



Clinical Review Criteria related to Repetitive Transcranial Magnetic Stimulation (rTMS)

I. Clinical Criteria

A. Members being referred for rTMS 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 rTMS according to the following specific criteria:

1. Member must have a diagnosis of Major Depression Disorder, severe and/or with GAF below 45,

AND

2. Member must have a 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 **referring** in-plan psychiatrist (i.e., the psychiatrist responsible for ongoing treatment of the member) **must** complete the rTMS Prior Authorization (PA) Form.

5. The psychiatrist to perform rTMS treatment must have demonstrated to MHI that they have appropriate training in this procedure.

REFERENCES:

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



Transcranial Magnetic Stimulation for Major Depression March 14, 2014, last accessed 5/17/16,
<http://www.hayesinc.com/hayes/htareports/directory/transcranial-magnetic-stimulation-for-treatment-resistant-depression/>

Transcranial Magnetic Stimulation to Enhance Pharmacotherapy for Depression March 19, 2014, last accessed 5/17/16,
<http://www.hayesinc.com/hayes/htareports/directory/transcranial-magnetic-stimulation-tms-to-enhance-pharmacotherapy-for-depression/>