Policy Key: Transcranial Magnetic Stimulation (TMS)

TriWest Clinical Operations – TRICARE West

SCOPE

This Policy Key provides criteria to use during medical necessity review for Transcranial Magnetic Stimulation (TMS) treatment.

NOT COVERED

- TMS for any indications other than those listed in the TRICARE Policy Manual [1]
- Topographic brain mapping, which is unproven [2]
- TMS for any beneficiary under the age of 18 [1]
- Microcurrent Electrical Therapy (MET), Cranial Electrotherapy Stimulation (CES), or any therapy using the non-invasive application of low levels of microcurrent stimulation to the head by means of external electrodes for the treatment of anxiety, depression, insomnia, or post-traumatic stress disorder (PTSD), and any electrical stimulation devices used to apply this therapy [1] [2]
- Magnetic e-Resonance Therapy (MeRT) and the Stanford Accelerated Intelligent Neuromodulation Therapy (SAINT) protocol utilize much of the same equipment, principles and technology as TMS, but are viewed as emerging technologies.
- TMS performed by a provider who is not a qualified TRICARE provider of mental health services [1]
- TMS performed by a provider who does not meet their state licensure or professional certification requirements to administer TMS [1]

COVERAGE CRITERIA

- TMS may be used in treating Major Depressive Disorder when the beneficiary has failed to respond to a less intensive treatment form or a less intensive intervention is not more appropriate. This includes rTMS and Deep TMS (dTMS), [1]
- Pre-authorization is required for all TMS use. [1]

Initial Request

- **Initial Level of Review** may approve up to 36 sessions delivered over 90 days if **all** of the following conditions are true of the beneficiary:
    - The patient is 18 years of age or older.
    - The patient has a confirmed diagnosis of severe Major Depressive Disorder (single or recurrent episode) made in accordance with the most current edition of the Diagnostic and

Statistical Manual of Mental Health (DSM), supported by clinical history and a standardized depression rating scale completed within the previous four weeks.

- Meets all of the following criteria:
  - Failure of pharmacotherapy in the current depressive episode, as indicated by one or more of the following conditions:
    - Inadequate response to adequate medication trials of at least two different classes of antidepressant medications (see below for the definition of an adequate medication trial)
    - Inability to tolerate at least two different classes of antidepressant medications, as evidenced by documented side effects
  - Does not have the following absolute contraindication:
    - Ferromagnetic material anywhere in the head (e.g., cochlear implants, brain stimulators or electrodes, aneurysm clips, plates, metallic dyes in tattoos)
  - The following criteria are considered relative contraindications and require documentation of their absence or, if present, an explanation of why it is safe to proceed with TMS:
    - History of seizures
    - Cardiac pacemaker
    - Implanted defibrillator
    - Implanted medical pump
    - History of head trauma, increased intracranial pressure, or Transient Ischemic Attack (TIA)/stroke
  - If previously treated with TMS, the beneficiary should have a history of a positive treatment response, as defined by achieving a 50% reduction in standardized depression rating scale scores after at least 30 sessions.

Requests for Additional TMS Sessions

TMS is expected to be a time-limited treatment. Continued TMS treatment beyond the initially authorized treatment course, including TMS maintenance, may be granted on a case-by-case basis if accompanied by appropriate clinical justification.

New TMS courses may be authorized if the beneficiary has a relapse of severe Major Depressive Disorder and meets the criteria above for Initial Requests.

Providers must submit a new authorization request for any additional TMS sessions (e.g., for continuation of TMS treatment, TMS maintenance, or new TMS courses).

DEFINITIONS

Transcranial Magnetic Stimulation – is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of major depression. Brief repetitive pulses of magnetic energy are applied to the scalp via a large electromagnetic coil to generate low levels of electrical current in the underlying brain tissue. The intent is to stimulate areas of the brain involved in mood regulation to lessen the duration or severity of depressive episodes.

Adequate Medication Trial – is a medication with an FDA-approved indication for the non-adjunctive treatment of Major Depressive Disorder, taken as prescribed for at least six weeks at a maximally indicated dose, unless curtailed by intolerable side effects.

CODES

CPT: G90867, 90868, 90869

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 51, (April 28, 2026), Chapter 7, Section 3.7, Treatment of Mental Disorders – General, https://manuals.dha.mil/View-Publication/TPT5/Revision/57/FileName/C7S3_7

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 51, (April 28, 2026), Chapter 7, Section 15.1, Neurology and Neuromuscular Services, https://manuals.dha.mil/View-Publication/TPT5/Revision/57/FileName/C7S15_1

On a Mission to Serve®