

**Superseded by determination #20230317A**

Transcranial magnetic stimulation for treatment of selected conditions rereview

**Health Technology Clinical Committee  
Final Findings and Decision**

**Topic:** Nonpharmacological Treatments for Treatment-resistant Depression  
**Meeting Date:** March 21, 2014  
**Final Adoption:** May 16, 2014

Meeting materials and transcript are available on the HTA website at:  
[www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx](http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx)

**Number and Coverage Topic:**

20140321A – Nonpharmacological Treatments for Treatment-resistant Depression (TRD)

**HTCC Coverage Determination:**

Nonpharmacological Treatments for Treatment-resistant Depression are **covered benefits with conditions** consistent with the criteria identified in the reimbursement determination.

**HTCC Reimbursement Determination:**

**Limitations of Coverage**

Electroconvulsive Therapy is a **covered benefit**.

Repetitive Transcranial Magnetic Stimulation is a **covered benefit**.

**Non-Covered Indicators**

Deep Brain Stimulation is **not covered**.

Transcranial Direct Current Stimulation is **not covered**.

**Agency Contact Information:**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

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**HTCC Coverage Vote and Formal Action*****Committee Decision***

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and agency and state utilization information. The committee concluded that the current evidence on Nonpharmacological Treatments for Treatment-resistant Depression demonstrates that there is sufficient evidence to cover with conditions. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Nonpharmacological Treatments for Treatment-resistant Depression.

**Nonpharmacological Treatments for Treatment-resistant Depression**

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Electroconvulsive Therapy	0	10	1
Repetitive Transcranial Magnetic Stimulation	0	9	2
Deep Brain Stimulation	11	0	0
Transcranial Direct Current Stimulation	11	0	0

***Discussion***

The committee determined a vote of coverage for electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (RTMS), each without conditions. The committee discussed the application of this determination for only treatment resistant depression of condition as this was the defined scope of the review.

**Limitations of Coverage**

Electroconvulsive Therapy is a **covered benefit**.

Repetitive Transcranial Magnetic Stimulation is a **covered benefit**.

**Non-Covered Indicators**

Deep Brain Stimulation is **not covered**.

Transcranial Direct Current Stimulation is **not covered**.

***Action***

The committee checked for availability of a Medicare coverage decision. CMS does not have a national coverage determination (NCD) for Electroconvulsive Therapy, Repetitive Transcranial Magnetic Stimulation, Transcranial Direct Current Stimulation or Deep Brain Stimulation. The

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committee reviewed selected payer policies for Aetna, Oregon Health Evidence Review Commission and the New England Comparative Effectiveness Public Advisory Council. The committee also reviewed practice guidelines from The American Psychiatric Association, Canadian Network for Mood and Anxiety Treatments, Institute for Clinical Systems Improvement, National Institute for Health and Care Excellence and Veteran's Affairs and the Department of Defense.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Nonpharmacological Treatments for Treatment-resistant Depression reflective of the majority vote for final approval at the next public meeting.

**Health Technology Clinical Committee Authority:**

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.

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