

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.

90868

Procedure Descriptor

Subsequent delivery and management, per session.

90869

Procedure Descriptor

Subsequent motor threshold re-determination with delivery and management.

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 in the Coding-Modifier tables to the left. Use of modifiers should be in compliance with payer policy so one should check with the payer before using modifiers to make sure that the modifier is being used properly.

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

▶ *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.*

NeuroStar Coding Ambulatory Payment Classification [APC]

Medicare has assigned CPT Codes 90867, 90868, and 90869 to **APC 5722***

* Regulation No.: CMS-1633-FC Federal Register/Vol.80, No. 219/Day of the week, Friday, November 13, 2015/Rules and Regulations

Commercial insurers may not have adopted the all inclusive Medicare Hospital Clinic code. Please check with your local commercial carrier for appropriate coding.

Revenue Codes for NeuroStar TMS Therapy

Initial Psychiatric Evaluation

900	Behavioral Health Treatment/Services: general clarification
914	Psychiatric/Psychological services: individual therapy

Psychiatric Coding

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

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)

Outpatient Psychotherapy

90832	Psychotherapy, 30 minutes	
+90833	Psychotherapy, 30 minutes with patient and/or family member	<i>add on code; select the appropriate outpatient E/M code</i>
90834	Psychotherapy, 45 minutes	
+90836	Psychotherapy, 45 minutes	<i>add on code; select the appropriate outpatient E/M code</i>

Evaluation and Management [E/M]

Physician Services	99201-99205	New Patient
	99212-99215	Existing Patient
Hospital Outpatient Clinic	G0463	Hospital outpatient clinic visit



NeuroStar® Reimbursement Support Hotline

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

Email: reimbursementsupport@neuronetics.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 2016 Professional Edition, American Medical Association

2016 ICD-10 for Physicians Professional Edition

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.

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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Reimbursement Support:
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NeuroStar.com

19-60012-000 Rev D 01/16

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