Louisiana Department of Health Informational Bulletin

AmeriHealth Caritas Louisiana

To: AmeriHealth Caritas Louisiana Providers

Date: October 31, 2024

Subject: Informational Bulletin 24-27: Transcranial Magnetic Stimulation (TMS)
Revised October 28, 2024

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 (TMS)

AmeriHealth Caritas Louisiana would like to inform you that revisions have been made by Louisiana Medicaid regarding Transcranial Magnetic Stimulation (TMS) in accordance with FDA approval for major depression only.

Revisions

Failure of a full course of evidence-based psychotherapy, such as cognitive behavioral therapy for the current depressive episode is no longer considered a medically necessary criterion.

Note: Maintenance therapy is considered not medically necessary, as there is insufficient evidence to support this treatment at the present time.

Retreatment

Retreatment is considered medically necessary when all of the following criteria have been met:

1. Current major depressive symptoms have worsened by 50 percent from the prior best response of the PHQ-9 score; AND
2. Prior treatment response demonstrated a 50 percent or greater reduction from baseline depression scores; AND
3. No contraindications to TMS are present (see section on contraindications).

Contraindications

- Individuals who are actively suicidal;
- Individuals with a history of or risk factors for seizures during TMS therapy;

- Individuals with vagus nerve stimulators or implants controlled by physiologic signals, including pacemakers, and implantable cardioverter defibrillators;
- Individuals who have conductive, ferromagnetic, or other magnetic-sensitive metals implanted in their head within 30 cm of the treatment coil (e.g. metal plates, aneurysm coils, cochlear implants, ocular implants, deep brain stimulation devices, and stents);
- Individuals who have active or inactive implants (including device leads), including deep brain stimulators, cochlear implants, and vagus nerve stimulators;
- Individuals with active psychoses or catatonia where a rapid clinical response is needed.
- History of seizure disorder except seizures induced by ECT.
- Metal implants or devices present in the head or neck.
- Substance use at the time of treatment.
- Diagnosis of severe dementia.
- Diagnosis of severe cardiovascular disease

A referral from a psychiatrist is required and must be submitted prior to treatment.

The Medicaid procedure file has been updated to reflect this change, the fee-for-service (FFS) fee schedule, and the Specialized Behavioral Health Services (SBHS) fee schedule has been 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 **November 27, 2024**.

For full details, please see Informational Bulletin 24-27 (Revised 10.28.24).

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 – 7:00 pm.

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