

Subject: Transcranial Magnetic Stimulation (TMS) for Treatment

Resistant Depression for Medicare and Medicaid

Medical Policy #: 20.11

Original Effective Date: 02-22-2012

Status: Reviewed

Last Annual Review Date: 12-13-2023

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.

Other related policy:

See MPM 20.16 Transcranial Magnetic Stimulation (TMS) for Treatment Resistant Depression for Commercial

Coverage Determination

Prior Authorization is not required for Medicaid.

Prior Authorization is required for Medicare. 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.

Transcranial Magnetic Stimulation (TMS) is covered for Medicare and Medicaid.

For Medicaid and Medicare, PHP follows Repetitive LCD [L34998](#). TMS is considered reasonable and necessary for patients diagnosed with **severe Major Depression** (single or recurrent episode) as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

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.

CPT Codes	Description
90869	Therapeutic repetitive transcranial magnetic stimulation treatment; subsequent motor threshold re-determination with delivery and management

ICD-10 Codes	Description
F32.2	Major depressive disorder, single episode, severe without psychotic features
F33.2	Major depressive d/o, recurrent severe without psychotic features

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee (PHCQC): Gray Clarke MD

VP Chief Medical Officer: Clinton White MD

Medical Director: Ana Maria Rael MD

Date Approved: 12/13/2023

Reviewed by:

1. Gray Clarke MD, VP Chief Medical Officer, PHP Centennial Care, Behavioral Health
2. Anjali Yeolekar-Dasari, Medicaid Behavioral Health Medical Directory

References

1. LCD, Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (L34998), Revision date 12/11/2022, R5. [Cited 10/23/2023]
2. LCA, Billing and Coding: Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (A57072), effective date: 07/06/2023, R2. [Cited 10/23/2023]
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. [Cited 10/25/2023]
4. CMS, [The Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#), Page Last Modified: 09/06/2023. [Cited 10/25/2023]
5. Other Insurance Protections, Mental Health Parity. [Cited the following on 10/25/2023]
 - a. Regulations
 - November 8, 2013 [CMS-4140-F: Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008](#)
 - August 3, 2023 [CMS-9902-P: Requirements Related to the Mental Health Parity and Addiction Equity Act Proposed Rule](#)
 - September 20, 2023 [CMS-9902-P: Requirements Related to the Mental Health Parity and Addiction Equity Act: Extension of Comment Period](#)
 - b. Guidance
 - June 1, 2016 [Warning Signs- Plan or Policy Non-Quantitative Treatment Limitations \(NQTLs\) that Require Additional Analysis to Determine Mental Health Parity Compliance \(PDF\)](#)
 - April 23, 2018 [Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#)
 - April 23, 2018 [Form to Request Documentation from an Employer-Sponsored Health Plan or and Issuer Concerning Treatment Limitations](#)
 - October 23, 2020 [Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#)
 - July 24, 2023 DOL Technical Release 2023-01P: [Request for Comment on Proposed Required Data Submissions for Nonquantitative Treatment Limitations \(NQTLs\) 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. Human Services Department, Letter of Direction #112, Centennial Care 20.0 Managed Care Organization, February 15, 2024. [Cited 03-13-2024]
7. Hayes, High-Frequency Left Repetitive Transcranial Magnetic Stimulation For Treatment-Resistant Major Depressive Disorder, Health Technology Assessment, Nov 3, 2016, Annual Review: Feb 22, 2021. [Cited 03-13-2024]
8. Hayes, Low Frequency Right Repetitive Transcranial Magnetic Stimulation For Treatment-Resistant Major Depressive Disorder, Health Technology Assessment, Sep 29, 2016, Annual Review: Sep 24, 2018. [Cited 03-13-2024]
9. Hayes, Transcranial Magnetic Stimulation for the Treatment of Obsessive-Compulsive Disorder, Health Technology Assessment, Mar 5, 2019, Annual Review: Feb 15, 2022. [Cited 03-13-2024]

10. Hayes, Maintenance Repetitive Transcranial Magnetic Stimulation for Prevention of Recurrent Depression in Adults, Health Technology Assessment Apr 4, 2023. [Cited 03-13-2024]
11. HSD, Letter of Direction #112, Transcranial Magnetic Stimulation (TMS) Services Coverage, Date: February 15, 2024 [Cited 03/13/2024]

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 <i>non-covered</i> rather than <i>investigational</i> ; (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.

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.