

Medical Coverage Policy | Transcranial Magnetic Stimulation (TMS)



EFFECTIVE DATE: 02|05|2024

POLICY LAST REVIEWED: 02|07|2024

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 and 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 for depression and other psychiatric/neurological brain disorders.

MEDICAL CRITERIA

Not applicable

NOTIFICATION OF ADMISSION

Not applicable

POLICY STATEMENT

TMS is generally indicated as a treatment for depression and other psychiatric/neurological brain disorders for individuals 18 years of age or older who, despite adequate trials of evidence-based psychotherapy and pharmacotherapy, have demonstrated a lack of significant improvement in symptoms.

For more information, please contact BCBSRI Behavioral Health Utilization Management at 1-800-274-2958.

COVERAGE

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

BACKGROUND

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 and 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. The use of TMS is typically recommended for up to 30 visits over a 7-week period followed by 6 taper treatments.

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, February 2024
Provider Update, March 2023
Provider Update, September 2021
Provider Update, September 2020
Provider Update, December 2019

REFERENCES

None

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