

Transcranial Magnetic Stimulation (TMS)

DRAFT



Medicaid Medical Coverage Policy

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Line of Business: Medicaid

State: LA

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Summary of Changes:

1/5/25: New policy

3/20/2025: Approved by LDH

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.

Policy:

Description

Transcranial Magnetic Stimulation (TMS) is a noninvasive method of delivering electrical stimulation to the brain **to improve symptoms of major depression**. 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.

Coverage Determination

Initial Treatment

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for TMS when the following criteria are met:

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

- **Individual member** is 18 years of age or older; AND
- Diagnosis of major depressive disorder (DSM 5 diagnostic terminology); AND
- **A referral from a psychiatrist is required and must be submitted prior to treatment; AND**

~~TMS is considered medically necessary when ALL 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; AND
- Failure or intolerance to psychopharmacologic agents; choose **EITHER failure or intolerance:**
 - **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;**

OR

- **Intolerance to antidepressants due to EITHER 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**

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

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

Retreatment

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

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for TMS retreatment when the following criteria are 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](#) are present

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.

Definitions:

N/A

Coverage Limitations

Maintenance Therapy

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for TMS maintenance therapy. This is considered not medically necessary. A review of the current medical literature shows that the evidence is insufficient to determine that this service is standard medical

treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Contraindications

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for TMS in the presence of ANY of the following contraindications:

- Actively suicidal;
- History of or risk factors for seizures during TMS therapy;
- Presence of vagus nerve stimulator or implant controlled by physiologic signals, including a pacemaker, and implantable cardioverter defibrillator;
- Presence of conductive, ferromagnetic or other magnetic-sensitive metals (eg, metal plates, aneurysm coils, cochlear implants, ocular implants, deep brain stimulation devices, and stents) implanted in the head within 30 cm of the treatment coil;
- Presence of active or inactive implants (including device leads), including deep brain stimulators, cochlear implants, and vagus nerve stimulators;
- Active psychoses or catatonia where a rapid clinical response is needed;
- History of seizure disorder except seizures induced by ECT;
- Presence of metal implants or devices present in the head or neck;
- Active substance use at the time of treatment;
- Diagnosis of severe dementia;
- Diagnosis of severe cardiovascular disease

Diagnoses Other Than Major Depression

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for TMS for any diagnosis other than major depression.

References

1. Louisiana Department of Health. Informational Bulletin 24-27: Transcranial Magnetic Stimulation. <https://ldh.la.gov/medicaid/informational-bulletins>. Updated October 28, 2024.

~~Louisiana Department of Health Informational Bulletin 24-27. (8/28/2024). Accessed (10/2/2024).~~

Change Summary

~~Version Control:~~

~~01/05/2025: New policy~~

~~03/20/2025: Approved by LDH~~

10/07/2025: Annual Review, No Coverage Change. New Clinical Coverage Policy Template Edits align with state-specific content

~~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).~~