Effective: July 1, 2023

Prior Authorization Required
If REQUIRED, submit supporting clinical documentation pertinent to service request.

| Yes ☒ | No ☐ |

Applies to:

Commercial Products
☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409
CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products
☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health Unify* – OneCare Plan (a dual-eligible product); 857-304-6304

*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

Senior Products
☐ Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

For Harvard Pilgrim Health Care Members:
This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation – via HPHConnect Clinical Upload or secure fax (800-232-0816)

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Researched and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the instructions here). Members may access materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742

For Tufts Health Plan Members:
To obtain InterQual® SmartSheets™:

- **Tufts Health Plan Commercial Plan products**: If you are a registered Tufts Health Plan provider click here to access the Provider Website. If you are not a Tufts Health Plan provider, please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services a 888.884.2404

- **Tufts Health Public Plans products**: InterQual® SmartSheet(s) available as part of the prior authorization process Tufts Health Plan requires the use of current InterQual® Smartsheet(s) to obtain prior authorization.

In order to obtain prior authorization for procedure(s), choose the appropriate InterQual® SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number indicated above, according to Plan...
Overview

Transcranial magnetic stimulation (TMS) uses a specifically designed magnetic coil that is placed in contact with the scalp to generate rapidly alternating magnetic fields and produces electrical stimulation of superficial cortical neurons. The procedure is generally administered daily over a four to seven week period. The FDA approved rTMS in October 2008 for use in the treatment of treatment-refractory Major Depressive Disorder based on the results of a multisite randomized controlled clinical trial using high frequency pulses over the left prefrontal cortex (HFL-TMS). HFL-rTMS requires no anesthesia or sedation.

Clinical Guideline Coverage Criteria

The plan requires the use of the following InterQual Subsets or SmartSheets to obtain prior authorization for transcranial magnetic stimulation (TMS):

Transcranial Magnetic Stimulation (TMS)
- Requested Service: Repetitive Transcranial Magnetic Stimulation

Transcranial Magnetic Stimulation (TMS)
- Requested Service: Repetitive Transcranial Magnetic Stimulation taper

Limitations

The Plan will not cover TMS under the following circumstances:

- For formats other than HFL-TMS, as their use is considered experimental
- TMS should not be used for Members who have conductive, ferromagnetic or other magnetic-sensitive metals implanted in their head and located less than 30 cm from the TMS magnetic coil, including but not limited to cochlear implants, implanted electrodes or stimulators, aneurysm clips or coil, or bullet fragments.
- In a setting other than a medical office or facility.
- The use of TMS as a maintenance therapy to prevent relapse is not supported by controlled clinical trials and is therefore not considered medically necessary.

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>90867</td>
<td>Therapeutic repetitive Magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management</td>
</tr>
<tr>
<td>90868</td>
<td>Subsequent delivery and management, per session</td>
</tr>
<tr>
<td>90869</td>
<td>Subsequent motor threshold re-determination with delivery and management</td>
</tr>
</tbody>
</table>

References:
None

Approval And Revision History

March 15, 2023: Reviewed by the Medical Policy Approval Committee (MPAC), effective July 1, 2023

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in...
the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.