



CLINICAL GUIDELINES

REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION

Ad Hoc Behavioral Health Guideline Committee

Cigna Clinical Guidelines and Steering Committee

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Medical Necessity Criteria: Basic Elements

In considering the appropriateness of any service or level of care, all basic elements of the medical necessity definition must be met.

1. Provided in accordance with the generally accepted standards of medical practice.
2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered benefit for the patient's illness, injury or disease.
3. Not primarily for the convenience of the patient or physician or family and not more costly than an alternative service or sequence of services that is at least as likely to produce equivalent benefit.

Medical Necessity Criteria: rTMS

All of following elements must be met.

1. All the general requirements for medical necessity are met (appropriateness of service, provider and, benefit).
2. There is a current psychiatric evaluation confirming the diagnosis of Treatment Resistant Depression.
3. There is a current (within 30 days) referral from Psychiatrist for such service.

At least one of the following four elements must be met.

1. There is documentation of a lack of clinically significant response to four trials of such pharmacologic agents, in the current depressive episode, from at least two different agent classes. A least one of the treatment trials must have been administered at an adequate course of mono or poly-therapy.
2. Inability to tolerate psychopharmacologic agents as evidenced by trial of four such agents from at least two different agent classes with distinct side effects.
3. History of good response to TMS in a previous episode.
4. If the patient is currently receiving electro-convulsive therapy, rTMS may be considered reasonable and necessary as a less invasive treatment option.



Service Exclusions

1. rTMS is considered not reasonable and necessary when used as a treatment modality for patients with psychotic symptoms.
2. Use of rTMS is not indicated in patients with the following:
 - a) Seizure disorder
 - b) A Vagus Nerve Stimulator
 - c) An implanted medical device or Metal in close proximity to the brain

Maintenance

There is no substantial data on the efficacy and use of rTMS as maintenance therapy for Treatment Resistant depression. These will be considered on a case by case considering all of the initial criteria, treatment outcomes, and treatment adherence/participation outcomes.