive disorder. Transcranial Magnetic Stimulation is a technique that sends brief repetitive pulses of magnetic energy to the scalp via a large electromagnetic coil. This technique generates a low level of electrical stimulation. The amount of electricity created by this type of stimulation is very small and cannot be felt by the patient but is still strong enough to flow into the brain without seizures or need for anesthesia. The electric charges cause the neurons to become active and lead to the release of neurotransmitters such as serotonin, norepinephrine and dopamine.

C. Definitions

Depression:



