

## Clinical Review Criteria Related to Transcranial Magnetic Stimulation (TMS)

### I. Criteria for Approval

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- A. Members being referred for TMS must present with Treatment Resistant Depression as evidenced by:
1. failure to respond to at least two adequate medication trials with antidepressants (of different types),  
  
**AND**
  2. adjunctive psychotherapy,  
  
**AND**
  3. a trial of an atypical antipsychotic combined with an antidepressant.
- B. The UM Reviewers will review the prior authorization request for TMS according to the following specific criteria:
1. Member must have a DSM-5 diagnosis of an Affective Disorder and be 18 years old or older  
  
**AND**
  2. Member must have a recent treatment history that meets all three of the A criteria above  
  
**AND**
  3. Member must have been offered a trial of Electroconvulsive Therapy (ECT),  
  
**AND**
  4. The **treating** in-plan psychiatrist or psychiatric nurse specialist (i.e., the psychiatrist responsible for ongoing treatment of the member) **must** complete the TMS Prior Authorization (PA) Form.  
  
**AND**

5. The physician to perform TMS treatment must have demonstrated to Minuteman Health Insurance (MHI) that they have appropriate training in this procedure.
- C. MHI covers repeated use of TMS for an acute relapse of a depressive episode as medically necessary when both of the following criteria are met:
1. All of the criteria for initial therapy are met,
- AND**
2. Member had more than a 50% improvement in prior TMS treatment episode(s) as evidenced by a validated rating scale for depressive symptoms.
- D. MHI considers TMS maintenance therapy for depression to be experimental and investigational because the effectiveness and safety has not been established, and therefore this is not a covered service.

## **II. References**

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NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

Comparative Effectiveness Review of High-Frequency Left Repetitive Transcranial Magnetic Stimulation Versus Other Neurostimulation Approaches to Treatment-Resistant Depression, December 1, 2016, last accessed 2/20/17

High-Frequency Left Repetitive Transcranial Magnetic Stimulation for Treatment-Resistant Major Depressive Disorder, November 3, 2016, last accessed 2/20/17.

Transcranial Magnetic Stimulation to Enhance Pharmacotherapy for Depression, March 19, 2014, last accessed 2/20/17

All above reports available at: <https://www.hayesinc.com/>

## **III. Summary of Changes**

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**04/13/2017**

- Changed rTMS to TMS
- Under I., Criteria for Approval: B. 1. Added and be 18 years old or older
- New criteria under I., Criteria for Approval:

- C. MHI covers repeated use of TMS for an acute relapse of a depressive episode as medically necessary when both of the following criteria are met:
- 1) All of the criteria for initial therapy are met,
  - 2) Member had more than a 50% improvement in prior TMS treatment episode(s) as evidenced by a validated rating scale for depressive symptoms.
- D. MHI considers TMS maintenance therapy for depression to be experimental and investigational because the effectiveness and safety has not been established, and therefore this is not a covered service.

#### **IV. Review Dates**

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HNE Review Dates: 4/2//2014, 4/2/2015, 2/3/2016, 04/04/2017

MHI Review Dates: 10/23/2014, 4/21/2016, 04/13/2017