

## 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:

**0889T** Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation (Report 0889T once per personalized target development) (Do not report 0889T in conjunction with 70551, 70552, 70553,

70554, 70555 for the same session) (Do not report 0889T in conjunction with 77022) (New Code Effective 7/1/2024)

- 0890T** Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day (Report 0890T once on the first day of the course of treatment) (Do not report 0890T in conjunction with 77022) (New Code Effective 7/1/2024)
- 0891T** Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day (Do not report 0891T in conjunction with 77022) (New Code Effective 7/1/2024)
- 0892T** Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day (Do not report 0892T in conjunction with 77022) (Do not report 0892T in conjunction with 0890T, 0891T on the same day) (New Code Effective 7/1/2024)
- 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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