

## LA.CLI.XXX. Transcranial Magnetic Stimulation (TMS)

Effective  
Date:

Accountable  
Dept.:

LA Medicaid Utilization Management

Last  
Reviewed  
Date:

### Summary of Changes:

#### New Document

### Scope:

This policy applies to all Humana Healthy Horizons® in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

### Procedures:

Transcranial Magnetic Stimulation (TMS) is a noninvasive method of delivering electrical stimulation to the brain. A magnetic field is delivered through the skull, where it induces electric currents that affect neuronal function. TMS can be performed in an office setting as it does not require anesthesia and does not induce a convulsion.

TMS is considered medically necessary when ALL of the following criteria are met:

- Member is 18 years of age or older; AND
- Diagnosis of major depressive disorder (DSM 5 diagnostic terminology); AND
- Failure or intolerance to psychopharmacologic agents, choose ONE of the following:
  - Failure of psychopharmacologic agents, BOTH of the following:
    - Lack of clinically significant response in the current depressive episode to four trials of agents from at least two different agent classes; AND
    - At least two of the treatment trials were administered as an adequate course of mono- or poly-drug therapy with antidepressants, involving standard therapeutic doses of at least six weeks duration.
  - The member is unable to take anti-depressants due to ONE of the following:
    - Drug interactions with medically necessary medications; OR
    - Inability to tolerate psychopharmacologic agents, as evidenced by trials of four such agents with distinct side effects in the current episode; AND
- No contraindications to TMS are present, (see section on contraindications); AND
- Electroconvulsive therapy has previously been attempted, is medically contraindicated, or has been offered and declined by the member.

Note: Maintenance therapy is considered not medically necessary, as there is insufficient evidence to support this treatment at the present time.

<u>Owner:</u>	<u>Brandy Holmes</u>	<u>Executive Team</u>	<u>Rick Born</u>
		<u>Member:</u>	
<u>Accountable VP /</u>	<u>Nicole Thibodeaux</u>		
<u>Director:</u>			

### Retreatment

Retreatment is considered medically necessary when all of the following criteria have been met:

- Current major depressive symptoms have worsened by 50 percent from the prior best response of the PHQ-9 score; AND
- Prior treatment response demonstrated a 50 percent or greater reduction from baseline depression scores; AND
- No contraindications to TMS are present (see section on contraindications).

### Contraindications:

- Individuals who are actively suicidal;
- Individuals with a history of or risk factors for seizures during TMS therapy;
- Individuals with vagus nerve stimulators or implants controlled by physiologic signals, including pacemakers, and implantable cardioverter defibrillators;
- Individuals who have conductive, ferromagnetic, or other magnetic-sensitive metals implanted in their head within 30 cm of the treatment coil (e.g. metal plates, aneurysm coils, cochlear implants, ocular implants, deep brain stimulation devices, and stents);
- Individuals who have active or inactive implants (including device leads), including deep brain stimulators, cochlear implants, and vagus nerve stimulators;
- Individuals with active psychoses or catatonia where a rapid clinical response is needed.
- History of seizure disorder except seizures induced by ECT.
- Metal implants or devices present in the head or neck.
- Substance abuse at the time of treatment.
- Diagnosis of severe dementia.
- Diagnosis of severe cardiovascular disease.

A referral from a psychiatrist is required and must be submitted prior to treatment.

### Definitions:

N/A

### References:

Louisiana Department of Health Informational Bulletin 24-27; Revised October 28, 2024

Louisiana Department of Health, Behavioral Health Services Provider Manual, Chapter Five, Section 5.1 of the Medicaid Services Manual (Accessed 10/2/2024) Revised 10/28/24

**Non-Compliance:**

Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).