Transcranial Magnetic Stimulation (TMS)

Note: LDH updated this policy on August 23, 2024

1. They clarified that TMS is approved only for major depression, not for persistent depressive disorder, and
2. They remove the hard-copy supporting documentation requirement.
    - MCOs agree that we will instead conduct post-processing audits as needed.

Updated policy:
Effective August 2, 2024, Louisiana Medicaid covers Transcranial Magnetic Stimulation (TMS) in accordance with FDA approval for major depression only.

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:
1. Member is 18 years of age or older; AND
2. Diagnosis of major depressive disorder (DSM 5 diagnostic terminology); AND
3. Failure of a full course of evidence-based psychotherapy, such as cognitive behavioral therapy for the current depressive episode; AND
4. Failure or intolerance to psychopharmacologic agents, choose ONE of the following: a. Failure of psychopharmacologic agents, BOTH of the following:
    1) Lack of clinically significant response in the current depressive episode to four trials of agents from at least two different agent classes; AND
    2) 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. b. The member is unable to take anti-depressants due to ONE of the following:
    1) Drug interactions with medically necessary medications; OR
    2) Inability to tolerate psychopharmacologic agents, as evidenced by trials of four such agents with distinct side effects in the current episode; AND
5. No contraindications to TMS are present (see section on contraindications); AND
6. Electroconvulsive therapy has previously been attempted, is medically contraindicated, or has been offered and declined by the member.

The Medicaid procedure file has been updated to reflect this change, and the fee-for-service (FFS) fee schedule will be updated on the Louisiana Medicaid website. UnitedHealthcare Community Plan must update its system to reflect the new rates within 30 days of this notification (Section 2.18.9.5 of the contract).

LDH has published Informational Bulletin 24-27 for your reference IB24-27_Revised_8.23.24.pdf (la.gov).

For questions or concerns regarding any bulletin, contact UnitedHealthcare Community Plan at 1-866-675-1607.