

## 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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