

Department:	Medical Management	Original Approval:	06/11/2015
Policy #:	MM151	Last Approval:	08/14/2018
Title:	Nonpharmacologic Treatments for Treatment-Resistant Depression		
Approved By:	Behavioral Health Utilization Management Sub-Committee		

REQUIRED DOCUMENTATION:

Chart notes supporting use of non-pharmacologic treatment of depression, previous therapies and responses, rationale for plan of care.

POLICY:

This policy refers to the use of these treatments for the indication of treatment- resistant depression ONLY. Coverage and clinical review criteria for these therapies varies by line of business.

INDICATIONS/CRITERIA

Line of Business	WA Apple Health	Medicare Advantage
Electroconvulsive Therapy (ECT)	Covered, see HCA criteria below	Covered, use the latest edition of MCG
Multiple Electroconvulsive Therapy (MECT)	Not covered (further information in NCD 160.25)	Not covered (further information in NCD 160.25)
Repetitive Transcranial Magnetic Stimulation (rTMS)	Covered, see HCA criteria below	Covered, use Medicare criteria below (L37088)
Deep Brain Stimulation	Not covered per HCA	Not covered (not FDA-approved for this indication)
Transcranial Direct Current Stimulation	Not covered per HCA	Not covered (not FDA-approved for this indication)

The treatments referred to in this policy include:

For WA Apple Health/FIMC Members:

CHPW uses the Washington State Health Care Authority Health Technology Assessment Program criteria for consideration of coverage for these procedures.

Link to Final Findings and Decision:

https://www.hca.wa.gov/assets/program/trd_final_findings_decision_052014.pdf

For Medicare Advantage Members:

CHPW uses

- For ECT: The latest edition of MCG, and
- For Repetitive Transcranial Magnetic Stimulation (rTMS) [Local Coverage Determination \(LCD\): Repetitive TRANSCRANIAL MAGNETIC STIMULATION \(rTMS\) in Adults with Treatment Resistant Major Depressive Disorder \(L37088\)](#) for consideration of rTMS.

CHPW uses CMS Guidelines (NCD and LCD) when available. When such guidelines are not available, CHPW uses the latest edition of MCG.

BACKGROUND

Topic Summary

According to a national U.S. survey conducted between 2001 and 2003, 16.6% of adults will experience a major depressive disorder (MDD) in their lifetime. Failure to respond to initial treatment plans involving psychotherapy and/or an antidepressant medication is common. Treatment-resistant depression or TRD, is a term used to describe MDD that does not respond to initial treatment with antidepressant medication, which is considered appropriate for moderate to severe MDD. A large multicenter study (STAR*D) found that approximately one third of MDD patients achieved remission with an initial antidepressant and approximately half achieved remission after a second antidepressant trial, provided the patients remained in treatment. Although a standard definition of TRD is not recognized, a recent evidence report prepared for the Agency for Healthcare Research and Quality (AHRQ) concluded that there is an emerging consensus that failure of ≥ 2 prior adequate pharmacologic trials is an appropriate definition. Treatment resistance may also occur in depression related to bipolar disorder.

Nonpharmacologic treatments are often tried when pharmacotherapy has failed or has proved intolerable to a patient. Such options include electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation (rTMS), deep brain stimulation (DBS), transcranial direct current stimulation (tDCS), and vagus nerve stimulation (VNS).

The Centers for Medicaid & Medicare Services has no national policy on ECT, rTMS, DBS, or tDCS. The FDA has approved ECT for depression and has approved TMS and VNS specifically for TRD. The FDA has not approved DBS or tDCS for depression.

Policy Context

Nonpharmacologic treatments for depression not responding to first line treatments was selected for review based on concerns about the safety, efficacy and cost of the treatments. Depression is relatively common among adults and contributes to or is associated with higher rates of other disease processes, disability, and reduced quality of life. This review will help to identify safe and effective evidenced-based care for TRD.

DEFINITIONS

Enter all definitions here.

SPECIAL CONSIDERATIONS

Enter all special considerations here.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH <input checked="" type="checkbox"/> IMC <input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	

Revision History

Revision Date	Revision Description	Revision Made By
05/21/2015	Original policy	Policy created by Kate Brostoff MD
06/11/2015	Approval	MMLT
08/02/2016	Updated link to HCA Health Technology	Cyndi Stilson, RN

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	Assessment	
08/08/2016	Reviewed	Jane Daughenbaugh, RN
08/09/2016	Review – no changes	Victor Collymore, MD
08/09/2016	MMLT	Approval
08/15/2017	Updated link to HCA Health Technology Assessment.	Cyndi Stilson, RN
08/18/2017	Approval	MMLT
03/27/2018	Changed from UM329 to MM151	Cindy Bush
04/06/2018	Transferred to new template	Cindy Bush
08/03/2018	Changed rTMS to a covered benefit under Medicare and added link to Medicare criteria. Approval changed to CH UM Sub-Committee, added Required Documentation. Added “magnetic” to repetitive transcranial stimulation (rTMS) in document, clarified MCG to using the latest edition of MCG. Reformatted to reduce duplication. Deleted cost, efficacy, and safety rating.	Terry Lee, MD
08/14/2018	Approval	Behavioral Health Utilization Management Sub-Committee