

CPT® Codes

for NeuroStar Advanced 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

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Resources:

Current Procedural Terminology CPT 2018 Professional Edition,
2018 ICD-10-CDM The Complete Official Codebook

Disclaimer: NeuroStar cannot guarantee coverage or reimbursement for NeuroStar Advanced Therapy and NeuroStar 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.

About NeuroStar® Advanced Therapy

NeuroStar Advanced 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 Advanced Therapy is only available by prescription.



Coding - Modifier for NeuroStar Advanced 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.

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Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional 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 TMS Therapy.

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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 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 2018 CPT Current Procedural Terminology Professional Edition and the 2018 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
(Do not report 90791 in conjunction with 99201-99337, 99341-99350, 99366-99368, 99401-99444, 0368T, 0369T, 0370T, 0371T)
(Use 90785 in conjunction with 90791 when the diagnostic evaluation includes interactive complexity services)

90792

Psychiatric diagnostic evaluation with medical services
(Do not report 90792 in conjunction with 99201-99337, 99341-99350, 99366-99368, 99401-99444, 0368T, 0369T, 0370T, 0371T)
(Use 90785 in conjunction with 90792 when the diagnostic evaluation includes interactive complexity services)

+90785

Interactive complexity (list separately in addition to the code for primary procedure)
(Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792])

▶ *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.*

+ = Add-on code

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 (List separately in addition to the code for primary procedure) (Use 90833 in conjunction with 99201-99255, 99304-99337, 99341-99350)
90834	Psychotherapy, 45 minutes with patient
+90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) (Use 90836 in conjunction with 99201-99255, 99304-99337, 99341-99350)
90837	Psychotherapy 60 minutes with patient (Use the appropriate prolonged services code [99354, 99355, 99356, 99357] for psychotherapy services not performed with an E/M service 90 minutes or longer face-to-face with patient)
+90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure) (Use 90838 in conjunction with 99201-99255, 99304-99337, 99341-99350)
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