



2013 NeuroStar® TMS Therapy Coding and Reimbursement Support Reference Guide

Physician Office [Place of Service 11]

NeuroStar® TMS Therapy Product Coding

CPT®	Code Descriptor
90867	Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; initial, including cortical mapping, motor threshold determination, delivery and management <i>[Report only once per course of treatment] [Do not report 90867 in conjunction with 90868, 90869, 95860-95870, 95928, 95929, 95939]</i>
90868	Subsequent delivery and management, per session
90869	Subsequent motor threshold re-determination with delivery and management <i>[Do not report 90869 in conjunction with 90867, 90868, 95860-95870, 95928, 95929, 95939]</i>

NeuroStar® TMS Therapy Coding – Modifier

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 below. 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 that the modifier is being used properly.

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

Please refer to the 2013 CPT Current Procedural Terminology Professional Edition, American Medical Association and 2013 ICD-9-CM Volume 1&2 for Physicians Professional Edition for the full descriptions and guideline.

Commonly Used ICD-9- Diagnosis Coding: *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.*

- 296.2X** Major depressive disorder, single episode **[requires 4th or 5th digit based on appropriate diagnosis]**
- 296.23** Major depressive disorder, single episode, severe
- 296.3X** Major depressive disorder, recurrent episode **[requires 4th or 5th digit based on appropriate diagnosis]**
- 296.32** Major depressive disorder, recurrent episode, moderate
- 296.33** Major depressive disorder, recurrent episode, severe

Resources: Current Procedural Terminology CPT 2013 Professional Edition, American Medical Association

2013 ICD-9-CM Volume 1&2 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.



Psychiatric Coding examples of services that may be performed on the same date as a TMS.

CPT	These are existing codes that may be performed on the same date of service as NeuroStar TMS Therapy when appropriate for the patient’s individual case.
90791	Psychiatric diagnostic evaluation (no medical services)
90792	Psychiatric diagnostic evaluation with medical services
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services <i>[List separately in addition to the code for the primary procedure]</i> <i>[Use 90863 in conjunction with the 90832, 90834, 90837]</i>

NeuroStar® Reimbursement Support [NRS] Hotline

Hotline Toll-Free Number: 1-877-622-2867 or **Email:** reimbursementsupport@neuronetics.com

or

Fax your NRS Enrollment Form to: 1-800-790-8590

The NeuroStar® Reimbursement Support 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 2013 Professional Edition, American Medical Association*
2013 ICD-9-CM Volume 1&2 for Physicians Professional Edition

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19-60011-000 Rev A