

Medical Coverage Policy | Transcranial Magnetic Stimulation (TMS)



EFFECTIVE DATE: 01|01|2023

POLICY LAST UPDATED: 04|12|2023

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

Not applicable

NOTIFICATION OF ADMISSION

Blue Cross & Blue Shield of Rhode Island (BCBSRI) requires Medicare Advantage Plans and Commercial Products in network and out of network providers/facilities to complete a notification of admission for Transcranial magnetic stimulation (TMS) services to ensure correct claims processing. To complete a notification of admission or for questions, contact Behavioral Health Utilization Management at 800-274-2958.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

TMS is generally indicated for individuals 18 years of age or older with a diagnosis of Major Depression who, despite adequate trials of evidence-based psychotherapy and pharmacotherapy, have demonstrated a lack of significant improvement in depressive symptoms.

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

Medicare Advantage Plans and Commercial Products

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

- 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

Behavioral Health Services Inpatient and Intermediate Levels of Care

PUBLISHED

Provider Update, March 2023

Provider Update, September 2021

Provider Update, September 2020

Provider Update, December 2019

Provider Update, November/December 2018

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

