

CPT® Codes for NeuroStar TMS Therapy®

90867

Procedure Descriptor

Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; initial, including cortical mapping, motor threshold determination, delivery and management.

*(Report only once per course of treatment.
Do not report 90867 in conjunction with
90868, 90869, 95860-95870, 95928, 95929, 95939)*

90868

Procedure Descriptor

Subsequent delivery and management, per session.

90869

Procedure Descriptor

Subsequent motor threshold re-determination with delivery and management.

*[Do not report 90869 in conjunction with 90867,
90868, 95860-95870, 95928, 95929, 95939]*

NeuroStar Reimbursement Support
1-877-622-2867
ReimbursementSupport@neurostar.com

Disclaimer: Neuronetics cannot guarantee coverage or reimbursement for NeuroStar TMS Therapy and Neuronetics makes no other representations as to selecting codes for procedures or compliance with any other billing protocols or prerequisites. As with all claims, individual physicians and hospitals are responsible for exercising their independent clinical judgment in selecting the codes that most accurately reflect the patient's condition and procedures performed for a patient.

Coding - Modifier for NeuroStar TMS Therapy

Modifier

A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstances but not changed in the definition or code. Modifiers also enable health care professionals to effectively respond to payment policy requirements established by other entities.

-25

Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.

▶ *Evaluation and Management [E/M] codes may also be reported on the same date of service as NeuroStar TMS Therapy.*

-59

Distinct Procedural Service indicates that a procedure or service was distinct or independent from other non-E/M services performed on the same day.

-XU XU Unusual Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service.

▶ *Please reference the Medicare website for the additional modifier subsets.*

Sometimes, services other than TMS are performed on the same date as TMS. It may be appropriate for those services to be reported in addition to TMS. Two of the modifiers that are commonly used in such situations are described above. Use of such modifiers should be in compliance with payer policy so you should check with the payer before using these modifiers to make sure the modifier is being used properly.

Please refer to the 2017 CPT Current Procedural Terminology Professional Edition and the 2017 ICD-10 CM for the full descriptions and guidelines.

ICD-10 Diagnosis Coding Commonly Used

F32.2

Major depressive disorder, single episode, severe without psychotic features.

F33.2

Major depressive disorder, recurrent severe without psychotic features.

Initial Psychiatric Evaluation

90791

Psychiatric diagnostic evaluation (no medical services)

90792

Psychiatric diagnostic evaluation with medical services

+90785

Interactive complexity (list separately in addition to the code for primary procedure)

▶ *This is for informational purposes only, please refer to the coverage policy of the applicable payer or contact the insurer directly. Please code to the highest level of specificity.*

Psychiatric Coding

Examples of services that may be performed on the same date as TMS.

Outpatient Psychotherapy

90832

Psychotherapy, 30 minutes with patient

+90833

Psychotherapy, 30 minutes with patient when performed with an evaluation and management service
add on code; select the appropriate outpatient E/M code

90834

Psychotherapy, 45 minutes with patient

+90836

Psychotherapy, 45 minutes with patient when performed with an evaluation and management service
add on code; select the appropriate outpatient E/M code

90846

Family psychotherapy (without patient present) 50 minutes

90847

Family psychotherapy (conjoint psychotherapy) (with patient present) 50 minutes

Evaluation and Management [E/M]

99201-99205

New Patient

99212-99215

Existing Patient



NeuroStar® Reimbursement Support Hotline

Hotline Toll-Free Number: 1-877-622-2867

Email: reimbursementsupport@neurostar.com

Fax your Benefits Investigation Access Form to: 1-800-790-8590

The NeuroStar Reimbursement Support (NRS) Hotline is committed to supporting physicians and hospitals by providing the following general reimbursement services:

- A Reimbursement Specialist will be assigned to each case.
- A NeuroStar Reimbursement Specialist is available to answer general questions about the insurance process (i.e., coding, billing, prior authorization and appeals).
- A Reimbursement Specialist will conduct an insurance Benefits Investigation (BI) for NeuroStar TMS Therapy with your patient's health plan. The results of the BI will be reported back to the physician.



Resources:

Current Procedural Terminology CPT 2017 Professional Edition,
2017 ICD-10 for Physicians Professional Edition

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About NeuroStar TMS Therapy®

NeuroStar TMS Therapy is indicated for the treatment of Major Depressive Disorder in adult patients who have failed to receive satisfactory improvement from prior antidepressant medication in the current episode.

NeuroStar TMS Therapy is only available by prescription.



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NeuroStar.com

19-60011-000 Rev E 01/17
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