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| <b>Department or Origin:</b><br>Integrated Healthcare Services                               | <b>Effective Date:</b><br>03/05/24                           |
| <b>Approved by:</b><br>Integrated Health Quality Management Subcommittee                     | <b>Date approved:</b><br>03/05/24                            |
| <b>Clinical Policy Document:</b><br>Neuromodulation, Transcranial Magnetic Stimulation (TMS) | <b>Replaces Effective Clinical Policy Dated:</b><br>03/07/23 |
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## PURPOSE:

The intent of this clinical policy is to ensure care is medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

## POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

## GUIDELINES:

Medical Necessity Criteria – Must satisfy the following: I or II, and none of III

I. Initial use – must satisfy all of the following: A – D, or E

- A. Member is aged 18 or older.
- B. Member's current major depressive episode (MDE) meets *DSM* criteria for major depressive disorder (MDD).
- C. Other causes of MDE have been excluded – none of: 1 - 5
  - 1. Bipolar 1 disorder; and
  - 2. Schizoaffective disorder; and
  - 3. Substance/medication-induced depressive disorder; and
  - 4. Depressive disorder due to another medical condition; and
  - 5. Personality disorders.
- D. Member has demonstrated treatment resistance, during the current episode or a similar previous episode, as supported by both of the following: 1 and 2
  - 1. Member did not experience a *clinically significant response* to adequate *psychopharmacologic medication* trials, as evidenced by the following: a – b, or c
    - a. At least 2 trials involving antidepressants with different mechanisms of action; and
    - b. At least 2 trials involving augmentors; or
    - c. Member developed severe, treatment-limiting adverse ("side") effects.
  - 2. Member did not experience a *clinically significant response* to an adequate trial of psychotherapy, where acceptable modalities include any of the following: a - c
    - a. Individual psychotherapy; or
    - b. Intensive outpatient program (IOP); or
    - c. Partial hospitalization program (PHP).
- E. If the member is aged 18 or older and currently receiving electro-convulsive therapy, TMS may be considered reasonable and necessary as a less invasive treatment option.

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II. Continuation/maintenance – must satisfy any of the following: A - B

- A. The member has had a *clinically significant response* to TMS in a previous depressive episode; or
- B. The member is currently receiving or is a candidate for electroconvulsive therapy (ECT) and TMS is considered a less invasive treatment option.

III. Contraindications – none of the following: A - D

- A. Seizure disorder or any history of seizure.  
[Note: Seizures induced by ECT, alcohol withdrawal seizures, or isolated febrile seizures in infancy without subsequent treatment or recurrence are acceptable.]
- B. Presence of acute or chronic psychotic symptoms or disorders (eg, schizophrenia, schizophreniform or schizoaffective disorder) in the current depressive episode.
- C. Neurological conditions (eg, epilepsy, advanced cerebrovascular disease, advanced dementia, increased intracranial pressure, history of repetitive or severe head trauma, or with primary or secondary tumors in the central nervous system [CNS]).
- D. Presence of an implanted magnetic-sensitive medical device located less than or equal to 30 centimeters from the TMS magnetic coil or other implanted metal items (eg, cochlear implant, implanted cardioverter defibrillator [ICD], pacemaker, vagus nerve stimulator [VNS], or metal aneurysm clips or coils, staples, or stents). [Note: Dental amalgam fillings are acceptable for use with TMS.]

**EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description

**DEFINITIONS:**

Clinically significant response:

50% or greater reduction in objective depression rating scales (see Attachment A)

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

Psychopharmacologic medications:

- Selective serotonin reuptake inhibitors (eg, citalopram, fluoxetine, paroxetine, sertraline, Trintellix [vortioxetine], Vilbryd [vilazodone])
- Serotonin norepinephrine reuptake inhibitors (eg, desvenlafaxine, duloxetine, Fetzima [levomilnacipran], venlafaxine)
- Bupropion
- Tricyclic antidepressants (eg, amitriptyline, clomipramine, desipramine, nortriptyline)
- Mirtazapine
- Monoamine oxidase inhibitors (eg, selegiline, tranylcypromine)
- Serotonin modulators (eg, nefazodone, trazodone)
- Augmentation with such as, but not limited to, atypical neuroleptics, "thyroid" such as Cytomel (liothyronine), lithium, anticonvulsants, L-methylfolate

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Prior Authorization: Yes, per network provider agreement

## **CODING:**

### **CPT**

90867 Therapeutic repetitive transcranial magnetic stimulation treatment; initial, including cortical mapping, motor threshold determination, delivery and management

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

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

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## **Attachment A**

### Examples of Standardized Depression Rating Scales

- Beck Depression Inventory (BDI)
- Geriatric Depression Scale (GDS)
- Hamilton Depression Rating Scale (HAMD)
- Inventory of Depressive Symptomatology-Systems Review (IDS-SR)
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Personal Health Questionnaire Depression Scale (PHQ-9)
- Quick Inventory of Depressive Symptoms (QID)

## PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaailla qargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດລູກ: ຖ້າວ່າທ່ານເຮົາພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ  
1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013 ) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညီ ကိုက်အယံ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចុះ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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Grievance Specialist  
PreferredOne Insurance Company  
PO Box 59212  
Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013)។

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ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိန်အယိ, နမူနာ ကျိန်အတိအကျတို့ တလက်ကွက်လက်စွာ နှိပ်စားတတ်သည့်လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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