Louisiana Department of Health Informational Bulletin

AmeriHealth Caritas Louisiana

To: **AmeriHealth Caritas Louisiana Providers**

Date: **August 9, 2024**

Subject: **Informational Bulletin 24-27: Transcranial Magnetic Stimulation**

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

Transcranial Magnetic Stimulation

Effective **August 2, 2024**, Louisiana Medicaid covers Transcranial Magnetic Stimulation (TMS) in accordance with FDA approval for major depression and persistent depressive disorder **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 or persistent 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, www.lamedicaid.com.

AmeriHealth Caritas Louisiana is updating our claims system to reflect these updates, which should be complete by **September 4, 2024**.

PLEASE NOTE: The following claims processing conditions will also apply:

1. If the hard copy documentation is not present, the claim will be denied; and
2. If the hard copy supporting documentation is present and meets the clinical criteria, the claim will be allowed to continue normal processing.

What do you need to do?

AmeriHealth Caritas Louisiana will recycle impacted claims back to **August 2, 2024**. Providers do not need to take action.

Questions regarding this message and Medicaid Fee-for-Service claims are to be directed to Gainwell Technologies at (800) 473-2783 or (225) 924-5040.

For full details, please see Informational Bulletin 24-27.

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007. The Provider Services Department can be reached daily between 7:00 am and 7:00 pm.

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