

Transcranial Magnetic Stimulation (TMS)



Medicaid Medical Coverage Policy

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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:

- Individual 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**

- No [contraindications](#) are present; **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

Retreatment

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

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.

Change Summary

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