Medical Coverage Policy | Transcranial Magnetic Stimulation (TMS)

EFFECTIVE DATE: 01|01|2022
POLICY LAST UPDATED: 12|21|2022

OVERVIEW

Transcranial magnetic stimulation (TMS), also called repetitive transcranial magnetic stimulation, is a non-invasive method of delivering electrical stimulation to the brain. TMS involves placement of a small coil over the scalp; passing a rapidly alternating current through the coil wire, which produces a magnetic field that passes unimpeded through the scalp and bone, resulting in electrical stimulation of the cortex. Repetitive TMS is used as a treatment of depression and other psychiatric/neurologic brain disorders. This policy documents the medical criteria for when the service is medically necessary.

MEDICAL CRITERIA

As documented by Blue Cross & Blue Shield of Rhode Island (BCBSRI) Behavioral Health Utilization Management.

PRIOR AUTHORIZATION

Medicare Advantage Plans and Commercial Products
Non-Participating Providers
Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products. To request prior authorization, contact Behavioral Health Utilization Management at 800-274-2958

Participating Providers
Notification is needed to ensure correct claims processing. Contact Behavioral Health Utilization Management at 800-274-2958.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products
Transcranial magnetic stimulation (TMS) is medically necessary when the criteria is met.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable behavioral health benefits/coverage.

BACKGROUND

Transcranial magnetic stimulation (TMS), also called repetitive transcranial magnetic stimulation, is a non-invasive method of delivering electrical stimulation to the brain. A magnetic field is delivered through the skull where it induces electric currents that affect neuronal function. Repetitive TMS is being evaluated as a treatment of depression and other psychiatric/neurologic brain disorders. The use of TMS is typically recommended for up to 30 visits over a 7-week period followed by 6 taper treatments.

Transcranial magnetic stimulation was first introduced in 1985 as a new method of non-invasive stimulation of the brain. The technique involves placement of a small coil over the scalp; passing a rapidly alternating current through the coil wire, which produces a magnetic field that passes unimpeded through the scalp and bone, resulting in electrical stimulation of the cortex. TMS was initially used to investigate nerve conduction; for example, TMS over the motor cortex will produce a contralateral muscular-evoked potential. The motor threshold, which is the minimum intensity of stimulation required to induce a motor response, is empirically determined for each individual by localizing the site on the scalp for optimal stimulation of a hand muscle,

then gradually increasing the intensity of stimulation. The stimulation site for treatment is usually 5 cm anterior to the motor stimulation site.

CODING

The following code(s) are covered for Medicare Advantage Plans and Commercial Products when medically necessary:

90867 Therapeutic repetitive transcranial magnetic stimulation treatment planning
90868 Therapeutic repetitive transcranial magnetic stimulation treatment delivery and management, per session
90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, February 2023
Provider Update, September 2021
Provider Update, September 2020
Provider Update, December 2019
Provider Update, November/December 2018
Provider Update, July 2018