Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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CENTRALIZED REFERRAL PROCESS FOR TRANSCRANIAL MAGNETIC STIMULATION (TMS)

This Bulletin announces a new centralized TMS referral process focused on expanding accessibility to our Specialty Mental Health Services (SMHS) clients, age 15 and older. Transcranial Magnetic Stimulation (TMS) is a safe and effective, non-invasive, FDA-approved treatment for clients who have treatment resistant depression (major depressive disorder, dysthymic disorder) or treatment resistant obsessive compulsive disorder (OCD). It applies gentle magnetic pulses to targeted areas of the brain involved in mood regulation.

The typical presentation of a client who is appropriate for TMS is someone who:

- Meets SMHS access criteria;
- Has either major depressive disorder or OCD;
- Has tried multiple medications (e.g. SSRI's, SNRI's, augmentation with atypical antipsychotic medications) and psychotherapy; and
- Continues to have significant symptoms.

Please refer to the DMH Clinical Practice Parameters on TMS for additional information.

While TMS is not a Medi-Cal entitlement, the Department of Health Care Services (DHCS) recognized TMS as a reimbursable service in the SMHS system under California Advancing and Innovating Medi-Cal (CalAIM) Payment Reform. The Los Angeles County Department of Mental Health (DMH) first implemented TMS as an Innovations project and found TMS to be beneficial for many clients who felt they had no more treatment options available. As such, TMS has given clients hope and helped them continue to engage in treatment.

Effective as of the date of this Bulletin, all DMH directly operated and contracted providers that do not have TMS available at their site may refer existing SMHS clients to TMS services elsewhere in the DMH system of care. To facilitate a client's connection to this service, DMH developed a centralized referral process using the Service Request Tracking System (SRTS). This will allow any client within the DMH system of care to access this service if they could benefit from it. If a psychiatrist or nurse practitioner at a non-TMS DMH provider has determined TMS may be beneficial to the client, the client may be referred for TMS by completing the TMS referral form and submitted using the SRTS, following the detailed instructions below. As TMS is a time-limited adjunctive medication support service, referring providers will continue treating the client during the TMS treatment and must coordinate client care with the TMS provider.

Note: For directly operated and contracted providers who provide TMS at their site, there is no change in referral processes, and they should continue to follow their own internal referral process.

Instructions for TMS Referral:

1. Psychiatrist/Nurse Practitioner completes the LACDMH TMS Referral Form
2. Provider staff with access to the SRTS creates and transfers an SRTS record
   - Select: **Referral Category**: General Outpatient, **Outpatient Type**: TMS
   - Attach the completed TMS Referral Form and relevant clinical documents (e.g., most recent Initial Medication Evaluation and Medication Progress Note)
   - Transfer SRTS to **Mobile Transcranial Magnetic Stimulation (TMS) – Provider 19A8**
   - Monitor the status of the client's TMS referral
3. TMS psychiatrist will contact the referring Psychiatrist/Nurse Practitioner to coordinate clinical care

If directly operated or contracted providers have questions related to this Bulletin, please contact the QA Unit at QAPolicy@dmh.lacounty.gov

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