Medica Central Coverage Policy

Policy Name:	**Transcranial Magnetic Stimulation (TMS) MP9526**
Effective Date:	**01/16/2023**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Transcranial magnetic stimulation therapy is investigative and unproven and therefore **NOT COVERED** for all medical indications, including but not limited to: amyotrophic lateral sclerosis, tinnitus, neurodevelopmental disorders, epilepsy, migraines and fibromyalgia. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Transcranial magnetic stimulation (TMS) employs an electromagnetic coil system to deliver very short and repeated pulses of magnetic energy. TMS is currently being suggested as monotherapy or as adjunctive treatment for various psychiatric and neurological disorders and medical conditions including (but not limited to) depression and other psychiatric conditions, chronic neurologic pain, neurodevelopmental disorders, migraines, tinnitus, epilepsy, dystonia, Parkinson's disease, and stroke.

Introduced in the mid-1980s as a noninvasive method of brain stimulation, the NeuroStar TMS Therapy System was developed using a figure-eight coil to apply current two to three centimeters (cm) into the brain tissue. In 2013, the Brainsway Deep TMS System become available. This device features an electromagnetic Hesed coil (H-coil) designed to stimulate a larger area of brain tissue and to penetrate four to five centimeters into the brain tissue. After being seated in a chair, an insulated coil is placed over the individual's scalp and a rapidly alternating current is passed through the coiled wire. As a result, a magnetic field passes through tissue to stimulate neurones, particularly in superficial regions of cerebral cortex therebyproducing contralateral muscular-evoked potentials (MEPs). The electrical charges activate neurons and are thought to lead to release of neurotransmitters, including those associated with mood regulation (e.g., serotonin, norepinephrine, dopamine). Treatment can be administered in an outpatient or inpatient setting and consists of multiple sessions.

FDA Approval

Multiple TMS devices have received FDA clearance. The following devices have been FDA cleared for marketing as predicate devices for the treatment of depression:

1. Brainsway Deep TMS System (Brainsway LAtd.)
2. MagVita TMS Therapy System (Tonica Elektronik)
3. NeuroStar TMS Therapy System (Neuronetics Inc.)
4. Rapid2 Therapy System (MagStim Industries).

Devices available for marketing, but not necessarily approved for specificapplications, include but are not limited to:

1. Cerena™ Transcranial Magnetic Stimulator (eNeura Therapeutics®)
2. MagPro R30 (Tonica Elektronik)
3. Magstim Super Rapid (The Magstim Company Limited)
4. Navigated Brain Stimulation System (Nexstim)
5. MagPro X100 ((Tonica Elektronik).

Available devices not found on the FDA website include, but are not limited to:

1. DANTEC (Dantec Medical; Medtronic)
2. NeoPulse (Neotonus)
3. In 2011, the FDA published special controls guidance, Guidance for Industry and FDA Staff - Class II Special Controls Guidance Document: Repetitive Transcranial Magnetic Stimulation (rTMS) Systems, to specify the definition and appropriate use of TMS systems.

Prior Authorization

Prior authorization is not applicable. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). 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 Codes

- **90867** - Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management.
- **90868** - Subsequent delivery and management, per session
- **90869** - Subsequent motor threshold re-determination with delivery and management
- **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
- **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
- **0891T** - Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day
- **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

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