

Subject: Transcranial Magnetic Stimulation (TMS) for Treatment Resistant Depression

Medical Policy #: 20.11

Original Effective Date: 02-22-2012

Status: Reviewed

Last Annual Review Date: 12-11-2024

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Transcranial magnetic stimulation (TMS) is a noninvasive treatment that uses pulsed magnetic fields to induce an electric current in a localized region of the cerebral cortex. An electromagnetic coil placed on the scalp induces focal current in the brain that temporarily modulates cerebral cortical function. Capacitor discharge provides electrical current in alternating on/off pulses. Stimulation parameters may be adjusted to alter the excitability of the targeted structures in specific cortical regions. Repetitive TMS (rTMS) has been investigated as treatment for pharmacoresistant depression.

TMS parameters include cranial location, stimulation frequency, duration, and intensity. TMS is delivered in outpatient settings without anesthesia or analgesia. Typically for the treatment of depression, the coil is located over the left prefrontal cortex. The rTMS is performed daily Monday through Friday (weekdays) for 30 treatments preferably over 6 weeks, but not to exceed 7 weeks duration. There is no need for anesthesia or analgesia and there are no restrictions about activities before or after treatment (e.g. driving, working, operating heavy machinery).

When used as an antidepressant therapy, TMS produces a clinical benefit without the systemic side effects attendant with standard oral medications. TMS does not have adverse effects on cognition. Unlike electroconvulsive therapy (ECT), rTMS does not induce amnesia or seizures.

Coverage Determination

Transcranial Magnetic Stimulation (TMS) covers all lines of business.

Prior Authorization is not required for Medicaid.

For Medicaid, PHP considers TMS reasonable and necessary for patients diagnosed with **Major Depression Disorders** (single or recurrent episode) **without psychosis**, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). (See codes listed below)

Prior Authorization is required for Medicare and Commercial plans. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>. Behavioral Health Prior Authorization and Benefit Certification requests is required for Medicare. Call: 1-888-923-5757 or 505-923-5757 choose option 5.

For Medicare, PHP follows LCD [L34998](#). TMS is considered reasonable and necessary for patients diagnosed with **severe Major Depression Disorders** (single or recurrent episode) following LCA [A57072](#), **in addition to diagnoses** for Major Depression Disorder (single or recurrent episode), **without psychosis**, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). (See codes listed below)

For Commercial plans, PHP follows **Magellan Healthcare**, Transcranial Magnetic Stimulation Treatment-Commercial, which currently follows MCG B-801-T (BHG), guidance for all MDD without psychosis.

TMS is considered reasonable and necessary for patients diagnosed with **Major Depression Disorders** (single or recurrent episode) **without psychosis**, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). (See codes listed below)

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS); treatment, initial , including cortical mapping, motor threshold determination, delivery and management. (Report only once for the initial planning)
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS); subsequent delivery and management, per session.
90869	Therapeutic repetitive transcranial magnetic stimulation treatment; subsequent motor threshold re-determination with delivery and management

ICD-10 Codes	Diagnostic Codes Covered for all lines of business:
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.89	Other specified depressive episodes
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive d/o, recurrent severe without psychotic features
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee (PHCQC): Clinton White, MD

