

## PROVIDER BULLETIN

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# TRANSCRANIAL MAGNETIC STIMULATION FOR MAJOR DEPRESSIVE DISORDER

**Applies to: Providers of Transcranial Magnetic Stimulation Services**

**Effective date: November 1, 2021**

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- **TRANSCRANIAL MAGNETIC STIMULATION**
  - **PARTICIPANT ELIGIBILITY**
  - **PROVIDER QUALIFICATIONS**
  - **EXCLUSIONS**
  - **PROCEDURE CODES, LIMITATIONS, AND MAXIMUM ALLOWABLE RATES**
  - **RETREATMENT**
  - **STANDARDIZED RATING SCALES FOR DEPRESSION**
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### **TRANSCRANIAL MAGNETIC STIMULATION**

The MO HealthNet Division (MHD) is implementing coverage of transcranial magnetic stimulation (TMS) for dates of service on or after November 1, 2021.

Transcranial magnetic stimulation (TMS) is a noninvasive method of brain stimulation. 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 brain. Depending on stimulation parameters (frequency, intensity, pulse duration, stimulation site), repetitive TMS to specific cortical regions can either increase or decrease the excitability of the affected brain structures. Providers typically perform TMS on an outpatient basis, and it does not require anesthesia or analgesia. When used as an antidepressant therapy, TMS produces a clinical benefit without the systemic side effects that may be associated with oral medications. TMS does not produce adverse effects on cognition. Unlike electroconvulsive therapy, TMS does not induce amnesia or seizures. (CMS: Local Coverage Determination TMS L34641)

**PARTICIPANT ELIGIBILITY**

1. Participant must be at least 18 years of age;
2. Has a confirmed diagnosis of major depressive disorder (MDD), severe (either recurrent or single episode), per DSM-5 criteria;

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

**AND**

3. One or more of the following:
  - a. Resistance to treatment with psychopharmacologic agents as evidenced by a lack of clinically significant response to one trial of psychopharmacologic agents in the current depressive episode from at least two different agent classes. Each agent in the treatment trial must have been administered at an adequate course of mono- or poly-drug therapy; **or**
  - b. Inability to tolerate psychopharmacologic agents as evidenced by two trials of psychopharmacologic agents from at least two different agent classes, with distinct side effects; **or**
  - c. History of good response to TMS in a previous depressive episode as evidenced by a greater than 50% improvement in a standardized rating scale for depressive symptoms; **or**
  - d. Is a candidate for and has declined electroconvulsive therapy, and TMS is considered a less invasive treatment option;

**AND**

4. A prior trial (recent or by history) of an evidence-based psychotherapy known to be effective in the treatment of MDD (e.g., cognitive-behavioral therapy; interpersonal therapy) of an adequate frequency and duration without significant improvement in depressive symptoms as documented by a standardized rating scale for depressive symptoms.

**PROVIDER QUALIFICATIONS**

1. An MHD enrolled psychiatrist<sup>1</sup> who has examined the participant and reviewed the record must write the order for treatment. The psychiatrist<sup>1</sup> must have experience in administering TMS therapy. The psychiatrist<sup>1</sup> must directly supervise the treatment (must be present in area but does not necessarily personally provide the treatment).

**AND**

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<sup>1</sup>Certified Community Behavioral Health Organizations may utilize a physician with experience administering TMS to order and directly supervise TMS treatment (must be present in area but does not necessarily personally provide the treatment).

2. Provider must administer TMS with a US Food and Drug Administration (FDA) cleared device for the treatment of MDD in a safe and effective manner according to the manufacturer’s user manual and specified stimulation parameters.

**EXCLUSIONS**

1. None of the following conditions or contraindications to TMS are present:
  - a. Seizure disorder or any history of seizures (except those induced by ECT or isolated febrile seizures in infancy without subsequent treatment or recurrence);  
**or**
  - b. Presence of acute or chronic psychotic symptoms or disorders (such as schizophrenia, schizophreniform or schizoaffective disorder) in the current depressive episode; **or**
  - c. Neurological conditions that include epilepsy, cerebrovascular disease, dementia, increased intracranial pressure, history of repetitive or severe head trauma, or primary or secondary tumors in the central nervous system, **or**
  - d. Presence of an implanted magnetic-sensitive medical device located less than or equal to 30 cm from the TMS magnetic coil or other implanted metal items including, but not limited to a cochlear implant, implanted cardiac defibrillator (ICD), pacemaker, Vagus nerve stimulator (VNS), or metal aneurysm clips or coils, staples or stents. (Dental amalgam fillings are not affected by the magnetic field and are acceptable for use with TMS).
  
2. TMS is not indicated for maintenance treatment. There is insufficient evidence in the published peer reviewed literature to support the efficacy of maintenance therapy with TMS.

**PROCEDURE CODES, LIMITATIONS, AND MAXIMUM ALLOWABLE RATES**

<b>CPT® Code</b>	<b>Description</b>	<b>Max Qty.</b>	<b>Rate</b>
90867	Therapeutic repetitive TMS treatment; initial, including cortical mapping, motor threshold determination, delivery and management (report only once per course of treatment)	1	\$115.82
90868	Therapeutic repetitive TMS treatment; subsequent delivery and management, per session	1	\$91.56
90869	Therapeutic repetitive TMS treatment; subsequent motor threshold re-determination with delivery and management	1	\$92.66

TMS services are limited to one per day, consistent with Medicaid National Correct Coding Initiative (NCCI) procedure to procedure edits.

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MHD limits TMS services to 23 per month, 36 per rolling year.

Providers must bill their usual and customary rate. MHD will reimburse the lesser of the billed amount or the maximum allowable amount.

### **RETREATMENT**

Retreatment may be considered for participants who met the guidelines for initial TMS treatment and subsequently develop relapse of depressive symptoms if the patient responded to prior TMS treatments as evidenced by a greater than 50% improvement in a standardized rating scale for depression.

### **STANDARDIZED RATING SCALES FOR DEPRESSION**

Standardized rating scales that reliably measure depressive symptoms include but are not limited to the following:

- Patient Health Questionnaire-9 (PHQ-9),
- Beck Depression Inventory (BDI),
- Hamilton Depression Rating Scale (HAM-D),
- Montgomery Asberg Depression Rating Scale (MADRS),
- Quick Inventory of Depressive Symptomatology (QIDS),
- Inventory for Depressive Symptomatology Systems Review (IDS-SR).

### **APPLICABILITY**

MHD is implementing TMS coverage in both fee-for-service and managed care. Managed care enrolled providers should contact the relevant [managed care plan](#) with questions about TMS services billing and reimbursement.

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**Provider Bulletins** are available on the MO HealthNet Division (MHD) website at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD website at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

**Provider Communications Hotline  
573-751-2896**

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