Transcranial Magnetic Stimulation

Reimbursement Policy ID: RPC.0035.5400

Recent review date: 12/2024

Next review date: 10/2025

AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy addresses reimbursement for transcranial magnetic stimulation (TMS) for the treatment of severe major depressive disorder. TMS is a noninvasive technique using a device approved by the U.S. Food and Drug Administration (FDA) to apply brief magnetic pulses to the brain for the treatment of severe major depressive disorder. Repetitive TMS (rTMS) is typically applied daily in patients with resistant major depression disorder who have failed previous trials of antidepressants in the current depressive episode.

Exceptions

N/A

Reimbursement Guidelines

TMS is eligible for reimbursement when delivered in an outpatient setting to adults **ages 18 and older**. Prior authorization is required. In addition, according to our policy and the American Medical Association Current Procedural Terminology (AMA-CPT) Manual, subsequent TMS (90868 or 90869) should not be reported unless an initial (90867) or subsequent TMS (90868 or 90869) has been reported within the previous seven days.

Appropriate CPT codes are below.

CPT Code	Description
90867	Therapeutic repetitive transcranial stimulation (rTMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	Subsequent delivery and management, per session
90869	Subsequent major threshold redetermination with delivery and management

TMS is reimbursable only for the treatment of severe major depressive disorder.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=34522&ver=29
VII. District of Columbia Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

12/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines

	• Added Associated Policies section