

Transcranial Magnetic Stimulation (TMS) and Repetitive Transcranial Magnetic Stimulation (rTMS)

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What is Transcranial Magnetic Stimulation (TMS) and Repetitive Transcranial Magnetic Stimulation (rTMS)?

TMS is a mild form of brain stimulation. Magnetic fields, generated by a simple coil placed on the head, are used to stimulate a small area on the surface of the brain. In rTMS, pulses are given repeatedly for therapeutic effect.

Treatment is usually conducted in an outpatient setting over consecutive weekdays with an initial series of up to 35 rTMS sessions. The treatment does not require anaesthetic and is usually well tolerated with minimal side effects.

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Treatment with rTMS

Current evidence supports that rTMS may be used for Major Depressive Disorder that has been resistant to other forms of treatment. The evidence suggests that approximately 50% of these patients may experience a lower burden of disease. While research continues, there is a lack of current evidence for the use of rTMS for any psychiatric conditions other than treatment resistant depression.

Provision of rTMS should always be under the supervision of a psychiatrist with appropriate expertise and accreditation by the RANZCP. This is to ensure the safe and effective application of treatment and accurate clinical decision making. For example, while rTMS may be effective for treating resistant depression, electroconvulsive therapy (ECT) may be a better

choice for patients with extremely severe depression or depression with psychotic features. Monitoring outcomes of treatment should also occur regularly throughout treatment.

For further details on rTMS and its use in clinical practice, please refer to the RANZCP Repetitive Transcranial Magnetic Stimulation November 2018 Position statement. [Repetitive Transcranial Magnetic Stimulation | RANZCP](#)

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What can be approved?

The following actions can be approved:

- an initial comprehensive assessment with an rTMS-accredited psychiatrist. This assessment should:
 - determine the suitability of treatment
 - develop a treatment plan, and
 - provide baseline outcome measures such as the Hamilton Depression Scale to measure response to treatment
- acute outpatient rTMS treatment of up to 35 sessions after review by **either an Injury Manager or the Clinical Panel**
- repeat rTMS treatment of up to 15 sessions after **review by the Clinical Panel** in the case where:
 - an injured employee has relapsed (demonstrated through outcome measures) and
 - at least 4 months has passed since the acute series.

Any further request beyond one repeat series will be considered on its merits in consultation with the Clinical Panel psychiatrist.

Inpatient treatment: rTMS is not funded for inpatients. If an injured employee requires inpatient admission, this should be for reasons other than the need for rTMS treatment. If rTMS is separately approved for administration during an inpatient stay, then the cost is included in the bed fee for the inpatient admission. It cannot be billed as an additional fee.

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rTMS costs

Costs for requested rTMS should be in line with the Medical Benefits Scheme (MBS) schedule [rTMS-MBS-Items.29.10.21.pdf](#) ([mbsonline.gov.au](#)). You may determine to vary the amount paid in exceptional circumstances after discussion with Injury Management, your Assistant Director, and the Clinical Panel.

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Procedure for assessing and determining liability for rTMS treatment

In addition to the normal process for assessing medical treatment requests (see [Determining liability for medical treatment](#)), follow the steps below to assess a claim for rTMS:

Note: All rTMS requests should be reviewed by an Injury Manager or the Clinical Panel psychologist or psychiatrist. Information should be obtained from the referring psychiatrist before referral to the Clinical Panel and making a determination.

Step 1: Request for TMS Treatment is received

Check the referring psychiatrist is an rTMS-accredited psychiatrist.

Step 2: Gather the information needed

When rTMS treatment is requested, the Claims Manager/Injury Manager needs to gather the following information, if not already available, from the referring psychiatrist:

- the diagnosis for which the rTMS treatment has been prescribed is major depressive episode

- the proposed dates for the treatment series
- details of the facility where the treatment will be undertaken
- a quote containing the MBS item numbers, description, and proposed fees
- clinical justification for the treatment, including:
 - how the requirement for the treatment relates to the employee's compensable condition, and
 - what has led to the need for the treatment at this point in time
- information about previous treatment and response – rTMS should only be used where the employee has not achieved satisfactory improvement in the major depressive episode despite:
 - adequate trialling of at least two different classes of antidepressant medications, unless contraindicated, and
 - undertaking psychological therapy, unless inappropriate, with rationale from referring psychiatrist
- an outcome measure using a validated Major Depressive Disorder tool that will be used at baseline, during, and at the end of the treatment series. This is used to demonstrate the effectiveness of the treatment, and any relapse if this occurs.
- anticipated timeframes in which the employee is expected to be able to return to health and/or work following the procedure
- any other claim-specific information needed to determine whether the treatment request is reasonable in the circumstances.

Step 3: Injury Manager or Clinical Panel review

rTMS treatment can be approved following Injury Management review as long as:

- the request is for an initial series of up to 35 rTMS treatments
- the condition being treated is treatment-resistant Major Depressive Disorder
- other treatments have been adequately trialled, including psychology and at least two trials of different antidepressant medication classes with inadequate response
- outcome measures to be used have been detailed
- provision of other information is adequate (see Step 1).

An rTMS treatment request must be referred to the Clinical Panel when:

- the request is for a subsequent series of rTMS treatments

- the condition being treated is not Major Depressive Disorder, is not clear, or is complicated by multiple conditions, whether compensable or not.

Step 4: If required: Refer to Clinical Panel psychiatrist

If the Injury Manager is unable to determine the appropriateness of an rTMS treatment request, or if the request is for a repeat series, please complete a Clinical Panel Review (CPR) form to provide the following:

- information obtained from the referring psychiatrist in Step 1
- whether the request is for an initial or repeat series
- any other claim-specific information necessary for consideration of the request.

Step 5: Make a determination

To accept a request for rTMS, the request must be:

- obtained in relation to a compensable condition
- reasonable to obtain in the circumstances – seek clinical expertise and consider:
 - have other treatment options been tried without success or considered and ruled out with good clinical justification?
 - is it likely to result in a measurable benefit assisting the employee's return to health?
- appropriately costed in consideration of the MBS pricing guidelines.

If the treatment request is accepted:

- The Claims Manager is to set an action plan diary reminder to seek post-treatment outcomes if they have not already been provided within six weeks of the treatment completion.

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