



**BlueCross
BlueShield**
Minnesota

Status

Active

Medical and Behavioral Health Policy

Section: Behavioral Health

Policy Number: X-14

Effective Date: 04/23/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

TRANSCRANIAL MAGNETIC STIMULATION

Description: Transcranial Magnetic Stimulation (TMS) is a method of inducing a fairly localized current in the human brain. A magnetic field is generated by passing a powerful and rapidly changing current pulse through a coil held over the subject's scalp. The peak strength of the magnetic field is related to the magnitude of the current and the number of turns of wire in the coil. The current induces a magnetic field that passes unimpeded and relatively painlessly through tissues in the head. The magnetic field in turn produces a much weaker electrical current in the brain. It is a non-invasive procedure and the magnetic field penetrates the scalp and skull unattenuated. The electrical field induces a current strong enough to depolarize neurons and thus modify the activity of the brain in the targeted area. Transcranial magnetic stimulation has been investigated as a treatment for depression, schizophrenia, migraine, spinal cord injury, tinnitus and fibromyalgia.

In October 2008, the NeuroStar® TMS (Neuronetics, Inc.) received marketing clearance from the U.S. Food and Drug Administration (FDA) for treatment of patients with depression who have failed one six-week course of antidepressant medication.

Policy: Transcranial magnetic stimulation is considered **INVESTIGATIVE** as a treatment of depression and other psychiatric/neurologic disorders, such as schizophrenia or migraine headaches, due to a lack of clinical evidence demonstrating a sustained impact on improved health outcomes.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

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

Deleted Codes: 0160T, 0161T

Policy History: **Developed March 12, 2003**

Most recent history:

Revised February 9, 2011

Reviewed February 8, 2012

Reviewed February 13, 2013

Reviewed April 9, 2014

Cross Reference:

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