

Local Coverage Article: Billing and Coding: Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (A57692)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Northern Mariana Islands

Article Information

General Information

Article ID

A57692

Article Title

Billing and Coding: Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder

Article Type

Billing and Coding

Original Effective Date

12/01/2019

Revision Effective Date

N/A

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA) §1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act (SSA) §1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physician examinations.

Title XVIII of the Social Security Act (SSA) §1862(a)(1)(D), and (E). Investigational or Experimental.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. The qualified physician must monitor and document the patient's clinical progress during treatment. The clinical record must document that the qualified physician met with the patient face to face for the initial assessment and subsequent delivery and management and when there has been a change in either the clinical or mental status of the patient. The qualified physician must use evidence-based validated depression monitoring scales such as the Geriatric Depression Scale (GDS), the Personal Health Questionnaire Depression Scale (PHQ-9), the Beck Depression Scale (BDI), Hamilton Rating Scale for Depression (HAM-D), the Montgomery Asberg Depression Rating Scale (MADRS), the Quick Inventory of Depressive Symptomatology (QIDS) or the Inventory for Depressive Symptomatology Systems Review (IDS-SR) to monitor treatment response and the achievement of remission of

symptoms.

Utilization Guidelines

The treatment must be provided by use of a device approved by the FDA for the purpose of supplying Transcranial Magnetic Stimulation.

It is expected that the services would be performed as indicated by current medical literature and standards of practice. Services performed in excess of established parameters may be subject to review for medical necessity.

TMS is reasonable and necessary for up to 30 treatment sessions over a 7-week period followed by 6 treatment sessions for tapering for those in remission. Further treatment of an episode of depression beyond this, for patients who have not achieved at least a 50% reduction in symptoms will be considered not medically reasonable and necessary and not subject to coverage.

Retreatment may be considered for patients who met the guidelines for initial treatment and subsequently developed relapse of depressive symptoms if the patient responded to prior treatments as evidenced by a greater than 50% improvement in standard rating scale measurements for depressive symptoms or if there were a relapse after remission (e.g., (GDS), PHQ-9, BDI, HAM-D, MADRS, QIDS or IDS-SR score). A repeat treatment program is allowed as above.

CPT 90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management, is considered reasonable and necessary when there is a change in clinical status or medical regimen that is expected to alter cortical excitability. The medical record must clearly document the rationale for the performance of a motor threshold re-determination. Routine performance of motor threshold re-determination during rTMS therapy will be considered not reasonable and necessary.

More than three motor threshold re-determinations in a rolling six-month period will be denied. Denied claims may be appealed with supporting documentation addressing the medical necessity (e.g. when there is a change in clinical status or medical regimen that is expected to alter cortical excitability or there is a demonstrated need for an episode of retreatment). The medical record must clearly document the rationale for the motor threshold re-determination

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
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

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
F32.2	Major depressive disorder, single episode, severe without psychotic features
F33.2	Major depressive disorder, recurrent severe without psychotic features

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
013x	Hospital Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CODE	DESCRIPTION
0900	Behavioral Health Treatment/Services - General Classification

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55902 - Response to Comments: Repetitive Transcranial Magnetic Stimulation for Major Depressive Disorder

LCD(s)

L37086 - Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder

DL37086

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/13/2019 with effective dates 12/01/2019 - N/A

Keywords

N/A