

# Policy Key: Transcranial Magnetic Stimulation (TMS)

TriWest Clinical Operations – TRICARE West

## SCOPE

This Policy Key provides criteria to use during medical necessity review for Transcranial Magnetic Stimulation (TMS) treatment.

## NOT COVERED

- Transcranial Magnetic Stimulation (TMS) for any condition other than Major Depressive Disorder [1]
- Microcurrent Electrical Therapy (MET), Cranial Electrotherapy Stimulation (CES), or any therapy that uses the non-invasive application of low levels of microcurrent stimulation to the head by means of external electrodes for the treatment of anxiety, depression, insomnia, or Post-Traumatic Stress Disorder, and electrical stimulation devices used to apply this therapy. [1] [2]

## COVERAGE CRITERIA

- Transcranial Magnetic Stimulation (TMS) (also referred to as repetitive TMA (rTMS) may be used in the treatment of major depressive disorder. [1]
- Pre-authorization is required for all TMS use. [1]

## Initial Request

- **Initial Level of Review** may approve up to 36 sessions delivered over 90 days if **ALL** of the following conditions are true of the beneficiary:
  - Is 15 years of age or older.
  - Received a medical evaluation by and treating provider is a Tricare Authorized Mental Health Provider trained and capable of performing TMS.
  - Has a diagnosis of major depressive disorder made in accordance with the most current edition of the Diagnostic and Statistical Manual of Mental Health (DSM).
  - Has a documented baseline Patient Health Questionnaire (PHQ-9) score of at least 15, indicating moderately severe major depression, within the previous four weeks.
  - Meets all of the following criteria:
    - Treatment Resistant Depression
      - A documented nonresponse (<25% improvement in depression symptoms or scores) to at least two different antidepressants, each from a different

pharmacologic class (e.g., Selective Serotonin Reuptake Inhibitors (SSRI), Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRI), Tricyclic Antidepressant (TCA), bupropion, mirtazapine).

- Each antidepressant was prescribed up to maximally indicated doses but no less than the commonly recognized minimum therapeutic doses, each used for six (6) or more weeks, unless clinically significant adverse effects are experienced, or all are contraindicated.
- Has not responded to a properly conducted episode of treatment with evidence-based psychotherapy such as a formal trial of Cognitive Behavioral Therapy and/or Interpersonal Therapy.
- Does not have the following contraindications:
  - History of seizures.
  - Ferromagnetic material anywhere in the head other than the mouth (e.g., cochlear implants, brain stimulators or electrodes, aneurysm clips, plates, metallic dyes in tattoos)
  - Cardiac pacemaker.
  - Implanted defibrillator.
  - Implanted medical pump.
  - Severe cardiovascular disease.
  - History of failure to respond to an episode of 30 TMS treatments without a 50% reduction in baseline PHQ-9 scores.

## Subsequent Visits

**Subsequent visits** are not authorized. A beneficiary would be required to meet the requirements of an initial request.

## DEFINITIONS

**Transcranial Magnetic Stimulation** – is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of major depression. Brief repetitive pulses of magnetic energy are applied to the scalp via a large electromagnetic coil to generate low levels of electrical current in the underlying brain tissue. The intent is to stimulate areas of the brain involved in mood regulation to lessen the duration or severity of depressive episodes

## CODES

CPT: G90867, 90868, 90869

## REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 3.7, Treatment of Mental Disorders – General, <https://manuals.health.mil/pages/DisplayManualHtmlFile/2024->



## 09-20/AsOf/TPT5/C7S3\_7.html

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 15.1, Neurology and Neuromuscular Services,

[https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S15\\_1.html](https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S15_1.html)

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