


<b>MEDICAL POLICY</b>	<b>Transcranial Magnetic Stimulation (Medicare Only)</b>	
<b>Effective Date: 1/1/2021</b>   1/1/2021	Section: BH	Policy No: 006
	Medical Policy Committee Approved Date: 11/2020	
Medical Officer	Date	

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Medicare Only

**MEDICARE POLICY CRITERIA**

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder</i>	<ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (<a href="#">L37008</a>)<sup>1</sup></li> <li>Local Coverage Article: Billing and Coding: Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (<a href="#">A57693</a>)<sup>2</sup></li> </ul>

*Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, (**Transcranial Magnetic Stimulation (All Lines of Business Except Medicare)**), applies to the following services:*

- Use of TMS for treating indications other than major depressive disorders, including but not limited to, obsessive-compulsive disorder and migraine with aura.

<b>MEDICAL POLICY</b>	<b>Transcranial Magnetic Stimulation (Medicare Only)</b>
-----------------------	--

**CPT/HCPCS CODES**

Medicare Only	
Prior Authorization Required	
90867	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management

**INSTRUCTIONS FOR USE**

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

**REGULATORY STATUS**

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

**REFERENCES**

- Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (L37008). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37088>. Published 2018. Accessed 7/23/2020.
- Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (A57693). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57693>. Published 2018. Accessed 7/23/2020.