Senior Medical Director: Jim Romero, MD

Date Approved: 12/11/2024

References

1. LCD Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (L34998), Revision date 12/11/2022, R5. [Cited 10/24/2024]
2. LCA, Billing and Coding: Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (A57072), effective date: 07/06/2023, R2. [Cited 10/24/2024]
3. The Multi-Jurisdictional CAC Meeting, held on 9/29/2021, for discussion of the topic Transcranial Magnetic Stimulation (TMS) for Treatment of Obsessive-Compulsive Disorder (OCD), was hosted by WPS Government Administrators. Links to WPS' audio recording and transcript for the meeting can be found on Novitas' [Multi-Jurisdictional CAC Meeting Minutes](#) web page. [Accessed 10/25/2024]
4. CMS, [The Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#), Page Last Modified: 09/06/2023. [Accessed 10/25/2024]
5. Other Insurance Protections, Mental Health Parity. [Accessed 10/25/2024]
 - a. Regulations
 - i. November 8, 2013 [CMS-4140-F: Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008](#)
 - ii. August 3, 2023 [CMS-9902-P: Requirements Related to the Mental Health Parity and Addiction Equity Act Proposed Rule](#)
 - iii. September 20, 2023 [CMS-9902-P: Requirements Related to the Mental Health Parity and Addiction Equity Act; Extension of Comment Period](#)
 1. Guidance
 - iv. June 1, 2016 [Warning Signs- Plan or Policy Non-Quantitative Treatment Limitations \(NQTs\) that Require Additional Analysis to Determine Mental Health Parity Compliance \(PDF\)](#)
 - v. April 23, 2018 [Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#)
 - vi. April 23, 2018 [Form to Request Documentation from an Employer-Sponsored Health Plan or Issuer Concerning Treatment Limitations](#)
 - vii. October 23, 2020 [Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#)
 - viii. July 24, 2023 DOL Technical Release 2023-01P: [Request for Comment on Proposed Required Data Submissions for Nonquantitative Treatment Limitations \(NQTs\) Related to Network Composition and Enforcement Safe Harbor for Group Health Plans and Health Insurance Issuers Subject to the Mental Health Parity and Addiction Equity Act.](#)
6. Hayes, High-Frequency Left Repetitive Transcranial Magnetic Stimulation For Treatment-Resistant Major Depressive Disorder, Health Technology Assessment, Feb 22-2021, ARCHIVED Dec 3, 2021. Accessed 10/18/2024
7. Hayes, Low Frequency Right Repetitive Transcranial Magnetic Stimulation For Treatment-Resistant Major Depressive Disorder, Health Technology Assessment, Annual Review: Sep 24, 2018. Accessed 10/18/2024
8. Hayes, Transcranial Magnetic Stimulation for the Treatment of Obsessive-Compulsive Disorder, Health Technology Assessment, Annual review Feb 15, 2022. Accessed 10/18/2024
9. Hayes, Maintenance Repetitive Transcranial Magnetic Stimulation for Prevention of Recurrent Depression in Adults, Annual review 04/24/2024. Accessed 10/21/2024
10. HSD, [LOD#112](#) Transcranial Magnetic Stimulation (TMS) Services Coverage, Date: February 15, 2024 [Accessed 10/24/2024]
11. [HCA, Letter of Direction #27](#), Transcranial Magnetic Stimulation (TMS) Services, Date: October 21, 2024 [Cited 12/30/2024]
12. Hayes, Evidence Analysis Research Brief, Transcranial Magnetic Stimulation for Prevention of Recurrent Depression in Adolescents, 06/21/2024. Accessed 10/21/2024
13. Hayes, Health Technology Assessment, Repetitive Transcranial Magnetic Stimulation for Treatment of Bipolar Disorder, Annual Review 03/21/2024, [Cited 10/21/2024]
14. Aetna, Aetna Medical Clinical Policy Bulletin No. 0469 Transcranial Magnetic Stimulation and Cranial Electrical Stimulation, Last review 5/8/2024, [Cited 10/21/2024]

15. Cigna, Cigna Medical Coverage Policy No. EN0383 Transcranial Magnetic Stimulation, Last Review, 10/15/2024, [Cited 10/21/2024]
16. Humana, Humana Medical Coverage Policy No. HUM-0457-025, Transcranial Magnetic Stimulation, Last Review, 07/01/2024, [Cited 10/21/2024]
17. United Health Care, (Optum Behavioral Clinical Policy) Policy #BH803TMS102023 Transcranial Magnetic Stimulation Effective Date: 10/17/2023, Last Reviewed, 04/16/2024, [Cited 10/22/2024]

