



CLINICAL MEDICAL POLICY	
Policy Name:	Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (LCD 34998)
Policy Number:	MP-063-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	04/01/2025; 04/01/2024; 04/01/2023; 05/01/2022; 04/16/2021; 04/20/2020; 05/20/2019; 04/15/2018
Effective Date:	05/01/2025; 05/01/2024; 05/01/2023; 06/01/2022; 05/17/2021; 05/18/2020; 05/20/2019; 04/15/2018
Next Annual Review:	03/2026
Revision Date:	03/19/2025; 03/20/2023; 03/15/2023; 03/16/2022; 03/17/2021; 03/18/2020; 03/20/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
05/01/2025	Provider Effective date
03/19/2025	QI/UM Committee review
03/19/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
05/01/2024	Provider Effective date
03/20/2024	QI/UM Committee review
03/20/2024	Annual Review: Updated CMS hyperlink and 'Reference Sources' section.
05/01/2023	Provider Effective date
03/15/2023	QI/UM Committee review
03/15/2023	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section.
06/01/2022	Provider Effective date
03/16/2022	QI/UM Committee review
03/16/2022	Annual Review: No changes to clinical criteria. Updated Reference Sources section.
05/17/2021	Provider effective date
03/17/2021	QI/UM Committee review
03/17/2021	Annual Review: No criteria changes. Updated to new Medicare format, and added links.

02/08/2018	Initial policy developed
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Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary repetitive transcranial magnetic stimulation for adults with treatment resistant major depressive disorder.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD) and Local Coverage Determination (LCD) and/or Local Coverage Article (LCA), as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
The proper place of service for repetitive Transcranial Magnetic Stimulation is outpatient.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- NCD: There are no NCDs related to this topic.
- LCD: [Repetitive Transcranial Magnetic Stimulation \(rTMS\) in Adults with Treatment Resistant Major Depressive Disorder \(L34998\)](#)

Article Links

- LCA: [Billing and Coding: Repetitive Transcranial Magnetic Stimulation \(rTMS\) in Adults with Treatment Resistant Major Depressive Disorder \(A57072\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (L34998). Original Effective date October 1, 2015. Revision Effective date December 11, 2022. Accessed on February 24, 2025.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (A57072). Original Effective date September 26, 2019. Revision Effective date July 6, 2023. Accessed on February 24, 2025.

Coding Requirements

Procedure Codes

CPT 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 deliver and management

Note: One treatment planning service (CPT code 90867) is allowed per course of treatment.

Diagnosis Codes

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

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.