

## 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, 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, 95928, 95929, 95939]*

## 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 2016 CPT Current Procedural Terminology Professional Edition and the 2016 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.

▶ *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.

### Initial Psychiatric Evaluation

<b>90791</b>	Psychiatric diagnostic evaluation (no medical services)
<b>90792</b>	Psychiatric diagnostic evaluation with medical services
<b>+90785</b>	Interactive complexity (list separately in addition to the code for primary procedure)

### Outpatient Psychotherapy

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

### Evaluation and Management [E/M]

<b>99201-99205</b>	New Patient
<b>99212-99215</b>	Existing Patient



## NeuroStar® Reimbursement Support Hotline

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

**Email:** [reimbursementsupport@neuronetics.com](mailto: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,  
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.

**NEURONETICS**

Reimbursement Support:  
1-877-622-2867

[NeuroStar.com](http://NeuroStar.com)

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