Transcranial Magnetic Stimulation

Reimbursement Policy ID: RPC.0035.7100

Recent review date: 01/2025

Next review date: 10/2025

AmeriHealth Caritas Delaware 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 Delaware 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 non-invasive technique using a device approved by the Food and Drug Administration (FDA) to apply brief magnetic pulses to the brain for the treatment of severe major depressive disorder. TMS 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 delivered in an outpatient setting without anesthesia or analgesia to adults aged 18 and over. Prior authorization may be required. In addition, according to our policy and the 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.

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

Covered diagnosis codes for severe major depression.

ICD-10-CM Code	Description
F32.2	Major depressive disorder, single episode, severe without psychotic features
F33.2	Major depressive disorder, recurrent, severe without psychotic features

Definitions

Major Depression
An individual has a persistently low or depressed mood or decreased interest in pleasurable activities, feelings of guilt or worthlessness, lack of energy, poor concentration, appetite changes, psychomotor retardation or agitation, sleep disturbances, or suicidal thoughts.

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.fda.gov/media/81495/download
VII. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=34522&ver=29
VIII. Delaware Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

01/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Delaware 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