Publication History

- 02-22-2012 Original effective date.
- 01-27-2016 Re-review of topic. Guests included Dr. Gray, Henschen from Magellan and Dr. Rueben Sutter (Private Practice). Meeting was on 11/11/15
- 05-25-2016 Annual review. Removed ICD-9 and added ICD-10 codes Updated references
- 03-22-2017: Re-review at the Technology Assessment Committee on 2-25-17. No change in reviewed information. Coverage continues to remain only for Medicare Advantage members. (This Publication history was updated on 11/18/2020)
- 07-31-2019 Annual review. Two TMS policies created so there are two different criteria sets, one for Medicare and another for Commercial. This policy content is using Novitas LCD L34998 criteria for Medicare members. For Commercial, see MPM 20.12. No coverage for Centennial currently.
- 11-18-2020 Annual review. Reviewed on 10-23-20. No change. Policy continues to be managed by Magellan. Medicare members will follow CMS, LCD L34998 (Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder). Continue non-coverage for Centennial Care. Updated the Publication history for 03-22-17, which was inadvertently left out.
- 11-17-2021 Annual review. Reviewed by PHP Medical Policy Committee on 11-05-2021. Continue to follow: LCD L34998 and LCA A57072. Continue the PA requirement for CPT codes 90867, 90868 and 90869.
- 11-16-2022 Annual review. Reviewed by PHP Medical Policy Committee on 10/28/2022. Continue to follow: LCD L34998 and LCA A57072. Continue the PA requirement for CPT codes 90867, 90868 and 90869. As of this review Obsessive Compulsive Disorder is still considered non-covered. TMS for Medicaid is not a covered benefit and will be configured as non-covered.
- 12-13-2023 Annual review. Reviewed by PHP Medical Policy Committee on 10/25/2023. The LCD (L34998) was recently reviewed and concluded there is insufficient evidence to support the use of TMS for moderate depression within the major depressive diagnosis and for treatment of OCD. Continue to follow LCD (L34998) for severe major depressive disorder. The coverage determination guideline language has been removed from policy and reformatted to only include LCD/LCA weblinks. Configuration correction across all platforms (HRP & CES) for CPT codes 90867, 90868 and 90869 for (1) Medicaid, reconfig as *non-covered* rather than *investigational*; (2) Commercial and Medicare, reconfig to follow LCD (L34998) and LCA (A57072) to map ICD-10 (F32.2 and F33.2) to 90867, 90868 and 90869 effective 10/26/2023. Continue CY 2022 config as non-covered for codes (90867 and 90868) for Medicaid.
- Update on 03-13-2024:** Reviewed by PHP Medical Policy Committee on 03-13-2024. By directive of LOD#112 added coverage for Medicaid for TMS of the brain. Medicaid will follow Medicare LCD (L34998) and LCA (A57072). Only severe Major Depressive disorder, single or recurrent features (ICD-10 F32.2 and F33.2) are considered medically necessary. No PA will be required for 90867, 90868, and 90869 for Medicaid. Previous configuration as non-covered for Medicaid will be removed and config to only pay for MDD severe single/recurrent features. NIA Magellan will change their config with the new direction for Medicaid. The policy for Commercial, Medicare and Medicaid will continue to be managed by NIA Magellan. Title has changed to include Medicaid. Magellan will update their config base on these changes.
- 12-11-2024 Annual review. Reviewed by PHP Medical Policy Committee on 11/7/2023. Continue to manage by NIA Magellan. PA is required for Medicare and Commercial lines of business. No PA is currently required for Medicaid per LOD #112 & #27. (1) Medicare continue to follow LCD (L34998) and LCA (A57072) for (F32.2 and F33.2) and expand coverage for additional ICD-10 diagnoses for all specified MDD (Single or Recurrent) without psychosis to 90867, 90868 and 90869. (2) Medicaid and Commercial allow coverage for all specified MDD (Single or recurrent) without psychosis. Configuration updated with NIA Magellan for Medicaid and Commercial. Commercial policy from MPM 20.16 has been retired and combined (back) to this policy. All lines of business will allow TMS for specified diagnoses following the listed guidelines for resistant major depressive disorder.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.