

Title: Repetitive Transcranial Magnetic Stimulation (TMS)	Division: Medical Management
Policy Number: BMD-110	Department: Behavioral Health/HARP & Children Special Services
Effective Date: 11/1/2025	Unit: Utilization Management
Initial Effective Date: 11/1/2025	LOB: Medicaid, HIV SNP, MetroPlus Gold, Market Plus, Essential CHP, HARP

1. POLICY:

This policy is a guideline for requests of treatment with Repetitive Transcranial Magnetic Stimulation (rTMS) for a confirmed diagnosis of major depressive disorder in adults. MetroPlusHealth follows the New York State Department of Health Medicaid Update (Volume 41, Number 7, July 2025) as the clinical standard for determining medical necessity for repetitive Transcranial Magnetic Stimulation (rTMS) for all members except Medicare. This policy supersedes the use of InterQual criteria for rTMS in the Medicaid line of business. In accordance with NYS DOH, rTMS is considered experimental and not a covered benefit for individuals under 18 years of age.

2. RESPONSIBLE PARTIES:

It is the responsibility of the Behavioral Health Medical Director and MetroPlus Policy Subcommittee to review and approve the clinical criteria applied by clinical staff within MetroPlusHealth.

It is the responsibility of MetroPlusHealth s Utilization Management Department to adhere to approved standards.

It is the responsibility of the Director of Behavioral Health Utilization Management to ensure compliance with this policy

3. AFFECTED DEPARTMENTS:

- Behavioral Health/HARP
- Children Special Services (CSS)

4. DEFINITIONS:

Transcranial Magnetic Stimulation (TMS) is a treatment modality that utilizes a device to apply brief magnetic pulses to the brain. Areas of the brain are stimulated by these magnetic pulses which are delivered through an electromagnetic coil positioned adjacent to the scalp. The procedure is non-invasive and does not require anesthesia or sedation. It is typically provided in an outpatient setting. (Rizvi et al, 2019) (McClintock et al 2018)

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Repetitive Transcranial Magnetic Stimulation (rTMS) is an evidence-based treatment modality for treatment-resistant depression. It is typically initially administered in multiple sessions generally lasting about 40 minutes. An acute phase of treatment of 6 weeks has been shown in multiple studies to be the duration most likely to result in clinical improvement (McClintock et al, 2018) (Brunoni et al 2017).

Retreatment may be considered for members that have relapsed, 6 months after the most recent treatment. The current evidence does not support maintenance rTMS for the prevention of relapse following the initial treatment course (Hayes 2024).

Accelerated TMS and or **Theta Burst TMS** is a form of TMS in which the magnetic pulses are delivered in a specified pattern within a shorter length of time per treatment session. At the present time there is insufficient evidence to support the use of Accelerated or Theta Burst TMS. (Hayes, 2023)

5. PROCEDURE:

- A. Metroplus Health utilizes the New York State Department of Health’s(DOH) Medicaid update (July 2025) to determine medical necessity for rTMS
- B. If a request for rTMS does not meet the criteria outlined in the Medicaid Update, the Behavioral Health Utilization management (BH UM) clinician will refer the case to a BH Medical Director for clinical review and final determination
- C. Covered Diagnosis: ICD-10 Diagnosis Codes:
 F32.2 – MDD, single episode, severe without psychotic features
 F33.2 – MDD, recurrent severe without psychotic features

Covered CPT Codes:

90867 – Initial planning visit

90868 – Subsequent treatment sessions 90868 – Subsequent treatment sessions

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90869 – Re-determination of motor threshold

*Note: CPT codes 90867, 90868, and 90869 may not be billed on the same date of service.

D. As part of the prior authorization process the physician requesting authorization to administer TMS will attest to the following:

- a. That that they have completed a training course for the specific TMS device that that is being used.
- b. That all staff involved in the administration of TMS have been trained to participate in the administration of TMS as appropriate for the role.
- c. That the treatment shall be administered under the direct supervision of a qualified psychiatrist . The psychiatrist should be present in the area but does not necessarily need to personally provide the treatment
- d. Psychiatric evaluation ruling out contraindications (acute suicidality, psychotic depression, neurological disorders)
- e. History of antidepressant trials with at least two trials of a therapeutic dose of two different antidepressants for a sufficient duration without achieving a clinically meaningful response

6. REGULATORY REFERENCES:

New York State Department of Health. (2025, July). New York State Medicaid coverage of therapeutic transcranial magnetic stimulation. New York State Medicaid Update, 41(7), 4. Retrieved from https://www.health.ny.gov/health_care/medicaid/program/update/main.htm

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Centers for Medicare and Medicaid. (2022). Local Coverage Determinations (LCDs) for Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder.

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CMS; Treatment Resistant Major Depressive Disorder and Transcranial Magnetic Stimulation for Major Depressive Disorder. CMS website: www.cms.gov

Fitzgerald, P.B., Chen, L., Richardson, K., Daskalakis, Z.J., & Hoy, K.E. (2019). A pilot investigation of an intensive theta burst stimulation protocol for patients with treatment resistant depression. *Brain Stimulation*, 13, 137-144

Hayes, Inc. (2022). Evolving Evidence Review: Accelerated repetitive transcranial magnetic stimulation for treatment of depression. Updated September 26, 2022.

Hayes, Inc. (2023a). Health Technology Assessment: Maintenance transcranial magnetic stimulation for prevention of recurrent depression in adults. Updated April 24, 2024

McClintock, S.M., Reti, I.M., Carpenter, L.L., McDonald, W.M., Dubin, M., Taylor, S.F., Cook, I.A., O'Reardon, J., Husain, M., Wall, C., Krystal, A.D., Sampson, S.M., Morales, O., Nelson, B.G., Latoussakis, V., George, M.S., & Lisanby, S.H., & the National Network of Depression Centers rTMS Task Group and the American Psychiatric Association Council on Research Task Force on Novel Biomarkers and Treatments. (2018). Consensus recommendations for the clinical application of repetitive transcranial magnetic stimulation (rTMS) in the treatment of depression. *Journal of Clinical Psychiatry*, 79(1), 1-32

Rizvi S, Khan AM. Use of Transcranial Magnetic Stimulation for Depression. *Cureus*. 2019 May 23;11(5): e4736. doi: 10.7759/cureus.4736. PMID: 31355095; PMCID: PMC6649915.

[LCD - Transcranial Magnetic Stimulation \(TMS\) \(L34641\) \(cms.gov\)](#)

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7. **CROSS REFERENCES:** n/a

8. **ATTACHMENTS:** n/a

9. **REVISION LOG:**

Revisions	Date
Date of First Issue	11/1/25

10. **APPROVALS:**

Dr. Javier Garcia
 Behavioral Health Medical Director

Sanjiv S. Shah, MD
 Chief Medical Officer

Date

Date

Karen Lenard
 Vice President of Behavioral Health

Date

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