

Provider Notice

To: CABHC Mental Health OP Clinics, Psychiatrists, CRNPs
From: PerformCare
Date: August 22, 2024
Subject: MH 24 110 Transcranial Magnetic Stimulation (TMS) Implementation

DHS announced that Transcranial Magnetic Stimulation (TMS) was approved as a Medical Assistance covered benefit which allows PerformCare to reimburse eligible provider types and specialties for TMS, including licensed Outpatient Psychiatric Clinics: 08/110, Psychiatrists: 31/339, and CRNPs 09/103.

Effective with this notice, eligible providers can provide TMS in accordance with this notice. TMS is approved for Members with treatment resistant depression. PerformCare requires that 1) TMS Members meet medical necessity criteria, 2) TMS requires prior authorization, and 3) providers must use FDA approved TMS equipment.

TMS medical necessity criteria includes a primary diagnosis of major depression, and at least two medication failed treatment trials with anti-depressant/Selective Serotonin Reuptake Inhibitor (SSRI).

To be considered a failed trial, the medication should have been trialed at an adequate dose and duration and resulted in either a lack of therapeutic response or intolerable side effects. PerformCare defines a failed trial of medications as both criteria (A) and (B) being met and one of the either (C) or (D) being a result:

- A. Adequate Dose: The member should have been treated with a dose that is consistent with the recommended/appropriate therapeutic range for that medication.
- B. Adequate Duration: A sufficient trial period of at least 4 weeks at an appropriate therapeutic dose.
- C. A Lack of Therapeutic Response: Despite optimal duration and dosage, the member does not achieve a significant improvement in symptoms. This should be measured by standardized clinical scales and/or the provider's clinical judgment.
- D. Intolerable Side Effects: The member experiences side effects that are significant enough to preclude continued use of the medication (even if there is some degree of symptom improvement).

Approved billing codes and parameters for TMS are included in attachment #1. The [TMS request form](#) is attached as attachment #2. TMS prior authorization requests must be made via the Navinet Prior Authorization electronic portal. Please contact your Account Executive if you have any questions about this notice.

cc: Lisa Hanzel, PerformCare
Scott Suhring, Capital Area Behavioral Health Collaborative
PerformCare Account Executives

Attachment 1

Pvr Type	Specialty	Proc. Code	Service Description (internal description only)	Units	Place of Service	Frequency
08	110	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Per Procedure	49	Once per day
08	110	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Per Procedure	49	Once per day
08	110	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold redetermination with delivery and management	Per Procedure	49	Once per day
09	103	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Per Procedure	11	Once per day
09	103	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Per Procedure	11	Once per day
09	103	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold redetermination with delivery and management	Per Procedure	11	Once per day
31	339	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Per Procedure	11,21,99	Once per day
31	339	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Per Procedure	11,21,99	Once per day
31	339	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold redetermination with delivery and management	Per Procedure	11,21,99	Once per day