



2014 NeuroStar TMS Therapy® Coding and Reimbursement Support Reference Guide

HOSPITAL
OUTPATIENT
[PLACE OF
SERVICE 22]

CPT® Codes for NeuroStar TMS Therapy®

90867

Product 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)

90868

Product Descriptor

Subsequent delivery and management, per session.

90869

Product 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@neuronetics.com

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.

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 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.

NeuroStar Coding Ambulatory Payment Classification [APC]

Medicare has assigned CPT Codes 90867, 90868 to **APC 0216*** and 90869 to **APC 0218***

* **Regulation No.:** CMS -1589-FC Federal Register/Vol.78, No. 229/ Day of the week, Wednesday, November 27, 2013/ Rules and Regulations

ICD-9 Diagnosis Coding Commonly Used

296.23

Major depressive disorder, single episode, severe.

296.33

Major depressive disorder, recurrent episode, severe.

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.*

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 a 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]

99201-99205	New Patient
99212-99215	Existing Patient



NeuroStar® Reimbursement Support Hotline

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

Email: reimbursementsupport@neuronetics.com

Fax your NRS Enrollment 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 2014 Professional Edition, American Medical Association

2014 ICD-9-CM Volume 1 & 2 for Physicians Professional Edition

2014 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.

Physicians and hospitals should refer to current, complete claims forms based on the care rendered to the individual patient, and may wish to contact the individual carriers, administrative contractors, or other third party payers as needed.

About NeuroStar TMS Therapy®

NeuroStar TMS Therapy is indicated for the treatment of adult patients with Major Depressive Disorder (MDD) who have failed to receive satisfactory improvement from one prior antidepressant medication at or above the minimal effective dose and duration in the current episode.

NeuroStar TMS Therapy is only available by prescription.

NEURONETICS

Reimbursement Support:
1-877-622-2867

NeuroStar.com

19-60012-000 Rev B 01/14

© 2014 Neuronetics. All Rights Reserved.