

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

- Transcranial Magnetic Stimulation (TMS) for any condition other than Major Depressive Disorder, including Bipolar Disorder [1]
- Transcranial Magnetic Stimulation (TMS) for any beneficiary under the age of 18. [1]
 - Microcurrent Electrical Therapy (MET), Cranial Electrotherapy Stimulation (CES), or any therapy that uses 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, and 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.
 - Transcranial Magnetic Stimulation (TMS) performed by any provider who is not considered a qualified TRICARE provider of mental health services (e.g. physicians whose specialty area is Family Medicine, Internal Medicine, Emergency Medicine, etc). [1]

COVERAGE CRITERIA

- Transcranial Magnetic Stimulation (TMS) (also referred to as repetitive TMS (rTMS)) may be used in the treatment of Major Depressive Disorder. This includes Deep TMS. [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:
 - Is 18 years of age or older.
 - Received a medical evaluation by and treating provider is a Tricare Authorized Mental Health Provider (Psychiatrist or Other Physician, Psychiatric Nurse Practitioner, Psychologist, etc.) trained and capable of performing TMS.
 - 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 the provided clinical information, and documented by a standardized depression rating scale.
 - Meets all of the following criteria:
 - Treatment Resistant Depression:
 - A documented nonresponse (<25% improvement in depression symptoms or scores) to at least two different antidepressants, each from a different pharmacologic class (e.g., Selective Serotonin Reuptake Inhibitors (SSRI), Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRI), Tricyclic Antidepressant (TCA), bupropion, mirtazapine).
 - Each antidepressant was prescribed up to maximally indicated doses for six (6) or more weeks, unless clinically significant adverse effects are experienced, or unless all antidepressants are contraindicated.
 - Does not have the following contraindications:
 - History of seizures.
 - Ferromagnetic material anywhere in the head other than the mouth (e.g., cochlear implants, brain stimulators or electrodes, aneurysm clips, plates, metallic dyes in tattoos)
 - Cardiac pacemaker.
 - Implanted defibrillator.
 - Implanted medical pump.
 - Severe cardiovascular disease.
 - History of failure to respond to a course of 30 TMS treatments (i.e. failure to achieve a 50% reduction in standardized depression rating scales).

Subsequent Visits

Subsequent visits are not authorized as TMS is expected to be a time-limited treatment. Beneficiaries must meet all of the same criteria above in order to have additional TMS sessions covered for extension of care.

Repeat TMS may be covered if the beneficiary has a relapse of severe Major Depressive Disorder and has a history of a positive response to previous TMS treatment as evidenced by a 50% or greater improvement in standardized depression rating scales.



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

CODES

CPT: G90867, 90868, 90869

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 49, (April 21, 2026), Chapter 7, Section 3.7, Treatment of Mental Disorders – General, https://manuals.health.mil/pages/DisplayManualHtmlFile/2026-04-21/AsOf/TPT5/C7S3_7.html

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 49, (April 21, 2026), Chapter 7, Section 15.1, Neurology and Neuromuscular Services, https://manuals.health.mil/pages/DisplayManualHtmlFile/2026-04-21/AsOf/TPT5/C7S15_1.html

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